NHS
Northumberland
Clinical Commissioning Group

Proposed changes at

Rothbury Community Hospital

Decision making report
following public consultation

September 2017

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1 Purpose of report

This report outlines the full range of issues to be considered by NHS Northumberland Clinical Commissioning Group's (the CCG) Joint Locality Executive Board when deciding the future arrangements at Rothbury Community Hospital, including:

- Why inpatient admissions at the hospital were temporarily suspended in September 2016 and the steps undertaken to identify potential options for services that could be delivered at the hospital in the future
- Feedback from the consultation process which took place from 31 January to 25 April 2017, together with emerging themes, responses and proposed actions
- What services could be included in a Health and Wellbeing Centre
- How national service change tests have been addressed
- Financial implications
- The impact on other local health and care services following the temporary suspension of inpatient services.

2 Executive summary

The 12 inpatient beds at Rothbury Community Hospital have been suspended since September 2016. Other services provided at or from the hospital remain unaffected. The suspension followed the setting up of a steering group comprising health and care professionals from the CCG and Northumbria Healthcare NHS Foundation Trust (the Trust) during summer 2016 to look at how beds are being used in community hospitals in Northumberland.

This was against a background of medical advances which are reducing the length of time that patients now stay in hospital, the national and local drive to provide more care outside of hospital, in people's own homes and the operational and financial challenges facing the health and care system across Northumberland.

The steering group noted that from September 2015 to August 2016, on average, only half of the beds at Rothbury Community Hospital were being used at any one time. Given the initial findings of the group, the Trust, with agreement from the CCG, decided to temporarily suspend inpatient care at the hospital pending a thorough review of bed usage.

During autumn 2016 there was a period of engagement with local people. This engagement showed how much people have valued the care provided at the hospital and the compassion shown by hospital staff. There were a number of emerging themes which the CCG has subsequently considered as part of the decision making process.

The review confirmed the steering group's initial findings which showed a decline in inpatient numbers at Rothbury Community Hospital. The findings, together with the engagement feedback were shared at a public meeting in Rothbury in November

2016. The CCG said it would now spend some time working up options for public consultation. During the engagement period there were also discussions with the Save Rothbury Community Hospital Campaign Group (the campaign group).

The CCG's Joint Locality Executive Board considered a range of options available in December 2016 and January 2017 and decided to consult on a preferred option of permanent closure of the 12 inpatient beds and shape existing services around a Health and Wellbeing Centre on the hospital site in Rothbury.

The CCG subsequently undertook a comprehensive period of public consultation from 31 January to 25 April 2017. At the end of the consultation all feedback was analysed by the CCG. It was clear during the consultation and from the analysis of all feedback received that there were strong views in favour of the retention of the beds. While discussions and responses were dominated by concerns over the loss of the beds, there was some support for the development of a Health and Wellbeing Centre. The solution suggested by some, including the campaign group, was that the beds should be re-opened and a Health and Wellbeing Centre developed at the hospital.

In its formal response the campaign group proposed a solution referred to as 'Coquetdale Cares – The Community's Vision'. This would mean reopening the beds and developing a Health and Wellbeing Centre on the hospital site. The CCG effectively assessed this solution using the same criteria as had been used to assess other initial options in advance of the consultation taking place.

All potential service changes are subject to NHS England assurance prior to the start of the formal consultation period. This is to ensure the deliverability, safety and legality of such changes as well as ensuring that there are no adverse consequences for patients and other health and care providers. Due to the scope of the proposals, NHS England set out proportionate assurance arrangements with the CCG which included national reconfiguration tests and finance, capacity and process assurances. The CCG considers it has given serious consideration to these requirements.

Working with its partners, the CCG has monitored the Northumberland health and care system since the temporary suspension of inpatient services. Healthcare professionals consider that no patients have suffered adverse health consequences during this period and the health and care system has not experienced any discernible, or unmanageable increase in demand in other areas.

The CCG has undertaken a detailed assessment of the feedback obtained from the public consultation. It has received a great deal of constructive comment and has sought to address some of the concerns raised and incorporate some of the suggestions in the proposals for a Health and Wellbeing Centre. It remains fully committed to continuing to work with local people to further discuss health and care services that are delivered effectively, efficiently and economically and best meet the overall needs of the area.

3 Background

3.1 About Rothbury Community Hospital

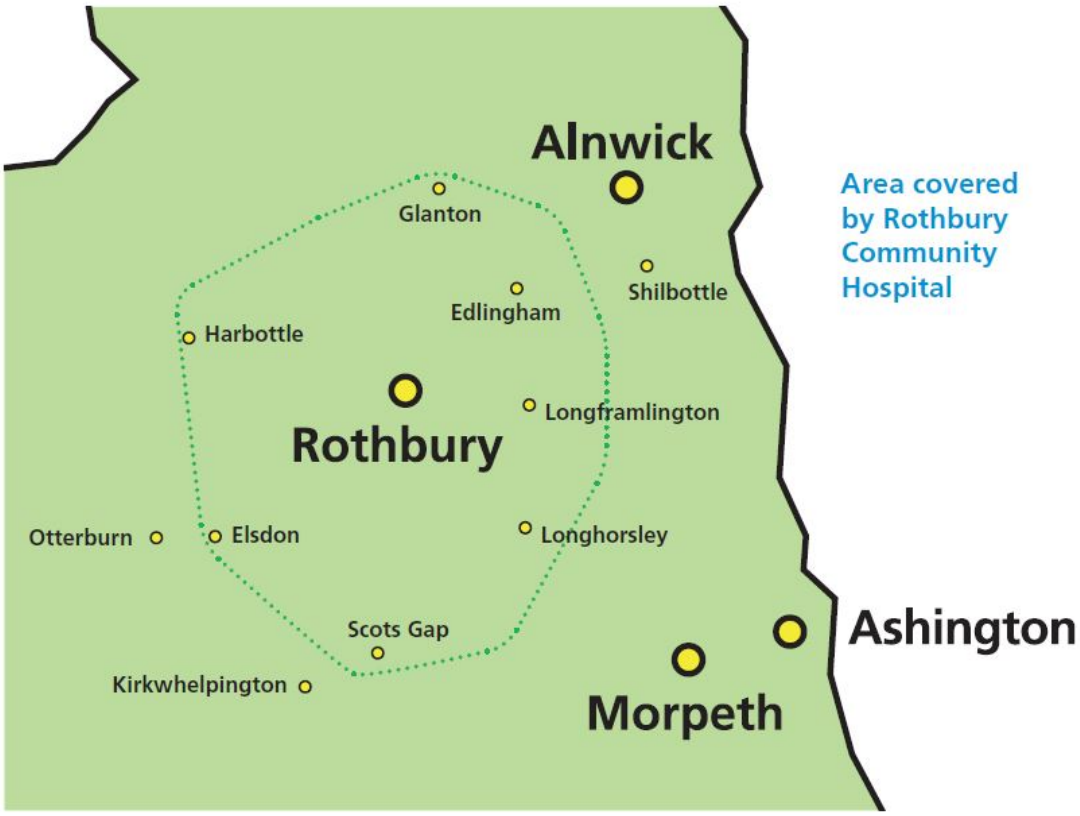


Figure 1: Catchment area for Rothbury Community Hospital

Rothbury Community Hospital provides a small range of services for people living in the town and surrounding area. It is managed by Northumbria Healthcare NHS Foundation Trust (the Trust) which provides hospital and community health services across Northumberland and North Tyneside.

There is an inpatient ward and the hospital also provides physiotherapy, occupational therapy, and a limited range of outpatient and child health clinics. It provides a base for community health and care staff that supports people in their own homes. Community paramedics also work out of the hospital.

The inpatient ward has 12 beds mainly for frail older patients who need 'step up' or 'step down' care.

Step up care is used for people, usually with an existing health condition, who become unwell, excluding those who are critically ill or have developed a newly emerging condition, and need hospital care to reduce the risk of further deterioration resulting in an emergency admission for specialist care at the Northumbria Specialist Emergency Care Hospital or another specialist site.

Step down care is used for people who have already been in another hospital receiving specialist care for an illness or injury and are recovering but are not well enough or able to go home.

A small number of those using step up and step down care are patients with terminal illnesses who are nearing the end of their lives.

The inpatient care on the ward is led by nurses with medical care provided from 8am to 6pm through a contract between the Trust and local GPs. Under this contract a local GP visits the hospital daily to review the needs of the patients and can also be asked to visit if a patient's needs change during the day. If medical care is needed overnight (from 6pm to 8am) this is provided through a contract with the out of hours GP service, Northern Doctors Urgent Care.

Patients are admitted to Rothbury Community Hospital following assessment by a hospital consultant or a GP. This level of assessment is important given that the ward is nurse-led and that a doctor is only available on site for the daily review and then called in as required at other times.

The ward is not funded or intended to provide respite care; which is not an NHS hospital responsibility. Patients requiring respite care, for example, to give their carers a break, can have short breaks in a residential or nursing care home organised by adult social care at Northumberland County Council.

3.2 Temporary suspension of the inpatient ward

As the organisation responsible for planning and purchasing the majority of hospital and community health services for people living across the county, NHS Northumberland Clinical Commissioning Group (the CCG) is required to make the best use of all available resources, staff, facilities and finances.

During summer 2016 the CCG set up a steering group to look at how beds are being used in Northumberland's community hospitals. It included health and care professionals from the CCG and the Trust. Between them these organisations commission and provide a range of hospital and community services.

The group considered community hospital use against a background of:

- Medical advances which are reducing the length of time that people stay in hospital
- The national and local drive to provide more care out of hospital, in people's own homes, therefore reducing avoidable admissions to hospital and making sure that if they do need to go into hospital they can be discharged home as soon as they are medically fit with the right support if needed
- The financial and operational pressures facing the Northumberland health and care system.

The group noted that from September 2015 to August 2016 there were a total of 123 admissions to Rothbury Community Hospital from the town and surrounding area

plus a further 45 involving people from outside the catchment area. On average, the figures equate to half of the beds being occupied at any one time during this period.

Given the initial findings of the steering group, the Trust, with the CCG's agreement, temporarily suspended inpatient care at the hospital in September 2016 while a thorough review was carried out.

Since then available staff who previously worked on the inpatient ward have been supporting colleagues in the Trust's busier units.

The report following the review was shared with the local community at a public meeting in November 2016. It is at Appendix A and is available at: www.northumberlandccg.nhs.uk/nhs-publish-findings-review-inpatient-services-rothbury-community-hospital

3.3 Public engagement during autumn 2016

Following the temporary suspension of inpatient beds, working with the Trust, the CCG began a six week period of engagement in Rothbury. Three drop-in sessions were held to provide an opportunity for people to share their concerns and each one was well attended.

It was clear during these sessions how much people valued the care provided at the hospital and there were many comments about the compassion shown by staff.

The CCG also received a number of letters, emails and posts on social media.

There were a number of overall themes:

- **Referral process**
  There was some confusion about the referral process into the hospital and anecdotal reports that people were either not being referred to or, in some cases, being refused hospital care at the Rothbury site. There were also different perceptions about the type of care provided at the hospital. Some questions were raised about bed blocking and the bed management process, and many people suggested using the ward to alleviate bed blocking elsewhere in the system.

- **Care in the community**
  Many people said that people did not want care at home and queried the quality of care that would be given and level of resource required to deliver it. There was a sense that care in the community is inadequate and also intrusive, and makes it more difficult for friends and family to visit those receiving care.

- **Rurality and travel**
  A significant number of comments concerned the area's rurality. Many people felt that this was not taken into account in the county's healthcare decision making process. There was an overall sense that people are treated unfairly

in rural areas. There was also concern about the lack of public transport and associated difficulty in visiting loved ones admitted to other hospitals.

- **Future use of the building**
  Many people feared that the whole hospital, in addition to the inpatient beds would close. Others supported the extension of current services, for example the potential for the Rothbury GP practice to relocate onto the site or increasing physiotherapy services, podiatry and diabetes clinics. Some wanted a small general hospital, with urgent and emergency care facilities as well as inpatient and outpatient services.

- **Combined use**
  An overarching theme was the need to consider a combination of health and social care beds. The use of the ward for convalescing, respite, end of life and palliative care was valued enormously, particularly because of the lack of a local nursing home.

At the public meeting in November 2016 the CCG set out the findings of its review and initial public feedback was shared. The CCG said it would now spend some time developing options for public consultation which it hoped, given the high level of public interest, to start before the end of the year.

The CCG later explained publicly that due to the time being taken to fully explore the potential options, it expected the consultation to begin in January 2017.

During this time there were discussions with the campaign group which subsequently published its vision for how the hospital could be used going forward.

3.4 Options considered

Taking into consideration the strong feelings expressed about retaining the inpatient ward, the CCG explored five options:

Option 1 – Re-open the 12 inpatient beds and do not change the inpatient services

Option 2 – Develop a combined use of the beds, sharing use across health and social care, including end of life beds

Option 3 – Develop the 12 beds as long term nursing and/or residential care beds

Option 4 – Permanent closure of the 12 inpatient beds

Option 5 – Permanent closure of the 12 inpatient beds and shape existing health and care services around a Health and Wellbeing Centre on the hospital site

Further information on each of the options was included in the consultation document at Appendix B.

The following criteria were used to assess each one:

- Feedback from residents
- Patient choice
- Staffing/resource implications
- Quality
- Cost effectiveness
- Additional resources required/cost
- Timeline (the time it would take to implement)
- Strategic fit (how it aligned with national policy and the longer term plans for the local NHS).

In addition, the CCG carried out a second assessment, focused specifically on the requirement to ensure efficient, effective and economic use of resources.

The tables showing the assessment of the five options against the above criteria and also against how efficient, effective and economic they would be were made available on www.northumberlandccg.nhs.uk/get-involved/RCHconsultation

3.5 Selecting a preferred option

Views were sought from all GP member practices and in particular, from those in the North locality, which includes Rothbury and the surrounding area, at its meeting on 7 December 2016. The North locality supported Option 5.

The next step was a discussion at the CCG's Joint Locality Executive Board (the Board), which includes GP representatives from each of the four Northumberland localities. At its meeting on 21 December 2016, the Board asked that a further analysis of the options was undertaken to ensure that the statutory requirement for the CCG to act effectively, efficiently and economically was fully taken into account when the options were deliberated. Following a period of further consideration, in January 2017, the Board agreed that consultation should take place, with Option 5 as the preferred option. The main reasons were that it:

- Enables better use of existing health resources due to low occupancy levels and allows nursing resource to be moved to higher occupancy hospital sites
- Considered that the temporary suspension tested the capacity within the Trust's other inpatient services and within community services and no unexpected service pressures were experienced
- Delivers local health services and provides the opportunity to work with the local community to better shape current provision
- Enables further services to be delivered in and/or based at the hospital
- Supports the strategic direction set out in the 'Five Year Forward View' by NHS England
- Provided a long term sustainable service model, particularly when primary care services were operating at the hospital.

The papers that were presented at the CCG's Board in relation to this process are attached as Appendix C.

4 Consultation process

On 31 January 2017 the public consultation was launched. This was a very comprehensive process that gave numerous opportunities for the public to meet with and ask questions of representatives of the CCG.

A report outlining the extent of the process and all of the feedback received is at Appendix D. This report was made available on the CCG's website in August 2017 and was also shared with key stakeholders and with members of the public who attended public meetings and gave their contact details so that they could receive updates.

4.1 Methods used to reach/engage people

- Two public meetings (one in the afternoon and the other in the evening), the first attended by around 75 and the second by around 120 people and four drop-in sessions (held on different days of the week and at different times of the day in an effort to provide convenience)
- Widespread distribution of consultation documents, summary leaflets, information cards and posters, all aimed at raising awareness of how people could comment
- Dedicated page on the CCG's website about the consultation
- A short video on the CCG's YouTube channel
- An independent online survey with paper copies made available for people who did not have internet access which had 376 responses
- Use of social media, including paid for posts to extend reach
- Advertising in the Northumberland Gazette and also on the newspaper's website
- An article in a health supplement that was delivered with the Northumberland Gazette and also distributed to local public venues
- Two articles in Over the Bridges community newsletter which is distributed widely by the Upper Coquetdale Churches Together
- Five press releases resulting in 29 items of press coverage and two television interviews
- Commissioned Healthwatch Northumberland to carry out discussions with groups targeting older people, resulting in meetings with five groups and completion of 23 comment sheets produced by Healthwatch Northumberland.

On 16 March 2017 CCG representatives met with Healthwatch Northumberland to have mid-point discussions on how the consultation was progressing. A key feature of this meeting was a discussion around Healthwatch Northumberland's efforts to engage with groups working with or representing older people and the need for Healthwatch Northumberland to follow up earlier offers to meet with such groups.

There were also discussions about the need for more press releases to remind people about opportunities to comment.

4.2 Reaching protected groups

The following table outlines the efforts made to reach groups as defined by the Equality Act 2010:

Protected group	Efforts to engage
Age	The beds at Rothbury Community Hospital provide a service mainly for frail older people. As such, there were concerted efforts to ensure older people had the opportunity to comment: • Information was sent to the church newsletter which is widely distributed locally. Written information was also left in local venues that might be frequented by older people including the GP surgery and post offices. • The consultation was well-covered by local newspapers and there were items on local radio and television. • The two public meetings were well attended, mainly by people who were middle aged and over. • Those attending the four drop-in sessions were attended by mainly older people. • An online survey (also available in paper copies) and independently evaluated resulted in 376 responses. 81% were over the age of 51, of whom 45% were over 65. Overall, 98% of respondents said they were aware of the proposal and 85% of those surveyed said they had read the consultation document. • Healthwatch Northumberland was commissioned to engage with groups working with or for older people in the Rothbury area. Healthwatch Northumberland made contact with 26 groups and met with five. Forty-one people attended the meetings and one person who was unable to attend was interviewed by telephone. Healthwatch Northumberland also developed a community feedback form and 23 were completed, around two-thirds involving people over 66. All of the issues raised during this activity were shared with the CCG. • Formal responses were received from three community groups which have some older members. One of the groups, the Upper Coquetdale Churches Together said it felt its group was representative of older people. The other two groups (the Coquetdale

	League of Friends and Thropton Women's Institute) also commented on the impact on older people. • Of the 15 letters/emails received from members of the public, there were comments about the impact on older people.
Disability	As indicated above, the CCG made concerted efforts to reach people living in the Rothbury area, particularly those who might be affected by the proposal i.e. frail older people, some of whom would have disability or mobility difficulties: • Information was widely shared, including in local venues and this was supplemented by newspaper advertising and articles in the church newsletter, as well as information on the CCG's website and on social media. • The consultation was well-covered by local newspapers and there were items on local radio and television. • Public meetings and drop-in sessions were held on different days of the week and at different times of the day and in central locations to provide as much convenience as possible. • Consultation materials included details of a range of ways for people to comment, including by telephone, email, letter, or completion of an online survey for people who may have had difficulty in attending a meeting. • The consultation document also made it clear that the information could be provided in large print and in other formats on request. • The CCG also commissioned Healthwatch Northumberland to engage with key local groups working with or for older people (some of whom would have disability or mobility problems). • Of the 376 people who responded to the survey, 31% said they had a long term condition or a disability and 13% said they cared for someone with a long term condition or disability.
Gender reassignment	As indicated above, the CCG made concerted efforts to reach people living in the Rothbury area, using a range of communications methods and provided several different ways for people to participate.
Marriage and civil partnership	As indicated above, the CCG made concerted efforts to reach people living in the Rothbury area, using a range of communications methods and provided several different ways for people to participate.
Pregnancy and maternity	As indicated above, the CCG made concerted efforts to reach people living in the Rothbury area, using a range of communications methods and provided several

	different ways for people to participate.
Race	The Rothbury area has a very small number of residents from BME communities. However, as indicated above, the CCG made concerted efforts to reach people living across the area, using a range of communications methods and provided several different ways for people to participate. The consultation document made it clear that information could be provided in different formats and other languages on request. Of the 376 respondents to the survey, 93% described their ethnic origin as 'white British', 1% as 'white other', 0.3% as 'white Irish', 0.3% as unknown and 6% preferred not to say.
Religion or belief	Information about the consultation was shared with the Upper Coquetdale Churches Together (including articles for inclusion in their community newsletter). The Upper Coquetdale Churches Together provided a formal response and also took part in the discussions with Healthwatch.
Sex or gender	As indicated above, the CCG made concerted efforts to reach people living in the Rothbury area, using a range of communications methods and provided several different ways for people to participate. Public meetings were well attended by both men and women. Responses came from a range of groups which represent both men and women. Around two thirds of those who responded to the survey were women and around a third were male.
Sexual orientation	As indicated above, the CCG made concerted efforts to reach people living in the Rothbury area, using a range of communications methods and provided several different ways for people to participate.

4.3 Responses received

At the end of the consultation all feedback was analysed by the CCG. This included:

- 15 emails/letters from members of the public
- A 54-page submission from the campaign group and a petition with more than 5,000 signatures
- Three responses from community groups:
  - Coquetdale League of Friends
  - Upper Coquetdale Churches Together
  - Thropton Women's Institute

- One comment from a county councillor and comments from six parish councils:
  - Councillor Steven Bridgett
  - Alwinton Parish Council
  - Glanton Parish Council
  - Hepple Parish Council
  - Rothbury Parish Council
  - Thropton Parish Council
  - Netherton and Biddlestone Parish Council
- One comment from the MP for Berwick upon Tweed, Anne-Marie Trevelyan
- A report from Healthwatch including feedback from five discussion groups and 23 completed comments sheets.

A total of 376 people completed the survey which was evaluated independently.

It was clear during the consultation that there were strong views in favour of the retention of the beds. While discussions and responses were dominated by concerns over the loss of the beds, there was some support for the development of a Health and Wellbeing Centre. The solution suggested by some including the campaign group was that the beds should be re-opened and a Health and Wellbeing Centre developed at the hospital.

4.4 Communication following consultation

On 28 June 2017 the CCG reported on the outcome of the consultation to the Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee. The committee received a presentation which outlined the breadth of the consultation process and the efforts made to raise awareness of the proposal and promote the methods by which people could make their views known. It was agreed that there would be a further discussion with the committee on 17 October 2017 before a final decision is announced.

The outcome of consultation was reported to a meeting of the CCG's Joint Locality Executive Board on 29 June 2017 when it was agreed that work should proceed on the decision making report to be considered by the Board in September 2017.

In July 2017 the CCG contacted the campaign group and offered to meet with them to discuss the feedback that had been received and also the travel impact analysis. The campaign group responded that it would only meet with the CCG and the Trust as part of a working group to identify which of the two options (the CCG's Option 5 and its own solution) "makes the best use of the hospital building and satisfies the needs and views of all of the patients, doctors, residents of Coquetdale, and the CCG." The group also asked for a short consultation on both options and for the ward to be re-opened while the way forward was discussed.

The consultation feedback report was made available on the CCG's website in August 2017 and was also shared with key stakeholders (including the campaign group) and with members of the public who attended public meetings and gave their contact details so that they could receive updates.

The CCG's travel impact analysis was also shared with the campaign group and made available on the CCG's website in August 2017.

5. Responding to feedback received during the consultation

5.1 Consideration of alternative solution proposed by Save Rothbury Community Hospital Campaign Group

In its formal response, the campaign group put forward a solution which is a combination of Options 1 and 5, referred to as 'Coquetdale Cares – The Community's Vision' (CC-CV). This would mean re-opening the inpatient beds and developing a Health and Wellbeing Centre on the hospital site.

The formal response said: "The whole building would operate in an integrated way with all services having immediate access to each other in order to enable maximum efficiency, effectiveness, economy and co-operation."

The CCG has assessed this suggested solution put forward by the campaign group against the same criteria used to assess potential options prior to public consultation:

Areas to be considered	***Coquetdale Cares – The Community's Vision*** **(Re-open the 12 inpatient beds and further development of health and social care services at the hospital site)**
1) Feedback from residents	Residents do not want to lose resources within Rothbury and suggested the ward should be used to alleviate bed blocking elsewhere within the system. Residents supported the extension of current services, for example, relocation of the Rothbury GP practice or increasing the physiotherapy services, podiatry and diabetes clinics.
2) Patient choice	Residents would continue to be given a choice of Rothbury Community Hospital, should the level of service available in the hospital meet their clinical needs. Residents would still be able to access the hospital to receive appropriate health and social care services.
3) Staffing	Nursing staff remain at Rothbury and any vacancies would require a recruitment process. Nurse recruitment is currently difficult in Northumberland and if nurses were recruited, the pool of nurses available in other hospitals with more pressing needs would reduce.
4) Quality	Evidence suggests that avoidable hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of

	undermining confidence and immobility. No issues with quality of patient care prior to the service suspension.
5) Cost effectiveness	Current utilisation is not cost effective due to the low bed usage. The development of health and social care services would ensure the long term lease would deliver value for money.
6) Additional resources/cost	No additional resource required to re-open the beds. No additional cost to the CCG to relocate the primary care services.
7) Timeline	Anticipated 3-6 months. Due to the nursing resource being distributed to support demand elsewhere within the Trust a recruitment process may also be needed. The previously planned move of primary care services to the hospital is expected to complete in December 2017.
8) Strategic fit	Does not fully support the strategic direction set out by NHS England's 'Five Year Forward View' October 2014, which stated that "out of hospital care needs to become a much larger part of what the NHS does". However, this direction would be further supported by the development of a Health and Wellbeing Centre that supported more patients at home by providing therapy and care through community services, based at the hospital, as well as enhancing further resources such as outpatient clinics and wellbeing sessions.

The CCG further considered the proposals in terms of the following:

Requirements to deliver this option	• Redeployed staff to return to working at the hospital and or staff recruitment. This would be challenging – the Trust still has significant numbers of vacancies and the availability of staff to recruit is very small. • Renewed contract discussions and provider agreement. • Further development of health and social care services to ensure best use of the hospital site for the residents of Rothbury. • The Trust and Rothbury GP practice have confirmed their commitment to use the building to enhance local provision of primary care. This was agreed prior to the CCG's consultation and work started in September 2017 (estimated completion date December 2017).
Pros	• Maintains current service. • Delivers local inpatient beds to the local community. • Primary care services operating at the hospital provide a

	long term sustainable service model. • Enables some further services to be delivered and/or based at the hospital.
Cons	• Bed usage will remain low. • Current utilisation of the beds is not cost effective. • Nursing resource to be moved away from higher occupancy hospital to a known low occupancy hospital. • Does not support NHS England's 'Five Year Forward View' to make out of hospital care a greater focus.
Quality	• Evidence suggests that avoidable hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility. • No issues with quality of care provided prior to suspension.
Staffing	• Previous nursing levels to be re-established.
Timeline	• In excess of six months (the recruitment timeline is currently 16 weeks plus the notice period of the staff member, which can be four to eight weeks).

The CCG also assessed the suggested solution against how effective, efficient and economic it would be (as it did with potential options prior to consultation):

Option appraisal against the three Es

Areas to be considered	***Coquetdale Cares – The Community's Vision*** **(Re-open the 12 inpatient beds and further development of health and social care services at the hospital site)**	**RAG**
Efficient	• Nursing staff remain at Rothbury and any vacancies could require a recruitment process. Recruitment of nurses is currently difficult in Northumberland, and recruitment if successful would reduce the pool of nurses available in other hospitals with more pressing needs. • Bed usage will remain low therefore beds likely to be over staffed.	
Effective	• Evidence suggests that avoidable hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility. • No issues with quality of care provided prior to suspension. • Re-opening of the beds does not support NHS England's 'Five Year Forward View' to make out of hospital a greater	

	focus within the NHS. • In order to further support and develop out of hospital services a local office base and increase in outpatient activity would enhance the community based offer to the people of Rothbury.	
Economic	• Current utilisation is not cost effective due to the low bed usage. • The full cost of running the service is known to the Trust as the provider of the care. The cost to the CCG is included in the block contract of £10.5m per year for all Northumberland community hospitals. • No cost saving released. Additional costs would be incurred in providing Health and Wellbeing Centre services.	

5.2 Responses to themes raised during consultation

5.2.1 Concern about travel and distance

There were a lot of comments and concern expressed about the impact of travelling to Alnwick Infirmary. People said the road can be affected by weather conditions and is sometimes blocked in winter.

They said Rothbury may have a high car ownership but this does not mean that an older person who has to visit a loved one in hospital is able to drive there. There were many comments that public transport is infrequent and taxis expensive.

People felt that these issues result in an adverse impact on the community as older partners in particular aren't able to visit their loved ones in hospital, which affects both patients and families.

Some of the comments about distance and travel referred to inpatient admissions at the Northumbria Specialist Emergency Care Hospital at Cramlington.

Response

The CCG recognises that distance and travelling may be an issue for some people. It commissioned a travel impact analysis which focused on 203 patients admitted to Rothbury for all of their hospital care over a 30 month period (rather than being admitted there after being cared for at another hospital). It has also considered the travel impact information provided by the campaign group as part of its formal response.

Section 7 includes information from both of these documents, including an indication of the areas where the impact would be greatest.

For people who are relying on lifts or public transport to travel to Alnwick Infirmary or the Whalton Unit, Morpeth, the Trust has confirmed that the existing system for flexible visiting times, on a case by case basis, will continue.

The CCG has also explored which community transport schemes exist to support people living in Rothbury and the surrounding area, for whom travelling to Alnwick or Morpeth to visit loved ones may be a problem.

The Getabout service, run by Adapt, receives funding from Northumberland County Council to support people who have difficulty with essential journeys (not just in relation to health). The service is available to all Northumberland residents, including those in Rothbury and the surrounding area, for whom it currently arranges around two to three journeys a week (predominately via the Upper Coquetdale Churches Together volunteer scheme – see below).

The Getabout staff aim to help people find the best way to travel. This could involve advising on public transport, discussions with taxi firms to agree the best price or the use of volunteer drivers. There is a cost to the user for the taxi and to cover the expenses of a volunteer driver (50p a mile).

The Getabout service works closely with other local organisations in the Rothbury area which provide community transport. This includes the Upper Coquetdale Churches Together which has a list of volunteer drivers who can help local people with travelling to hospitals or GP appointments. The volunteer drivers on this list do not charge for this service. People who wish to use this service (which is advertised in the churches' newsletter) are advised to ring the Getabout service which makes the necessary arrangements.

The other local service is provided by Upper Coquetdale Community Transport which has a 16-seat mini bus available to provide transport for groups and older people. This however tends to be a 'dial a ride' service for groups and it is not really cost effective to provide support for individuals or very small numbers.

The CCG has had discussions with both the Getabout service and Northumberland County Council and both have confirmed that it could be used by people who have real difficulty in visiting loved ones in either Alnwick Infirmary or the Whalton Unit.

Since the interim suspension of the inpatient beds at Rothbury the Getabout service has not received any requests for support with hospital visiting to either Alnwick or Morpeth. Steps could be taken by the CCG and the Trust to ensure that community staff are aware that the Getabout service could support people in this way.

Both the Getabout service and Northumberland County Council would need to monitor such use to ensure that sufficient capacity exists.

5.2.2 Lack of local palliative care beds

There were consistent comments that the interim closure has taken away choice over place of death. People commented that it is not always possible for someone to

die at home. Sometimes it is not enough to have community staff attending for short periods and 24 hour care is necessary. In such circumstances carers (i.e. partners and family) need to be well, able-bodied and available 24/7.

Response

The national direction of travel is to support as many people as possible to die at home. Palliative care is generally now provided in the community unless patients need specialist pain management or have complications which need daily care from a consultant and therefore cannot be managed at home.

Evidence from recent years shows a small number of patients dying at Rothbury Community Hospital. From 1 April to 31 August 2016 nine patients died there. This was proportionately similar to previous years and included patients admitted or transferred to the hospital where end of life care was included in the care required and not just the main reason for admission.

It is also important to note that not everyone on a palliative care pathway would be well enough to be cared for in Rothbury Community Hospital. Patients who are receiving palliative care sometimes become acutely unwell with a condition linked to their illness and need specialist emergency treatment which could not be provided at a community hospital.

However, while there are services to support patients and families which can include overnight sitting and sometimes overnight support from the rapid response team for people who are assessed as needing this, it is recognised that in some cases more support may be needed.

Given the ageing population in Northumberland and the need to ensure that future services are delivered at an appropriate level, together with the rurality associated with the area, the CCG is therefore proposing that community based specialist nursing be increased by recruiting an additional palliative care nurse who would be based in Rothbury and work closely with the community nurses.

5.2.3 Lack of evidence to temporarily close beds

There were questions that inpatient beds were considered necessary ten years ago when the new hospital opened, so why not now.

There were comments that local people have been denied transfers to Rothbury Community Hospital or have had to demand a transfer. There were some comments that healthcare professionals at both Northumbria Healthcare and Newcastle upon Tyne Hospitals NHS Foundation Trusts were unaware of the availability of beds.

Strong feelings were expressed that the bed usage had been deliberately wound down and this included cynicism over application of admission criteria. Some asked if it is not just a case of providing more training for nursing staff.

There were questions around why the beds at Rothbury Community Hospital were affected by medical advances and not the beds at the other community hospitals.

Leeds University are conducting a study into the effectiveness and efficiency of intermediate care. There were calls for the CCG to pause the process and await the outcome of the review.

Response

The direction of national policy is to provide much more care in people's own homes.

Over the past ten years, there have been major advances in healthcare which have dramatically changed the way that care is provided. For example, the care provided for stroke patients and for people who have had joint replacements is very different today to what it was a decade ago.

Stroke care today involves much more centralisation to ensure that patients get the specialist care they need to give them the best chance of a good outcome following a stroke. Alnwick Infirmary is the designated community hospital for stroke rehabilitation in North Northumberland (following specialist care in the specialist stroke wards at Wansbeck or North Tyneside General Hospital).

For a hospital to be designated to provide more specialist stroke care, there needs to be a critical mass of patients with this condition so staff skills can develop and be maintained. This is not possible at Rothbury.

Also, many patients are now discharged home within a few days following a hip or knee replacement, where their recovery is uncomplicated or affected by other existing health conditions. Before they have their surgery, they have a pre-assessment so that they can be provided with any equipment or other support they may need following the operation. Previously patients were transferred to community hospitals for inpatient physiotherapy – this is now provided in the community or at home.

In the two to three years prior to the suspension of the services, an average of six to seven patients each year were transferred to the ward at Rothbury from other sites for the ongoing management of their care.

There were comments that clinicians in other Trusts (outside Northumberland) were unaware that they could make direct transfers to Rothbury. Direct access to Rothbury beds would happen via a referral from that Trust to Northumbria Healthcare NHS Foundation Trust. This referral would be reviewed by consultants who would then decide, based on the patient's needs, which hospital best suited those needs.

Rothbury has provided step up and step down care. Referrals for step up care are made by the local GPs who would have been well aware of the existence of the inpatients. Similarly transfers for step down care would have been made by consultants at Northumbria Healthcare's acute hospitals who would also have been aware of the inpatient beds.

In relation to the Leeds study, the CCG's Clinical Chair, Dr Alistair Blair has been in touch with the research team involved with this work.

Dr Blair asked if there had been any analysis looking at the size of the community hospital related to effectiveness and economic efficiency and also if there was any suggestion of optimal size of community hospital bed base from the research. The study itself was wide ranging analysing 13,500 community hospital beds across 450 provider units giving an average until size of 30 beds.

He received a response from John Buckell, postdoctoral associate, Health Policy and Management, Yale School of Public Health.

This stated that the focus of the analysis was on explaining cost variation and to derive a measure of efficiency, rather than attempting to explain efficiency itself. John Buckell said they were currently working on going further to investigate whether changes in efficiency can be analysed.

He said that in terms of optimal size, their results indicate economies of scale, suggesting that larger units are better able to reduce per patient costs. However, he said there were two caveats to this. First, due to sample size, they were not able to estimate a fully flexible model. So it is not clear if these scale gains are exhausted with larger units. Their discussion with community hospital staff suggested that these gains may be exhausted quickly. Second, they did not have data on capital costs, meaning that they do not see the full scale effects.

He said they continue to collect data, and hope that going forward they can address these important issues.

5.2.4 Closure of the beds is resulting in 'significant adverse consequences' for the local population

The wording on the campaign group's petition included: "the Save Rothbury Hospital Campaign believe that the suspension of in-patient services at Rothbury is having significant adverse consequences for our local population…"

The campaign group's response included reference to a statement which it said was issued by the Rothbury GP practice on 7 September 2016: "…we believe the suspension of in-patient services at Rothbury will have significant adverse consequences for our local population…the suspension…will mainly impact a frail and vulnerable group of patients…"

Other feedback also alluded to adverse consequences. For example, the MP said she was concerned that without the beds at Rothbury, patients will stay later on acute wards, need to be re-admitted due to a lack of appropriate care at home or need to be admitted to an alternative hospital far from friends and family support.

Response

Neither the CCG nor the Trust is aware of any individual patients who have suffered significant adverse clinical consequences in relation to their recovery or overall outcome following the interim closure of the inpatient beds. In addition, the Rothbury GP practice, all CCG member practices, Community and Social Services and the North East Ambulance Service have said that they are unaware of any significant adverse health consequences caused by the interim closure.

During the consultation process and since then, neither the CCG nor the Trust has received any formal complaints from individuals of issues raised via the Patient Advice and Liaison Service indicating the interim closure has impacted adversely on their own health or that of their family members.

As set out in Section 10.3 there is also no evidence to suggest that the interim closure has impacted negatively on other local health and care services (which in turn could have resulted in an adverse impact on patients).

Furthermore, there is no evidence to suggest that more patients from the Rothbury area are being admitted to the Northumbria Specialist Emergency Care Hospital at Cramlington, are needing to be readmitted there or are having to stay longer following the interim closure of the beds.

The CCG recognises that the interim closure has resulted in further travelling for some patients and their visitors and has been in discussion with the Trust and other partners, including Adapt and the Northumberland County Council about what help is available for people who have difficulties with travelling (see Section 5.2.1).

5.2.5 Better management of beds across community and acute hospitals would help maintain a need for inpatient ward at Rothbury Community Hospital

There were comments that Alnwick Infirmary in particular is often full and operating at levels not considered to be safe and also comments that some residents who would previously have gone to Alnwick are now being denied access.

There were comments that other community hospitals are also very busy with strong views expressed that patients from other parts of the county should be sent to Rothbury Community Hospital to help make better use of bed capacity.

Some felt that people were just not being offered the opportunity of an inpatient stay in Rothbury Community Hospital.

Response

Rothbury Community Hospital has provided step up and step down care. Referrals for step up care are made by the local GPs who would have been well aware of the existence of the inpatient beds. Similarly, transfers for step down care would have been made by consultants at the Trust's acute hospitals who would have been aware of the inpatient beds.

Also, medical advances, particularly over stroke care and care of patients following joint replacements have impacted on the need for inpatient care such as that provided at Rothbury.

The provision of safe care is a priority for both the CCG and the Trust. Community hospital wards are assessed using the Safer Care Nursing Tool, a nationally recognised best practice tool measuring acuity and dependency, on a regular basis. Recommendations on staffing levels are made as a result of these assessments to ensure that the right level of staffing is available to meet the needs of the patients.

The 85% bed occupancy figure is not a safe occupancy level but rather the level at which hospitals operate most efficiently in terms of flow through the system.

There are no particular problems in terms of waiting lists for beds at either Alnwick Infirmary or the Whalton Unit. While at times there is a small waiting list for admission to Alnwick, this usually occurs because of sex mix issues (more men than there are male beds; if the Trust admitted at this time it could not maintain adequate levels of privacy and dignity).

In terms of sending patients from other areas to Rothbury Community Hospital, this did in fact happen prior to the interim closure of the inpatient beds suspended, albeit in small numbers. In addition, patients waiting for a community hospital bed have been offered Rothbury in the past where their needs could be met and they could not be offered a place in the hospital closest to their own home. For the same reasons that Rothbury residents do not want to travel, people from other localities have not wanted to travel.

For the month following the suspension of the Rothbury beds, the Trust considered all patients admitted who had a Rothbury postcode. This included both inpatient and day case admissions. The purpose was to see if the care they received could have been provided at Rothbury.

There were 38 patients who were admitted. Seven were either paediatric or pregnancy related, so their care could not have been provided at Rothbury.
Of the remaining 31, 16 had a one or two day stay. Six patients could possibly have gone to Rothbury but it was difficult to say at what point in their pathway of care this would have happened but they were all complex, with changing conditions requiring stabilisation initially. However, this is a similar number to that previously transferred to Rothbury.

This analysis showed that all except these six patients required: surgical procedures; access to a range of diagnostics that could not be provided at Rothbury; invasive monitoring; died as a result of their condition or needed cardiology support.

In addition, 34 day cases were looked at as part of the consideration around what services might be possible to provide in a Health and Wellbeing Centre. This showed:

- 11 needed a surgical/endoscopic procedure which cannot be provided at Rothbury as a theatre and associated team would be needed

- Three needed specialist support for a paediatric or maternity problem, again not something that could be provided at Rothbury
- Three needed specialist procedures requiring cardiologist support
- Seven were being supported in a cancer treatment service – the critical mass required would preclude the Trust from doing this at Rothbury and it would also be difficult running the service often enough for some of the regimes. In addition to this moving patients from other units might also make them not viable for the same reason
- Three needed ultrasound to support treatment for a condition the Trust could not have predicted when the appointment was booked
- Five needed an urgent assessment in ambulatory care – this requires full diagnostic services to be available
- Two needed an overnight stay due to observation requirements following a procedure.

5.2.6 Scepticism around financial savings

There were comments that the information provided about savings of £500,000 are not credible, with some saying that once the cost of providing more care at home or in other hospitals for patients who may otherwise have spent time in Rothbury Community Hospital is taken into consideration, savings wouldn't be as much as £500,000.

There were comments around the cost of the Public Finance Initiative (PFI) with people asking if it was possible to reduce these costs for rent etc. with the savings used to offset the cost of the beds.

Some asked if it was possible to buy out the Hexham PFI, why not just do the same with Rothbury Community Hospital.

Response

The block contract that the CCG has with the Trust has reduced by £500,000 following the interim closure of the beds.

The £500,000 annual saving referred to in the consultation document from closing the 12 beds at Rothbury on an interim basis reflect a reduction in the Trust's variable costs (predominantly staff savings). The staff who worked at Rothbury Community Hospital have been covering vacancies across the Trust (which saves the costs of recruiting to those vacancies).

There is sufficient capacity in the local community nursing and hospital teams so that the care of the patients, who may have spent time in Rothbury Community Hospital, has been absorbed without the need for additional staffing.

The clinical, non-pay costs of treating these patients is a relatively small element of the cost of their care however, this has been taken into account when calculating the savings figure.

The PFI contract for Hexham hospital was different from the contract used for Rothbury. The Hexham contract included a voluntary break clause, which a loan from Northumberland County Council allowed the Trust to invoke resulting in substantially reduced ongoing costs to the public sector. The Rothbury contract makes no provision for a voluntary break before the end of the contract in 2031. While it would be possible for the Trust to terminate the contract, it would be obliged to compensate the PFI partner for all profits it would have made during the remainder of the contract term. There would therefore be no expected benefit. The different PFI arrangements entered into by the Trust for Rothbury were a reflection of the scale of the scheme, in comparison to Hexham. At the time it was necessary to find a different funding method, which now offers less flexibility.

Even if it were possible to reduce PFI costs it would not be an efficient use of resources to offset the cost of under used beds by finding funding from another source.

Finally, even if the beds were re-opened, usage would remain low.

5.2.7 Capacity and quality of health and care services provided to people in their own homes

There were some comments that there was not sufficient capacity in health and care services to cope with additional patients needing care in their own homes. Some people suggested that the quality of care provided to people in their own homes is not as good as that provided in Rothbury Community Hospital.

Response

The focus is now on providing much more care for people in their own homes and health and care professionals working in Rothbury, and the surrounding areas, continue to provide this care to local people.

The small numbers involved would have very little impact on existing or future capacity (see Section 10.3).

The health and care services provided in this area generally rate very highly in patient and service user experience surveys. Feedback from a North Northumberland patient survey about the Short Term Support Service for Quarter 4 (1 January to 31 March 2017) showed very high satisfaction levels (see Section 10.3.3), as did the earlier one for Quarter 3 (1 October to 31 December 2016), the results of which were included in the consultation document.

The Care Quality Commission rated the Trust's community services for adults as outstanding following its inspection in 2015. It said: "We found that patients could access all professionals relevant to their care through a system of truly integrated multi-disciplinary teams; and that patients' care was coordinated and managed. Patients and carers we spoke with were overwhelmingly positive about their experience of care and treatment and feedback gathered by the organisation showed high levels of satisfaction."

5.2.8 Adverse impact on GP, community nursing and social care services

There were comments that it is easier to see patients all in one place i.e. community hospital. A permanent closure of the inpatient beds would result in health and care staff travelling long distances over a rural area.

Response

As indicated above, the small numbers involved mean that there will have been very little impact on the staff providing care to people in their own homes.

Given the geography staff already travel to patients' homes in rural areas as part of their day to day working lives.

This is covered further in Section 10.3 which includes consideration of the impact on community health and care staff, GPs and community hospitals at Alnwick and Morpeth and also any impact on Wansbeck General Hospital, the Northumbria Specialist Emergency Care Hospital at Cramlington and the North East Ambulance Service.

5.2.9 The need to future proof

There were comments that the predicted increase in older people and the growth of new housing in Rothbury and across the wider area means that in future the beds will be needed.

Response

It would not be a good use of resources to continue to run a service that is not being fully used in case it is needed in future years.

Advances in healthcare are happening continuously and these are changing the way that care is provided.

Also, the national direction of travel is to reduce reliance on hospital care and provide much more care at home.

In addition, the development of a Health and Wellbeing Centre has the potential to benefit many more people from across different age ranges, keeping them healthier for longer and reducing the need for hospital admissions.

5.2.10 Lack of respite care beds

People accept that respite care is not funded by the NHS but feel that it should be possible for health and social care to work together via the freedoms that people consider will exist as an Accountable Care Organisation.

There were some comments that people would have been prepared to pay for respite care in Rothbury Community Hospital and comments that people (including some of those working locally in the NHS) had not been aware of the private respite beds provided for a time by the Trust.

Response

The existence of an Accountable Care Organisation will not change the current position where respite care is not provided by NHS hospitals.

Due to low bed occupancy at Rothbury Community Hospital, the Trust provided respite care on a private basis as a trial. The experience showed that the need was not there to continue or develop this provision.

Appropriate provision is however available at Rothbury House, run by Royal Air Force Association (RAFA) which provides respite/convalescence for RAF veterans.

The care provided at Rothbury House is suitable for people who require social care but not nursing care, although there are visits by local GPs and district nurses.

Rothbury House provides accommodation in a number of specially adapted rooms. Disabled access is available throughout the house and all rooms are fitted with care call systems.

5.2.11 Equity for people living in rural areas

There were comments that people living in rural areas should have equity around access to services.

There were also comments that the proposed permanent closure of the beds would result in discrimination against older women. This was because women live longer, they care for their partners and, when they are widowed, they live alone and have no one to care for them.

Response

The CCG has carried out an equality impact assessment of the proposal that has been subject to consultation, which has considered the needs of older people as one of the protected characteristics under the Equality Act (see Appendix F).

It also commissioned a travel impact analysis to help understand more about the travelling implications should there be no inpatient beds in Rothbury Community Hospital in the future (see Appendix G).

It is important to note that the numbers of older people who may have been admitted to Rothbury Community Hospital who would need to go to another community hospital because the care required could not be safely provided at home represent a very small percentage of the population of older people of both sexes.

However, as outlined earlier, the CCG is taking steps to address some of the concerns raised over impact on older people, including the proposal to introduce an additional community specialist nurse to work with other professionals who are supporting people to die at home and local discussions about the availability of community transport. Also, Northumberland County Council has reached an agreement over use of Rothbury House for respite care.

In order to ensure that older people had the opportunity to comment during the consultation, the CCG made efforts to target older people and groups attended by older people with information about the proposal. From attendance at the public meetings and drop-in sessions, meetings held by Healthwatch Northumberland and from responses to the survey, the CCG has evidence that it reached this target group. In addition, 63% of those who responded to the survey were women and 45% of the overall number of respondents was aged over 65.

Finally, the development of a Health and Wellbeing Centre would provide more services for a larger proportion of the local population than is currently the case.

5.2.12 Criticism of the consultation process

Some, including the campaign group, were critical of the consultation process, including some criticisms about the information in the consultation document and questions asked in the independent survey.

Response

The consultation process has been very thorough with concerted efforts to make sure that local people were aware of how to find out more about the proposal and how to make their comments known.

The CCG aimed to be honest during the consultation in terms of sharing with the public the situation relating to bed usage and how different options had been assessed.

A range of communications methods were used to raise awareness of the consultation and, in addition to public meetings and drop-in sessions, the CCG commissioned Healthwatch Northumberland to carry out discussions with groups either representing or working with older people. Comments made in all of these meetings have been taken into consideration.

During the public meetings, in particular, senior representatives of both the CCG and the Trust were present to answer questions. People who did not feel able to ask questions in a large group had the opportunity to attend drop-in sessions.

There was also an exchange of correspondence with some individuals during the consultation process.

The questionnaire was developed and analysed by an independent research company which works to industry standards. However, as shown above, people who

did not wish to complete the questionnaire, for whatever reason, had other opportunities to make their views known.

6 Proposed development of a Health and Wellbeing Centre

6.1 Services suggested during public consultation

While the main focus of local feedback and discussions throughout the consultation concerned the proposal to permanently close the inpatient beds, some suggestions were made about the services that could be included in a Health and Wellbeing Centre.

The service that was most frequently mentioned was physiotherapy, with people saying that more is needed as patients are going to Alnwick Infirmary for quicker appointments. There were comments that in addition to musculo-skeletal physiotherapy, other types could also be provided, for example, neuro-physiotherapy and women's health physiotherapy. There were also comments that there could be more back care and that the gym at the hospital could be better used, with supervision by a health assistant.

In relation to the relocation of the GP surgery, which had been the subject of discussion for some time prior to the interim suspension of the beds, there was general support for this. The campaign group said they 'whole heartedly' supported the commitment of the Trust and the Rothbury GP practice to use part of the building for general practice purposes. The survey showed that 54% of those responding were positive or very positive about this, 32% were neither positive nor negative and the remainder were either negative (10%) or very negative (5%).

People who were negative about the relocation felt the surgery would be difficult to access at the hospital particularly for older people. The Rothbury GP practice is required by the CCG to consider such issues as part the relocation approvals process.

Other services mentioned, which included care and support for people of all age ranges include:

- Walk-in service for urgent GP appointments
- Minor injuries/X-ray service
- Chiropody and podiatry
- Dental services
- Opticians
- Audiology services
- Speech and language therapy
- Mental health services, including for younger people
- Cardiac and respiratory rehabilitation
- Diabetes clinics
- Orthopaedic assessments

- Outpatient aftercare
- Memory clinics or dementia café
- Parkinson's disease support
- Falls clinics
- Information and advice – elderly medicine care
- Centre for the elderly, particularly those living in rural locations, where they could access services and help combat social isolation
- Group therapy – movement to music
- Rheumatology and arthritis clinics
- Occupational therapy and mobility clinics
- Carers support groups including own space and store for equipment and supplies
- Palliative care
- Youth groups and drop-in sessions for young people
- Drop-in sessions for farmers
- Sexual health clinics
- Healthy living sessions such as smoking cessation and weight management
- Antenatal clinics and further mother and child sessions
- Acupuncture
- Workplace assessments

6.2 Current service provision and those services which could be included in a Health and Wellbeing Centre

The proposed Health and Wellbeing Centre would build on existing services already provided at Rothbury Community Hospital. It is important to also understand that, while the health economy will have to provide limited investment, an effectively functioning centre will benefit far more local residents; keeping them in better health for longer and reducing the need for admissions to the acute sector in the longer term.

The table below sets out existing services which would remain; those which (if the decision is taken to permanently close the inpatient ward) would be included in the Health and Wellbeing Centre within three months; and further opportunities that could be explored. The CCG would seek to establish a working group as soon as possible post decision (local community representatives, CCG, GP surgery, local authority and relevant NHS Trusts) to discuss local general health and wellbeing needs and how best to address them while ensuring that all future services are delivered efficiently, effectively and economically.

Current Service Provision	Details
Midwife-led antenatal clinics	Weekly midwife antenatal classes (Tuesday from 11.00am to 2.00pm).
Physiotherapy Clinics	Musculo-skeletal and orthopaedic physiotherapy clinics are available two days a week (Wednesday and Friday).

	Paediatric physiotherapy clinics are provided on an individual needs basis. The majority of children receive physiotherapy at home or within school to ensure the therapy is integrated into daily living. Neurological physiotherapy clinics are run on a need led basis.
Podiatry	Eight general clinics held each month
Parkinson's disease clinic	Parkinson's Disease clinics are available quarterly. Home assessments are also provided where that is clinically indicated but numbers are low.
NEAS Paramedic	Co-located on site.
Community Nursing	Co-located on site.
Proposed additional services and/or resources to be implemented three months post decision	**Details**
Palliative Care	The Macmillan specialist nurse team would be expanded to support local palliative care needs based within Rothbury Community Hospital (four days each week). This role being co-located with primary care and community nurses enables opportunities for integrated team working.
Virtual outpatient clinics	The Trust is exploring outpatient clinic options being carried out using a range of technological options. (Analysis is currently being undertaken to establish activity and an implementation plan is in development). This involves consultations being carried out by doctors and nurses using telemedicine technology. All specialities will be reviewed and this could cover a range of new services such as rheumatology, stroke, diabetes, urology, pre-assessment, orthopaedics, gastroenterology and cardiology.
Rheumatology	Outpatient blood monitoring (for local patients who require regular blood tests).
Health trainer sessions	Health trainers would provide sessions initially one day a fortnight, covering a range of topics, suitable for people across different age ranges, for example: • Smoking cessation • Nutrition and hydration advice • Slips, trips and falls advice.

Primary care	Closer working with co-located community nurses – practice and community nurses workloads would be fully integrated. Holistic Long Term Condition (LTC) management (assessing the broader needs of patients in a longer appointment rather than a series of appointments to look at specific conditions) – coordinated with health training opportunities. Coordinated outreach activity by GPs and practice nurses with local community groups. Additional appointments available for Rothbury patients as GPs no longer servicing the inpatient ward. This delivers wider health and wellbeing benefits for more local people.
Future opportunities for consideration	**Details**
Infusion Unit	The Trust is exploring the option of implementing an infusion unit where infusions are used to manage a range of chronic conditions such as rheumatoid arthritis and inflammatory bowel disease.
Diagnostic testing	The Trust is exploring the option of implementing non-radiological testing in cardiology.
Dentist	Consideration could be given to co-locating NHS dentistry services.
Mental Health	Further discussions regarding possible clinics and or group sessions to support emotional health and wellbeing as well as focused groups for example patients with dementia.
Community and voluntary sector services	Further discussions and opportunities to be explored with a range of community and voluntary services.
Redesign of existing building/potential options for conversion	The building is currently being redesigned to incorporate the Rothbury GP practice. Conversion options will need to be further considered as future developments are confirmed. The current lay out would enable a waiting area and group sessions to be carried out as an interim option.

7 Travel implications

The CCG asked the North of England Commissioning Support Unit (NECS) to carry out an impact analysis to understand the implications of travelling for patients and families of the proposed closure of the inpatient beds.

The campaign group also carried out a travel analysis which was included in their formal response at the end of the consultation (see Appendix D). The information they provided as part of this analysis has also been taken into account.

7.1 Travel impact analysis

The NECS report is attached as Appendix G.

For the purpose of the analysis, NECS looked at patient activity over a 30 month period from April 2014 to September 2016. During that time there were 203 patients, with a total of 367 admissions. This figure is for patients admitted to Rothbury for the complete consultant episode i.e. patients who required step up care.

In terms of the 203 patients who were at Rothbury for the whole episode of care, just over two-thirds (140) had one admission. The longest length of stay was 89 days and the average was 12 days.

Overall, the analysis shows that while the greater number of patients (145 out of 203) would have had to travel further had they been admitted to Alnwick Infirmary or the Whalton Unit in Morpeth, instead of Rothbury Community Hospital, a significant number (58 out of 203) would have had a shorter journey.

The map below shows the patients' ward of residence and the areas most affected if patients (and their partners/carers/families/visitors) had to travel to Alnwick Infirmary or the Whalton Unit. This shows that all of the patients living in the Bellingham ward, 96% living in the Rothbury ward, 87% living in the Shilbottle ward and 53% living in Longhorsley ward who had attended Rothbury Community hospital would have had to travel further to Alnwick Infirmary. The numbers of patients involved varied from a total of 115 living in the Rothbury ward over the 30 month period to a total of six living in the Bellingham ward during the same period.

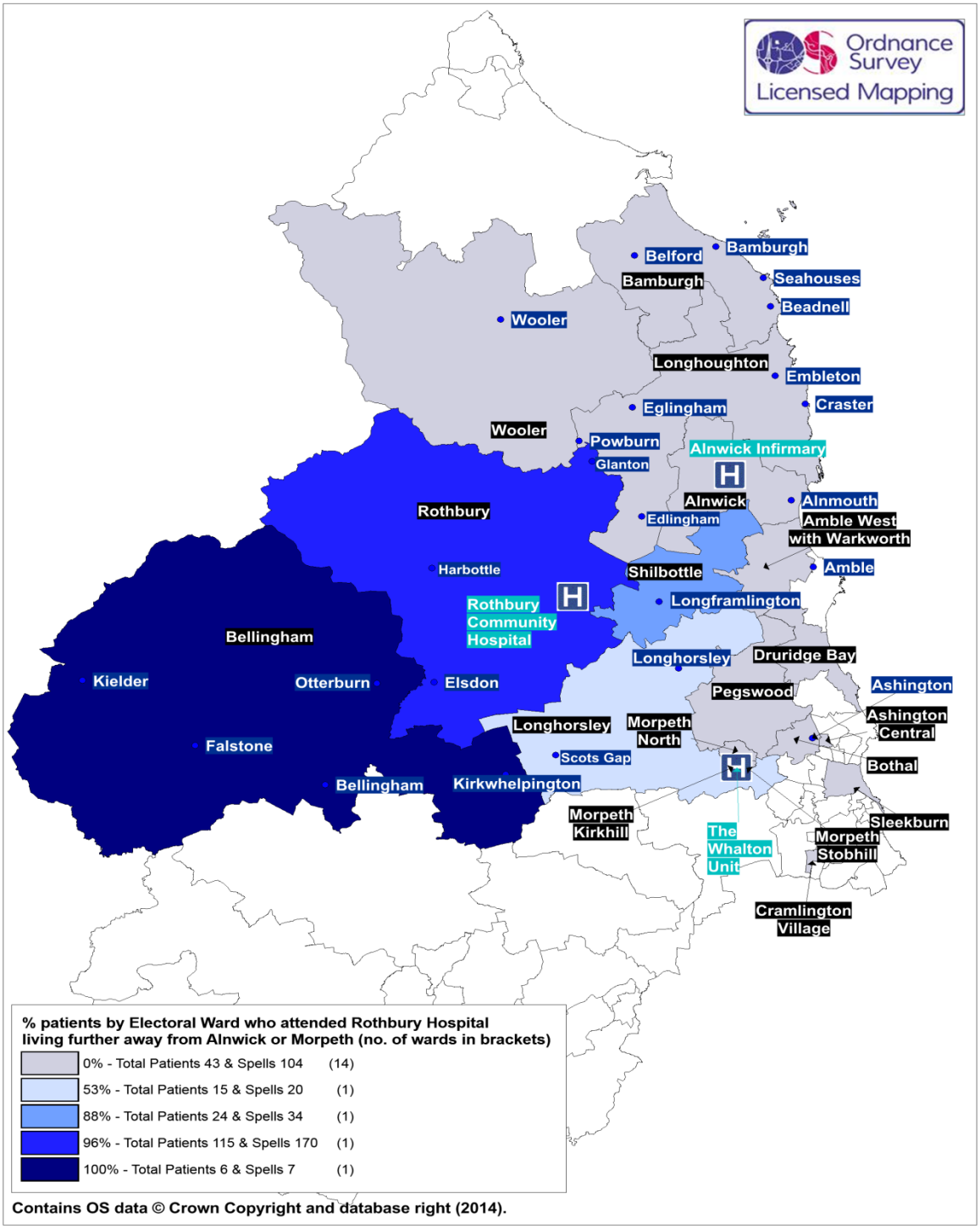


Figure 2: Admissions to Rothbury Inpatient Ward – April 2014 to October 2016

From the 203 patients, a total of 145 from these four wards would have to travel further if they were admitted to Alnwick Infirmary or the Whalton Unit. These 145 patients on average travelled 3.8 miles to Rothbury Community Hospital with the closest patient only travelling 0.4 miles and the furthest travelling 15 miles. If they were to go to the next nearest site, the average journey would increase by 13.8 miles.

The remaining 58 patients (out of the 203 total) would travel less if they were admitted to Alnwick Infirmary or the Whalton Unit. These patients travelled an average of 15 miles, with the closest being only 8.8 miles from the site and the furthest 27 miles away. If they were to go to the nearest site, the average journey would be 14.2 miles less.

The two pie charts below show first, the closest hospital for the 203 patients if the inpatient ward at Rothbury Community Hospital was open and second, the closest hospital if the ward was closed.

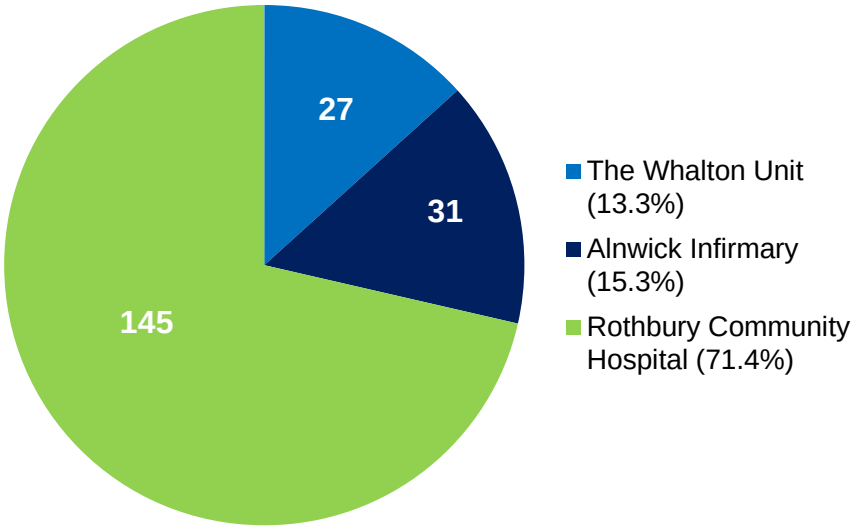


Figure 3: Closest hospital for the 203 patients if the inpatient ward at Rothbury Community Hospital was open

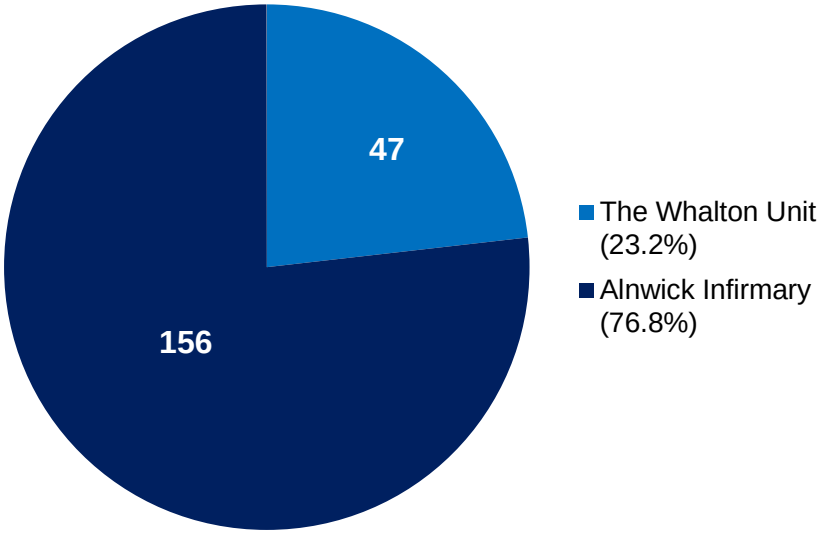


Figure 4: Closest hospital for the 203 patients if the inpatient ward at Rothbury Community Hospital was closed

The analysis included information about bus services which showed that people living west of Rothbury would be most adversely affected. From Harbottle there are only two bus services to Rothbury on a Tuesday and Thursday and no bus services direct to Alnwick or Morpeth. By car there would be an additional 12 miles to Alnwick Infirmary. From Elsdon there are no direct bus services to Rothbury, Alnwick or Morpeth. By car there would be an additional 6 miles to the Whalton Unit.

The travel impact analysis includes appendices which provide more detailed information about bus times, car journeys and taxi costs.

7.2 Travel analysis by the Save Rothbury Community Hospital Campaign group

The campaign group's submission included a travel analysis which emphasised the sparsity of direct bus services to Alnwick from Thropton and Rothbury. It said there are four bus journeys a day from Thropton to Alnwick at 7.45 am, 9.30am, 11.45am and 15.50am. The return buses leave Alnwick at 9am, 10.20am, 14.15pm and 17.40pm. There is also a circular route through Snitter, Netherton, Alnwinton, Harbottle, Holystone and Hepple twice a day which connects with the Thropton to Alnwick service at 11.45am and 15.50pm.

The submission also said that residents of Thropton and Rothbury could use an hourly service to Morpeth and from there could get a bus to Alnwick, involving journey times of 42 and 44 minutes respectively with a usual additional waiting time of 37 minutes at Morpeth, making the total travel time two hours.

There are no direct bus routes to Alnwick from either Longframlington or Longhorsley, so the only route by bus would be via Morpeth.

There are two taxis for hire in Rothbury. One advertises their charge for a journey to Alnwick as £23.

In terms of travelling by private car, the submission highlighted out that the direct route to Alnwick would be along the B6341, which runs from Elsdon and through the Coquet Valley via Thropton and Rothbury. The round trip from Elsdon to Alnwick is 50 miles. It said this road is frequently closed during the winter due to snow and ice and that it is unreasonable to expect older people to use this road to visit loved ones in Alnwick.

8 Quality impact assessment

The CCG has carried out a quality impact assessment (attached as Appendix E) which includes an assessment in terms of patient safety, clinical effectiveness and patient experience. The assessment highlights that the patient experience may be negatively affected by additional travelling by their loved ones visiting them in other community hospitals and the concern of local people regarding care being provided at home. Sections 5.2.1 and 5.2.7 above give assurances in this respect and include

proposed steps that could be taken to reduce the impact. The analysis further shows that the proposal is beneficial for patients in terms of safety and clinical effectiveness.

9 Equality impact assessment

The CCG has carried out an equality impact assessment (attached as Appendix F) which includes consideration of the protected group for whom there is the most impact i.e. older people and in particular the small number of frail, older people for whom inpatient services at Rothbury Community Hospital were available until the interim closure of the inpatient ward in September 2016. This also includes proposed steps that could be taken to reduce the impact.

10 Addressing assurance requirements

All service change proposals are subject to NHS England assurance prior to their progression to consultation and implementation. This is to ensure the deliverability, sustainability, safety and legality of such changes as well as ensuring there are no adverse consequences for patients and other health and care providers.

Due to the limited scope of the proposals, NHS England set out proportionate assurance arrangements with the CCG, which included consideration of the national reconfiguration tests, together with some further specific finance, capacity and process assurances. These are set out below.

10.1 National reconfiguration tests

There are four tests that must be applied when service change is being proposed:

- Strong patient and public engagement
- Consistency with current and prospective need for patient choice
- Clear clinical evidence base
- Support for proposals from commissioners

A fifth was added in March 2017 and this has also been taken into consideration.

10.1.1 Strong patient and public engagement

The CCG made concerted efforts to engage with patients, the public and other key stakeholders during autumn 2016 and then conducted a comprehensive public consultation from 31 January to 25 April 2017.

Following the interim closure of the inpatient ward in September 2016, the CCG held three drop-in sessions in Rothbury when representatives were available to meet with members of the public to discuss their concerns and answer questions.

In November 2016 the CCG held a public meeting which was attended by around 300 people. The purpose was to outline the outcome of a review that had been carried out into bed usage at Rothbury Community Hospital and also to share feedback received during the drop-in sessions and from letters and emails received by the CCG.

During this time, the CCG updated the MP for Berwick upon Tweed (who attended the public meeting in November), representatives of Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee and the Northumberland Health and Wellbeing Board. CCG leaders also met with the councillor for Rothbury with representatives from the Trust and the campaign group. In April 2017 it met again with the campaign group to receive its report outlining a vision for how services could be provided at the hospital.

There was also press coverage to keep local people updated about plans for public consultation.

The extent of the public consultation process which included widespread sharing of the consultation document, a summary leaflet and information cards, two public meetings and four drop-in sessions, five discussions groups targeting older people held by Healthwatch Northumberland, extensive use of media and social media, including paid for advertising and an independently hosted and evaluated survey is outlined in Section 4 and in much greater detail in Appendix D.

Representatives from the Overview and Scrutiny Committee were briefed in advance of the consultation and the CCG outlined the consultation process and reported feedback at a meeting of the committee on 27 June 2017.

In August 2017 the full consultation feedback report was made available on the CCG's website and shared widely with stakeholders, including the campaign group and local people and organisations that had participated in the consultation.

At the same time, the CCG also shared the travel impact analysis (Appendix G) with the campaign group and made it available on its website.

The CCG has remained in contact with the MP's office and will present its decision making process and outcome at a meeting of the Northumberland Health and Wellbeing Overview and Scrutiny Committee on 17 October 2017. The CCG will circulate the full decision making report to committee members well in advance of the committee meeting to ensure that members are afforded sufficient time to consider all relevant issues.

10.1.2 Consistency with current and prospective need for patient choice

Although the proposal is to permanently remove the inpatient ward from Rothbury Community Hospital, patients in need of care in a community hospital bed would be able to go to Alnwick Infirmary or the Whalton Unit at Morpeth.

More choice already exists in terms of the community health and care services now available which are supporting more older people to stay well and live independently in their own homes.

Such developments are in line with national policy as set out in the 'Five Year Forward View', with local plans as set out in the Sustainability and Transformation Plan and Northumberland's Vanguard programme (development a Primary and Acute Care System that delivers greater levels of out of hospital care) which is aimed at encouraging new and innovative ways of providing health and care services and reducing reliance on inpatient hospital care.

Some have commented that the proposal would reduce choice from patients who wished to die at Rothbury Community Hospital. The national drive is now to support people to die in their own homes unless they need specialist care that can only be provided in a hospital, with the full range of services and consultants present. Evidence from recent years shows a small number of patients dying at the hospital. From 1 April to 31 August 2016 nine patients died there. These numbers were similar to those from previous years and included patients admitted or transferred to Rothbury Community Hospital where end of life care was included in the care required and not just the main reason for admission.

The CCG is proposing an increase in the local provision that already exists to support people to die at home through the introduction of an additional specialist nurse to work with the community staff in Rothbury. Comments were also made during the consultation about the lack of respite care (which is not funded by NHS hospitals). Rothbury House, which provides convalescence care for veterans, is available for local people assessed as needing respite care.

In addition, the proposal includes shaping existing services around a Health and Wellbeing Centre on the hospital site which would benefit more people, through the relocation of the GP practice, health trainer sessions and more outpatient clinics via a video link with a consultant based at another hospital.

10.1.3 Clear clinical evidence base

The proposed model of care at Rothbury is in line with national policy to provide much more care out of hospital and reduce reliance generally on hospital beds if that care can safely be provided in a different setting, including a patient's own home. NHS England's 'Five Year Forward View', which was published in 2014 set out a new vision for the NHS based around new models of care. It stated that:

> *"Out of hospital care needs to become a much larger part of what the NHS does."*

To deliver this plan, every health and care system in England was required to produce a long term plan, called a Sustainability and Transformation Plan (STP) which must ensure that health and care services are built around the needs of local populations to achieve better health, better patient care and improved NHS efficiency.

A summary of the STP has been published and is available at www.northumberlandccg.nhs.uk/get-involved/stp/. The STP shows that out of hospital care is a priority in Northumberland to improve the care and quality of services provided for local people and also address a financial gap.

The steering group that was established to review community bed usage in Northumberland was chaired by a CCG Locality Director. The proposed model of care has also been discussed at a number of clinical meetings across primary and secondary care in Northumberland, including at all GP locality meetings including the North locality group which includes membership from all GPs practices in North Northumberland.

Care at home helps frail older people to stay well and independent in their own environment for longer and there is evidence to show that care in hospital carries more risk. For example:

- Older people are at greater risk of getting an infection while in hospital
- Being immobile can also lead to problems for older people and they may be able to maintain greater mobility at home (Hopkins et al 2012)[1]
- Ten days in a hospital bed leads to the equivalent of 10 years ageing in the muscles of people over 80 (Gill et all 2004)[2]
- Extended hospital stays can affect older people's confidence about their ability to live independently and can be confusing or distressing for patients with dementia.

By staying at home, with the right support, older people can continue to be socially engaged with local family and friends, can continue with activities that give their life meaning, can continue to be caregivers and can maintain their independence, dignity and choice (Oliver et al 2014).[3]

10.1.4 Support for proposals from commissioners

Prior to the consultation starting views were sought from all GP member practices and in particular, from those in the North locality which includes Rothbury and the surrounding area. The North locality supported Option 5.

The next step was a discussion at the CCG's Joint Locality Executive Board, which includes GP representatives from each of the Northumberland localities which supported Option 5.

The main reasons were:

[1] Hopkins S, Shaw K, Simpson L (May 2012) English National Point Prevalence Survey on Healthcare-associated Infections and Antimicrobial Use, 2011, Health Protection Agency.
[2] Gill L, Kortebein P, Symons TB, Ferrando A, et al. Functional impact of 10 days of bed rest in healthy older people. J Gerontol A Biol Sci Med Sci.2008: 63:1079-1081.
[3] Oliver R, Foot C, Humphries R (2014) Making our health and care systems fit for an ageing population. The King's Fund.

- It enables better use of existing health resources due to low occupancy levels and allows nursing resource to be moved to higher occupancy hospital site
- The temporary suspension has tested the capacity within the Trust's other inpatient services and within community services and no unexpected service pressures have been experienced
- It delivers local health services (which was supported by residents during the review) and provides the opportunity to work with the local community to better shape current provision
- It enables further services to be delivered in and or based at the hospital
- It supports the strategic direction set out in the 'Five Year Forward View' by NHS England
- Primary care services operating at the hospital provides a long term sustainable service model.

In addition, although initially the Rothbury GP practice had publicly expressed disappointment over the suspension of inpatient beds, one of the partner GPs provided the following comment about the situation which he confirmed he was happy to include in the consultation document:

> Dr Billy Hunt said: "Rothbury has a fully staffed and experienced primary healthcare team, and many end of life episodes are managed in conjunction with the Macmillan nursing service, who act as an important link to specialised palliative care services. We miss the availability of local beds in some situations, but we have recently seen an improvement in the amount of 'hands on' care available for those who chose to die at home, available via the Day Hospice and Marie Curie. This can take the form of overnight 'sitting' to enable family to rest, and also support workers spending spells of several hours in the home for support, in addition to the more traditional visits from clinical staff and carers."

Following the public consultation, the Joint Locality Executive Board on 28 June 2017 discussed the feedback report in detail and agreed that the issues should be further discussed in the decision making report. The CCG's locality meetings held in September 2017 (attended by representatives from all member practice GPs) discussed the issue and all locality meetings confirmed that they considered that patients had experienced no adverse health consequences as a result of the temporary suspension of inpatient services.

The CCG met with the Northumbria Primary Care executive lead (a senior partner) at the Rothbury GP practice on 16 August 2017 to explore opportunities for primary care services that could be included in the proposed Health and Wellbeing Centre.

10.1.5 New test in relation to bed closure

In March 2017 NHS England Chief Executive Simon Stevens announced that proposed significant bed closures would in future have to meet one of the following three new conditions before NHS England would approve them:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of the bed closures, and that the new workforce will be there to deliver it: and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care.

As the review of bed usage at Rothbury Community Hospital showed, bed occupancy was declining and during the year leading up to the interim closure, on average, only half of the beds were occupied at any one time.

As explained during the consultation, this was due to medical advances reducing the length of time people now spend in hospital, particularly after joint replacements and to more specialist care being provided, for example, following stroke.

There is also a national drive to provide more care out of hospital, in people's own homes, therefore reducing reliance on hospitals. In Rothbury, as in other parts of Northumberland, increasing numbers of older people are already being supported to stay in their own homes. Given the constant advances in medical care it is anticipated that even more care will be provided in the home in the future.

There has been consideration of the impact of the interim closure on community services, the GP practice, community hospitals at Alnwick and Morpeth, Wansbeck General Hospital, the Northumbria Specialist Emergency Care Hospital and the North East Ambulance Service NHS Foundation Trust. This has shown that given the small numbers of patients involved, there have been no unexpected pressures in other services as a result of the interim closure of the inpatient beds Rothbury Community Hospital. This is set out in greater detail in Section 10.3.

The public consultation has included discussions about the development of a Health and Wellbeing Centre and the CCG has been able to respond to some of the suggestions from local people about the type of services that could be included.

10.2 Financial considerations

The block contract the CCG has with the Trust has reduced by £500,000 following the interim closure of the beds, which reflects a reduction in direct staff costs. However, the cost savings cannot be realised in recurrent terms while the inpatient beds are suspended pending a decision on the future use of the unit. The preferred option, which was subject to consultation, would enable the recurrent release of net savings as set out in the tables below.

Given the current financial situation, every effort has been made to constrain the costs associated with the development of a Health and Wellbeing Centre on the hospital site. Many of the proposed additional services would be at no extra cost as they would be provided through relocation of existing provision to bring services closer to patients within the catchment area of Rothbury Community Hospital. All

fixed costs (premises infrastructure costs, utilities, rates and overheads) are already included in the CCG's service agreement with the Trust and therefore additional costs would be limited to the direct staffing costs of service provision (end of life care) and reconfiguration of the clinical space.

Recurrent Revenue Costs

Health and wellbeing	Summary	Cost	Comments
Specialist nurse working in the community with **end of life** patients	4 days per week band 7	£48,972	Continuing provision of community based end of life care. Expectation is that Macmillan funding would be secured for the first three years (application pending).
Health Trainer sessions	Equivalent to 0.5 days per week	£nil	Relocation of existing service provision into the Rothbury unit. No additional cost to the CCG.
Outpatient services			
Administration and support for; **virtual outpatient** clinics and; **rheumatology** blood monitoring	5 days per week 0.5 band 5	£nil	Relocation of existing service provision into the Rothbury unit at the same activity tariff. No additional cost to the CCG.

Net Recurrent Revenue Saving

Reduction in block contract	£500,000
Less costs of continued service provision	£48,972*
Net recurrent revenue saving	£451,028

***** Application to be made for Macmillan funding for the first three years.

Non-Recurrent Costs

Premises			
Redesign of inpatient clinical space	Estimated costs based on desktop exercise pending full business case	£60,000**	Single payment.

****** This represents the costs to make the inpatient ward safe (removal of clinical equipment for interim use). The CCG would continue to work with the Trust and the

local community to further develop the shaping of existing services in a Health and Wellbeing Centre and would explore the full range of central NHS funding options that may be available to fund future reconfiguration work.

10.3 Consideration of impact on other services

10.3.1 Community nursing

To help understand if there has been any negative impact on community nursing staff following the interim closure of the Rothbury beds, overall activity over a three year period has been considered. There has also been comparison with district nursing staff in other parts of the county on activity levels per Whole Time Equivalent (WTE), on the ratio of visits to appointments and on the nursing care levels required to meet the needs of patients.

First of all, district nursing activity in terms of appointments and visits was considered over a three year period from 1 April 2014 to 30 May 2017. Figure 5 shows a pattern of seasonal winter peaks, slightly higher during 2016/17 (following the interim closure of the beds). However, given the small numbers involved it is unlikely that the suspension of the hospital beds will have impacted on this.

The workload levels of the district nurses in the Rothbury area were also considered against those of other parts of the county. Figure 6 shows that activity levels per WTE (for visits and appointments) were slightly below average for the 12 month period from 1 April 2016 to 31 March 2017. Higher levels of workload activity were seen in some urban as well as other rural areas.

Given that the Rothbury district nurses cover a large geographical area, there was then consideration of whether they were doing more visits to patients, compared to colleagues in other parts of the county, which would obviously have an impact on their time. Figure 7 shows that in relation to the proportion of visits and appointments (i.e. in the GP surgery) they are not outliers when compared with other parts of the county.

Finally acuity levels were considered. This gives an indication of the levels of care needed by the district nurses. There are six levels (0, 1a, 1b, 2, 3, 4) with 0 requiring the lowest and 4 the highest level of nursing care. Figure 8 shows that the Rothbury district nurses are not outliers in terms of the levels of nursing care needed for their patients.

The analysis shows that there has not been a significant impact on the Rothbury district nurses and that they are not outliers in terms of workload activity per individual member of staff. They are not required to carry out more home visits or deal with patients who have higher levels of care needs when compared with colleagues in other parts of the county.

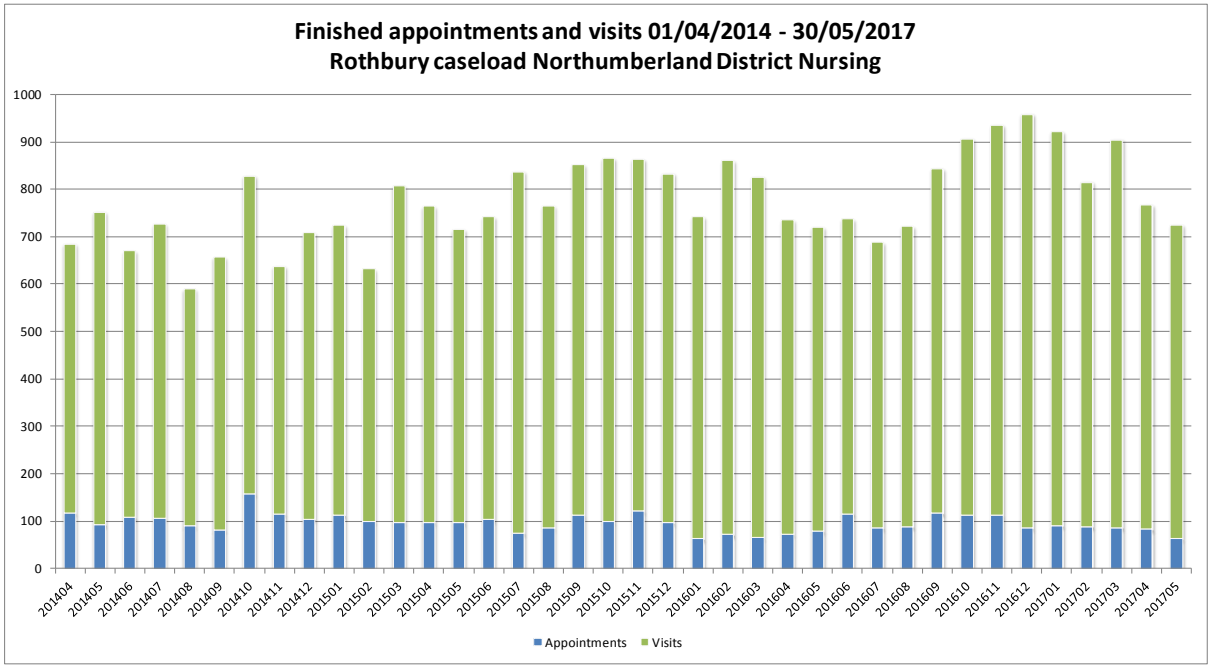


Figure 5: District Nurse Activity – Appointments and Visits

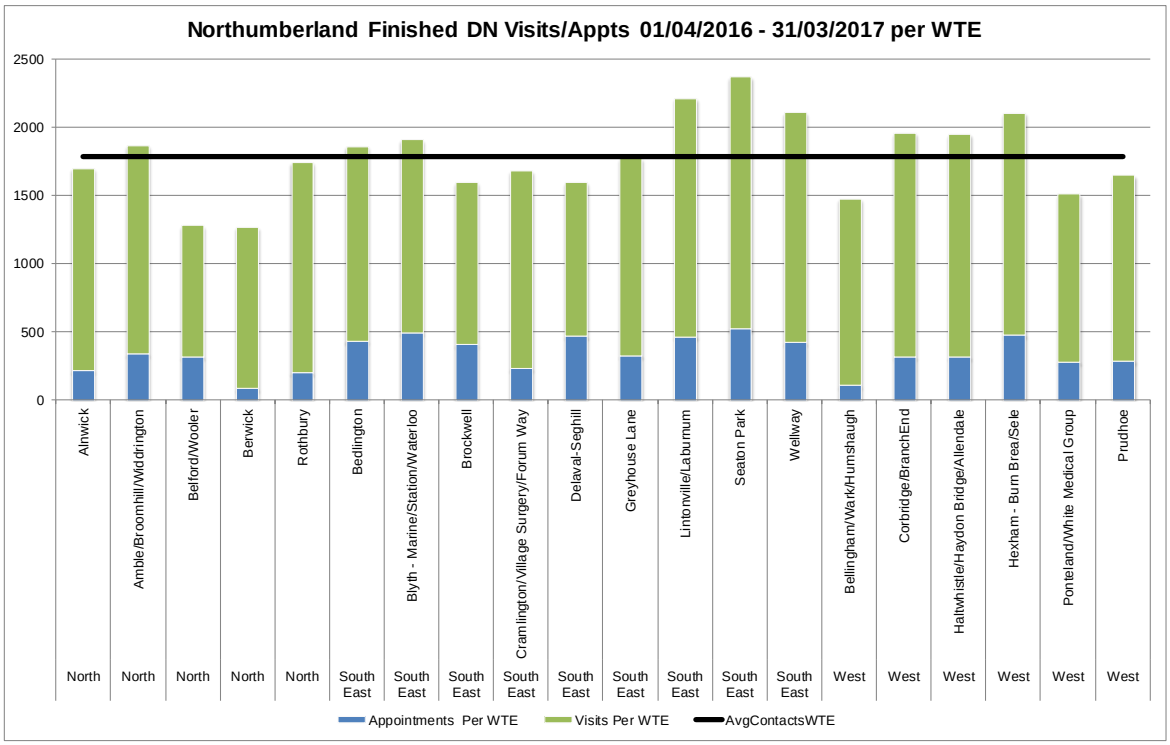


Figure 6: District Nurse Activity – Whole Time Equivalent

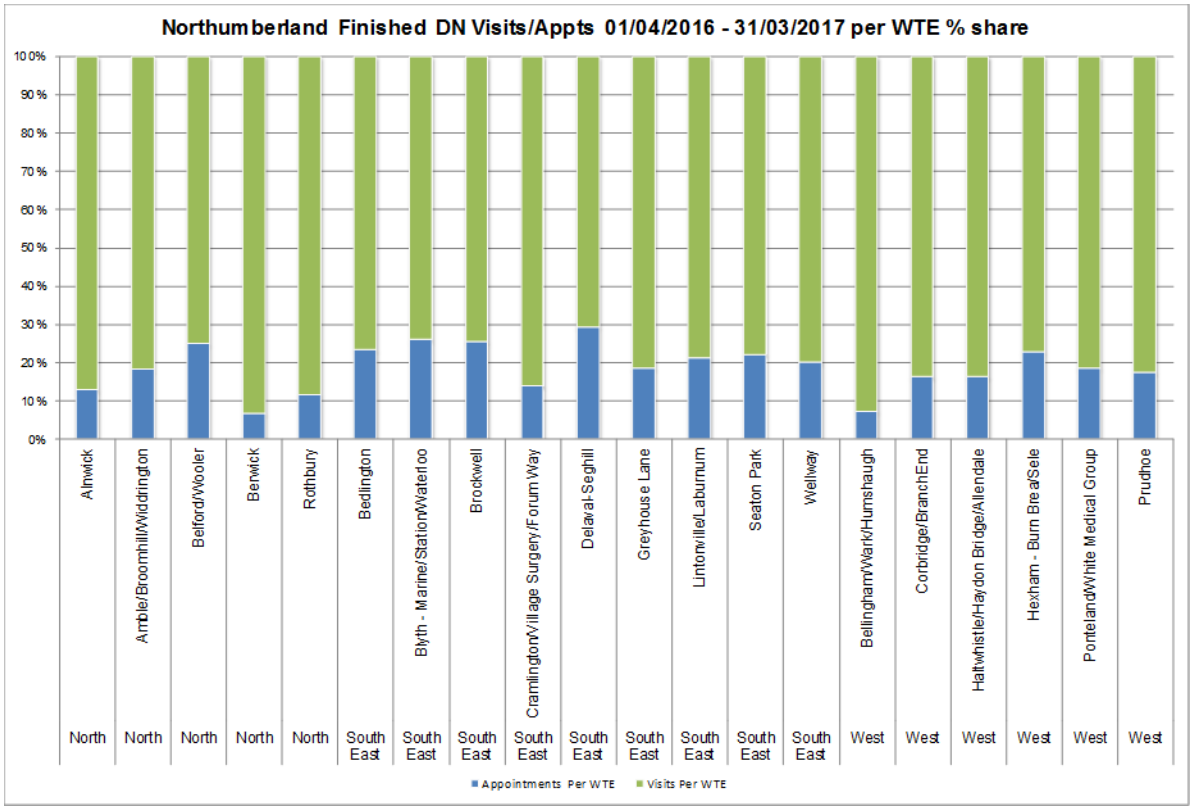


Figure 7: District Nurse Activity – Locality Comparison

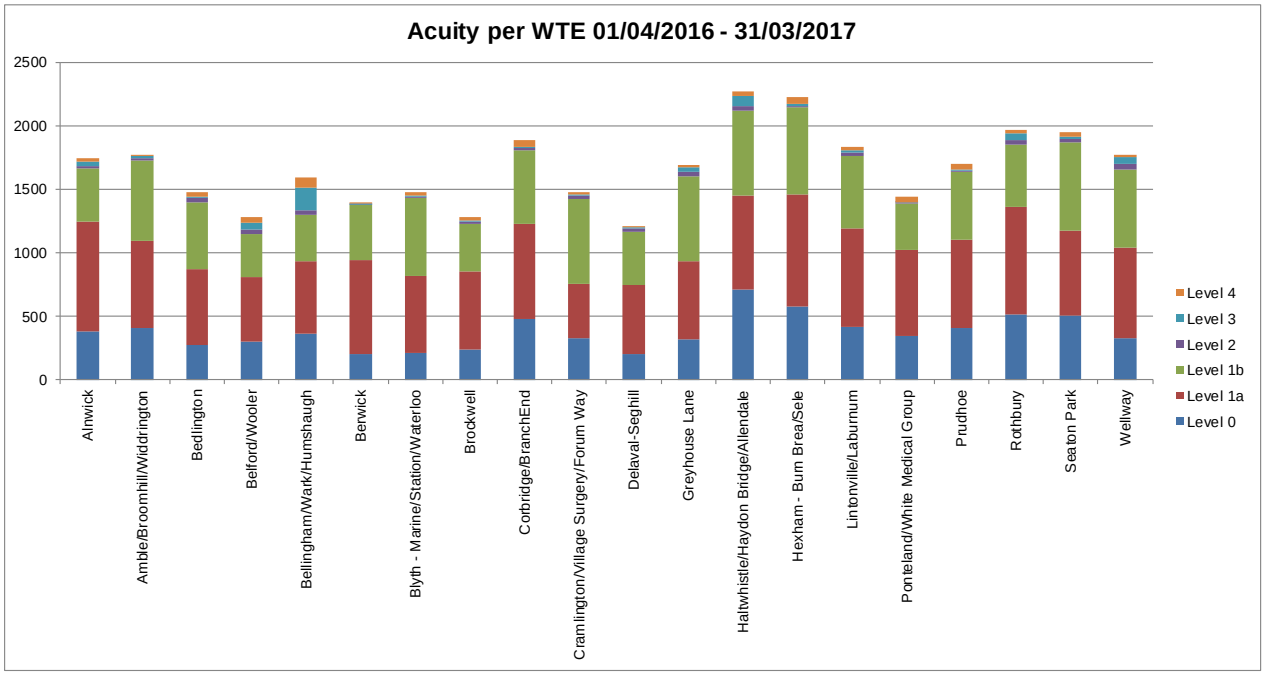


Figure 8: District Nurse Activity – Acuity Levels

10.3.2 GPs

The September 2017 CCG locality meetings (including the North locality) said that the primary care system in Northumberland had not experienced any negative impact from the temporary suspension of inpatient services. All localities also said that they had not seen any discernible increase in overall primary care demand during this period. The small numbers of patients cared for in Rothbury Community Hospital would also be unlikely to cause any sizeable effect on countywide primary care demand as the patients would have been cared for elsewhere in the Northumberland healthcare system.

10.3.3 Local authority/social care

The Community Services Business Unit carries out monthly customer experience surveys to constantly monitor the quality of care received by service users so that continuous improvements can be made. The service has not experienced any discernible additional pressure caused by the temporary suspension and it would be expected that that any negative issues on this service would have emerged in the survey feedback.

The Quarter 4 (1 January to 31 March 2017) survey results for the Short Term Support Service (STSS), which aims to support patients to stay at home and live independently after an accident or an illness do not show any issues. More than 50 people living in the Alnwick and surrounding area (which for the purposes of the survey includes the Rothbury catchment area) participated over the three month period and reported very high satisfaction levels.

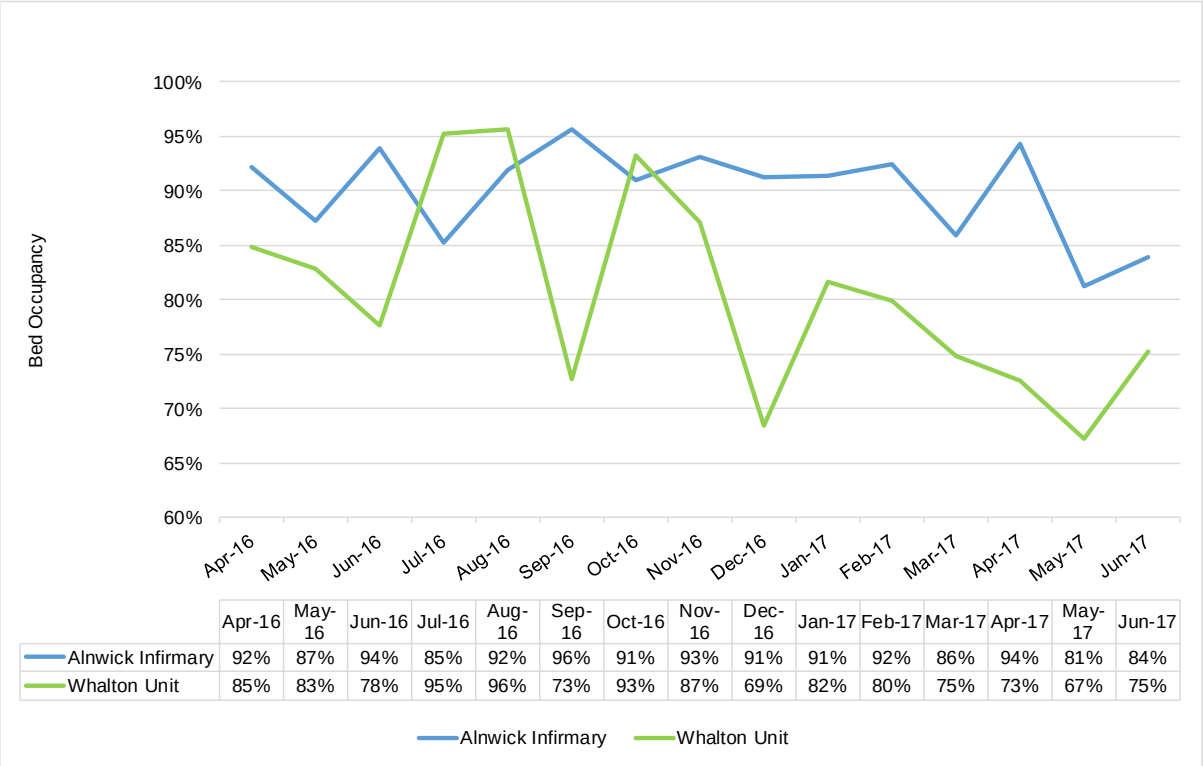
Questions and overall results for the Alnwick area are as follows:

- Would you recommend this service to your friends and family? – 96%
- Were you treated with dignity and respect? – 97%
- Did our staff have the skills and knowledge to support you? – 96%
- Do you feel that our staff kept your personal information confidential – 97%
- Were you given all the information that you needed? – 93%
- Were you involved in decisions about your care and treatment – 92%

10.3.4 Other community hospitals

Since the interim closure of the Rothbury beds in September 2016, Alnwick Infirmary and the Whalton Unit have been able to cope with patients who would previously have been admitted to Rothbury Community Hospital.

Figure 9 below shows bed occupancy at Alnwick Infirmary and the Whalton Unit from April 2016 for the months preceding the interim closure of the beds in September 2016 and then over autumn, winter, spring and early summer to June 2017. They show that over this entire period (before and after the interim closure) the pattern of bed occupancy has been similar.



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Alnwick Infirmary	92%	87%	94%	85%	92%	96%	91%	93%	91%	91%	92%	86%	94%	81%	84%
Whalton Unit	85%	83%	78%	95%	96%	73%	93%	87%	69%	82%	80%	75%	73%	67%	75%

Figure 9: Bed occupancy at Alnwick and the Whalton Unit

10.3.5 Northumbria Specialist Emergency Care Hospital

Since the interim closure of the Rothbury beds there is no evidence to suggest that there has been any adverse impact on Northumbria Specialist Emergency Care Hospital. Patients who would have been admitted to Rothbury Community Hospital have been admitted instead to Alnwick Infirmary or the Whalton Unit.

Rothbury patients who do receive specialist emergency care at the Northumbria Hospital, who require ongoing clinical care (i.e. overseen by a consultant) following their initial care, can also be transferred to Wansbeck General Hospital as the nearest acute hospital. The decision to do this rather than send to a community hospital is made because the patient needs ongoing changes to their medical care. This means there are no implications in terms of delayed transfers (bed blocking) at the Northumbria Specialist Emergency Care Hospital. This is unchanged from prior to the suspension of admissions.

There is also no evidence to suggest that patients are being readmitted to the Northumbria Specialist Emergency Care Hospital as a consequence of the interim bed suspension.

10.3.6 Other acute hospitals

The CCG continues to work very closely with the Trust and the local authority to ensure that current low levels of Delayed Transfers of Care (DToC (or bed blocking))

are maintained and if possible further improved. Since 2011 almost all operational statutory functions of the local authority are delegated to the Trust under a Section 75 partnership agreement. This has led to further strengthening of the CCG's arrangements to support rapid hospital discharge, which were already high-performing. New services have been established which have been able to respond flexibly at times when acute and community hospitals are under pressure, optimising the effect of the same organisation delivering acute, community health and adult social care services.

10.3.7 Ambulance service

The North East Ambulance Service NHS Foundation Trust has monitored the situation since the temporary closure and has confirmed that, from the organisation's perspective, there is no evidence that patients have suffered any adverse health consequences as a direct result of the closure.

10.4 Consideration of workforce implications

Available nursing staff who previously worked at Rothbury Community Hospital have been covering vacancies in the Trust's other hospitals.

The numbers of patients who were previously cared for at Rothbury Community Hospital who may now be cared for at home or at another community hospital are so small that they would not impact on workforce levels in either community or workforce settings.

The proposed Health and Wellbeing Centre workforce would largely comprise existing health and care professional resource, although two additional nurses would be required (End of Life and outpatient services nursing support).

10.5 Consideration of estates implications

The proposed move of Rothbury GP practice into the Rothbury Community Hospital site has been discussed for some time and is subject to funding arrangements separate from CCG direct funding. The full estate reconfiguration (and associated funding) impact has yet to be fully ascertained and will be partially determined by further patient and professional engagement in this respect.

11 Conclusion

There is no doubt that the interim and proposed permanent closure of the inpatient beds at Rothbury Community Hospital has been a very emotive issue in Rothbury and the surrounding area. Strong views have been expressed consistently that the inpatient ward should re-open. While the review of bed usage carried out during autumn 2016 showed declining numbers of patients being admitted to the hospital, with on average only half of the beds being used at any one time in the year

preceding the interim closure of the ward, it is clear that the care provided there has been very much valued by local people.

The CCG has also spent some time during and following the consultation listening to and analysing feedback received from local people.

Concerns have been expressed about the impact of travel and transport for older partners and families visiting loved ones and the CCG fully understands that, for the majority of people who would previously have been an inpatient at Rothbury, there would be a longer journey to a community hospital in Alnwick or Morpeth.

In conducting its normal commissioning business the CCG fully recognises that travel is an important issue in remote areas. As such it has confirmed with both Northumberland County Council and Adapt that the Getabout service could be used to support people who have real difficulty in travelling to Alnwick Infirmary or the Whalton Unit to visit loved ones who may previously have been inpatients at Rothbury Community Hospital.

The CCG therefore considers it important that community health and care staff are aware of the support available to help older people travel to other community hospitals for visiting so that they can advise partners and families (or example, about the Getabout service) and also that flexibility over visiting times is possible. The CCG will seek to ensure that transport and visiting information is known to all staff and that patients are made aware of their options.

The Trust has also confirmed that for people relying on public transport and lifts the flexible visiting arrangements that currently exist on a case by case basis will continue.

People have expressed concern that in some situations it is not possible for someone to die at home because, for a variety of reasons, the level of 24 hour support that may be needed is not available within the family. The CCG recognises this point and, given the ageing population and the need to ensure that future services are delivered at an appropriate level, is proposing to introduce an additional specialist nurse to work with local community health and care staff to provide additional support in such situations.

At the outset there were concerns raised about the lack of respite care in Rothbury and people felt this could be provided at the hospital. As the consultation progressed, people better understood that NHS hospitals do not fund respite care. However, Rothbury House, which provides care for RAF veterans, can be used by local people who have been assessed as being in need of respite care.

People have said that the bed management could have been better and some suggested that the occupancy levels were deliberately run down. In fact, the reality is that more care is now provided to people in their own homes, in line with national policy. Due to medical advances people are also now generally spending much less time in hospital after surgery and illness and aftercare, if required, is provided at home. People who have routine joint replacements are usually home within days

and stroke patients go to a hospital where they can receive the specialist care needed to give them the best chance of a good recovery.

It has been suggested that patients from other parts of the county could be admitted to Rothbury Community Hospital to make better use of the beds available. It is important to remember the differing levels of care provided with the Northumberland health and care system (Rothbury Community Hospital was led by nurses with medical cover provided by local GPs) and not every patient would have been suitable for the level of care available at Rothbury. In addition it would not be appropriate to send patients to Rothbury when capacity existed in hospitals nearer their own homes and many, in line with the national direction, were receiving more care at home.

There have also been concerns about the quality of care provided in people's own homes and that the interim closure and proposed permanent closure would result in significant adverse consequences for local people. Since the interim closure a year ago, the situation has been closely monitored and no adverse consequences have surfaced. Patient experience surveys show consistently high levels of satisfaction and there have been no unexpected capacity issues with any of the community services involved. In addition, there have been no complaints from individuals about the care they have received as a result of the interim bed closure.

People have been worried that increasing numbers of older people would be admitted to the specialist emergency care hospital at Cramlington following the interim closure of the beds. This has not been experienced because patients who would have previously been taken to Cramlington would have been in need of specialist emergency care which was not previously available at Rothbury Community Hospital.

There has also been scepticism around the financial savings. Since the temporary suspension, the CCG proportionately reduced its block contract payment to the Trust by £500,000 for 2016/17 (a saving that would be made each year from this point). Potential additional expenditure is outlined at Section 10.2 but when considering this against the recurring block contract each year, it should be remembered that elements will be 'one off' payments.

While people were undoubtedly more focused on the proposal in relation to inpatient beds some people could see the benefit of a Health and Wellbeing Centre on the hospital site. Some of the ideas proposed during the consultation have already been incorporated in the outline proposal and the CCG would work with local people and other stakeholders to consider other services for possible inclusion. It will be important during this stage to also consider if sufficient demand exists to justify each proposed new service.

The CCG has assessed the solution put forward by the campaign group which would result in the re-opening of the inpatient beds and the development of a Health and Wellbeing Centre. Although this would result in opportunities for more services to be available for the wider population, the issue of the unused beds is likely to remain.

The CCG has undertaken a comprehensive period of public consultation. It has consequently received a great deal of constructive comment and, if the decision is taken to permanently close the inpatient ward, has sought to incorporate some of the suggestions in the proposals for a Health and Wellbeing Centre.

12 Decision and Way Ahead

The CCG's Joint Locality Executive Board is asked to fully consider the contents of this report and its appendices and decide on one of the following courses of action:

- Re-open the inpatient ward at Rothbury Community Hospital
- Re-open the inpatient ward at Rothbury Community Hospital and develop a Health and Wellbeing Centre on the hospital site ('Coquetdale Cares – The Community's Vision')
- Permanently close the inpatient ward at Rothbury Community Hospital and shape existing services around a Health and Wellbeing Centre on the hospital site at Rothbury.

Northumberland County Council's Health and Wellbeing Overview and Scrutiny Committee will consider the CCG's decision at a public meeting on 17 October 2017. No final announcement will be made before this date.

Appendix A
Rothbury Community Hospital Inpatient Service Review

NHS
Northumberland
Clinical Commissioning Group

Rothbury Community Hospital

Inpatient service **review**

November 2016

Contents

1. Executive summary

On 2 September 2016 the decision was taken to temporarily suspend admissions to Rothbury Community Hospital for a period of three months. The reason for the suspension was low inpatient activity since 2013/14. Following the announcement a comprehensive review of activity was initiated and a series of local engagement sessions arranged.

Only the 12 inpatient bed unit service was impacted by the change; all other services operating from the hospital remained unaffected and all affected staff were found appropriate alternative work within Northumbria Healthcare NHS Foundation Trust (the Trust) to ensure the very best use of all available resource.

Prior to the suspension of admissions the inpatient beds were accessed direct from a patient's usual place of residence to avoid unnecessary emergency admissions or transfer from other hospitals for further care and reablement. The hospital's main catchment area is comparable to Rothbury's primary care boundaries but patients did not solely come from the immediate area.

The information considered included hospital bed usage numbers, community services referrals and social care data. The full review of activity enabled some correlation to be established between the bed usage and the numbers accessing community based care as the data showed a low usage in inpatient bed activity and an increase in key community services referrals. Low numbers of people were also being transferred into long term care.

The shift in where care is delivered is supported by national data which confirms that more and more care is now being safely delivered outside of hospital and within peoples' own homes. There is also extensive evidence that shows hospital care carries more risk to older people than care at home.

The impact of the temporary suspension has been monitored throughout the period of the review and has focussed on delays and waiting times. The review noted no significant impact across the health and social care system.

In addition to the data gathering exercise there have been three engagement drop-in sessions. All comments were collated and summarised into the following key themes:

- How patients accessed beds and whether care in the community is the right approach
- The loss of resources within Rothbury and concerns for future services
- Poor transport links to other hospital sites and issues linked to rurality.

The issues and concerns raised were all valid and helpful in assisting in the review process as well as guiding future thinking. The review consequently encompasses many of the areas that attracted comment and provides additional background information designed to provide further clarification in some areas.

After analysing the data and considering the engagement feedback, the review team recommend that the CCG's executive board consider a period of formal consultation and further that the current temporary suspension of inpatient admissions is extended until the consultation is complete.

2. Introduction

The review looked at the activity within the 12 inpatient beds at Rothbury Community Hospital prior the temporary suspension of services on 2 September 2016. It details activity data from the health and care system and discusses the feedback from the three local engagement sessions. Potential next steps and future considerations are also outlined.

3. Scope of the review

The scope of the review was to:

- Understand why there has been low inpatient bed activity in Rothbury Community Hospital (the hospital).
- Consider comments, questions and ideas received at the recent public engagement sessions.
- Evaluate the impact of the temporary suspension within the local health and social care system.
- Consider the next steps.

4. Background

In July 2016 NHS Northumberland Clinical Commissioning Group (the CCG) set up a steering group to consider the use and function of community hospital beds in Northumberland alongside patient pathway changes following the opening of the Northumbria Specialist Emergency Care Hospital (The Northumbria) at Cramlington. The steering group studied relevant activity data, and considered a potential new model of care that reflected the national drive to further promote the use of out of hospital services.

Using a system wide approach, the group agreed that any new model of care should both avoid unnecessary or avoidable hospital admissions and ensure patients are discharge home in a timely manner once medically fit.

When reviewing the activity data the steering group noted the continued extremely low use of the inpatient ward at Rothbury Community Hospital. On average only 50% of the beds were occupied at any one time throughout the whole of 2015/16. Given this statistic, the group took the decision to temporarily suspend the 12 inpatient beds while a more comprehensive review could be carried out.

On 2 September 2016 the CCG and the Trust announced the temporary suspension of services in the 12 bed in patient ward for a period of three months. Staff affected by the change were found alternative work to ensure the very best use of available resources and that vital nursing skills are regularly put into practice to best support

other parts of a busy Northumberland healthcare system. All other services that operate from the hospital have been unaffected by this operational measure and physiotherapy, community paramedic services and office accommodation for community based staff services have continued.

Following the announcement of the temporary suspension a full review of activity data was initiated and a series of local engagement sessions was arranged.

5. Current service provision

Rothbury Community Hospital is a small rural hospital providing a limited range of services, including 12 inpatient beds. The inpatient services are mainly used by elderly patients who require a period of care and or reablement following an acute illness or injury. The beds are accessed by transfer from one of the Trust's acute sites or direct admission from home by primary care. The beds are therefore best described as both step up (avoiding an unnecessary emergency admission) and step down (providing additional care or reablement following an acute admission before returning home). The beds have historically also been used as palliative care step up and step down beds.

Although daily management of the inpatient ward is nurse led, under a contract with the Trust medical care at the hospital is provided by local GPs from 8am to 6pm. A doctor visits the hospital daily to review all in-patient care needs. The contract also includes a requirement for a GP to visit at any time in hours if a patient's needs change. If medical care was needed out of hours, Rothbury Community Hospital nurses would contact the out of hours service that provide GP medical cover from 6pm - 8am.

All patients being transferred to the hospital are assessed by a consultant or GP prior to a transfer or admission to ensure that the patients' needs can be met. The list below outlines the admission triaging considerations used to decide if the hospital can provide the requisite level of care:

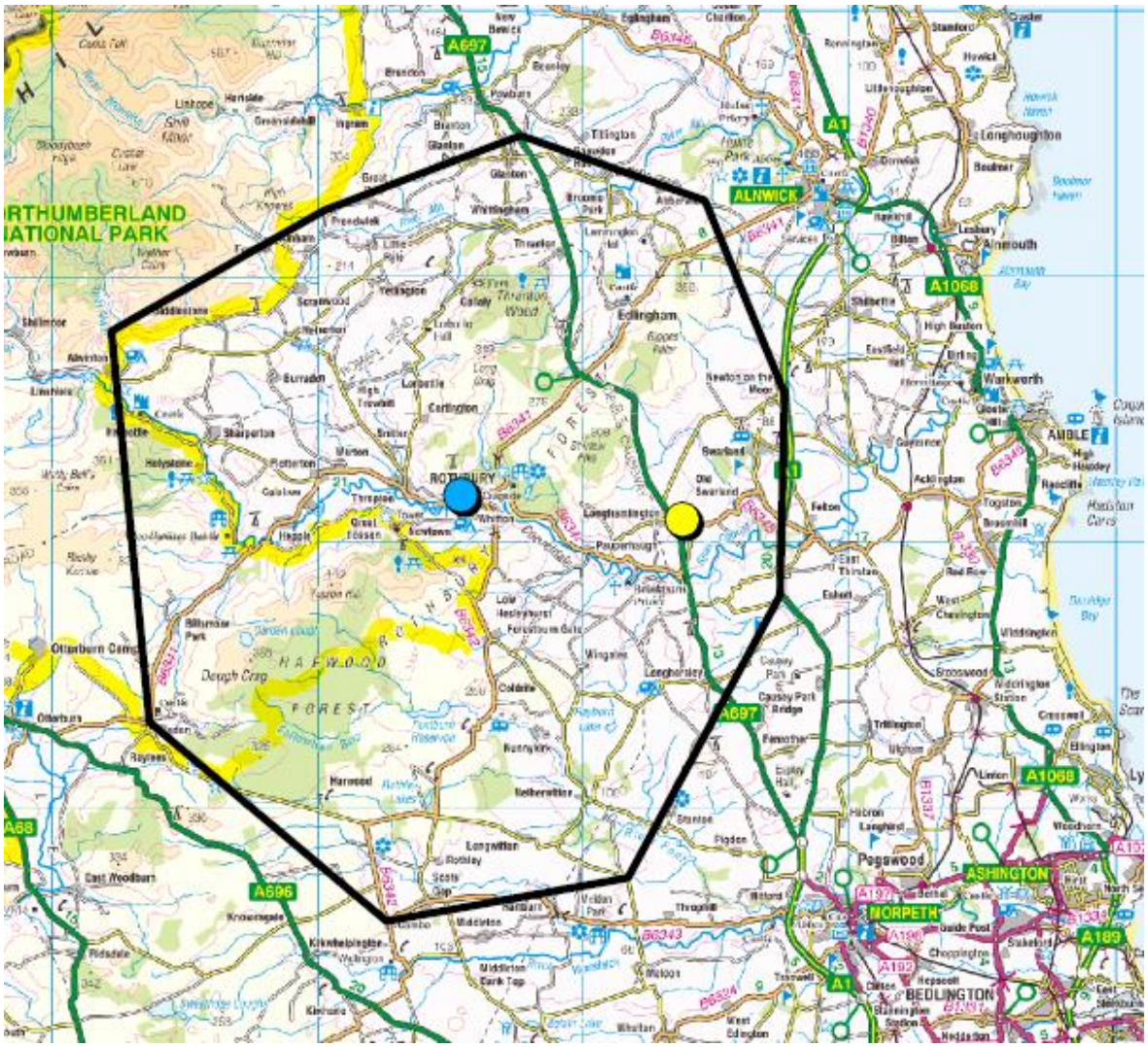
- Stability of the patient - Unstable patients who need daily treatment changes would not be a suitable admission.
- Clinical diagnosis - As the hospital is not a designated stroke unit patients with a stroke are transferred to designated stroke wards elsewhere in the Trust.
- Level of therapy needed - Patients needing physiotherapy three or more times a week and/or where two or more staff members are needed for interventions would not be considered suitable admissions.
- The inpatient ward at the hospital is on the first floor so cannot admit bariatric patients.
- Confused patients exhibiting challenging/aggressive behaviour would not be sent to Rothbury due to the risk of staff assaults and the ward not being equipped to manage the patients' needs safely.

In addition to inpatient beds at the hospital the Trust provides community services to support patients in their own homes. Community services are integrated services across health and social care that provide a range of support to enable patients to maintain and improve their independence at home. The Short Term Support Service

in particular provides urgent care and community based rehabilitation for up to six weeks after discharge from an acute hospital and focuses on a patient's active recovery and reablement.

6. Catchment area for Rothbury Community Hospital

The map below shows the catchment area for the GP practice based in Rothbury and therefore the area covered by patients who directly step up into the inpatient beds.



From September 2015 to August 2016 Rothbury Community Hospital received a total of 123 admissions (both step up and step down) from the catchment area and 45 admissions from outside. It has thus far not been possible to differentiate between single admissions and frequent attenders due to a lack of detail in this respect.

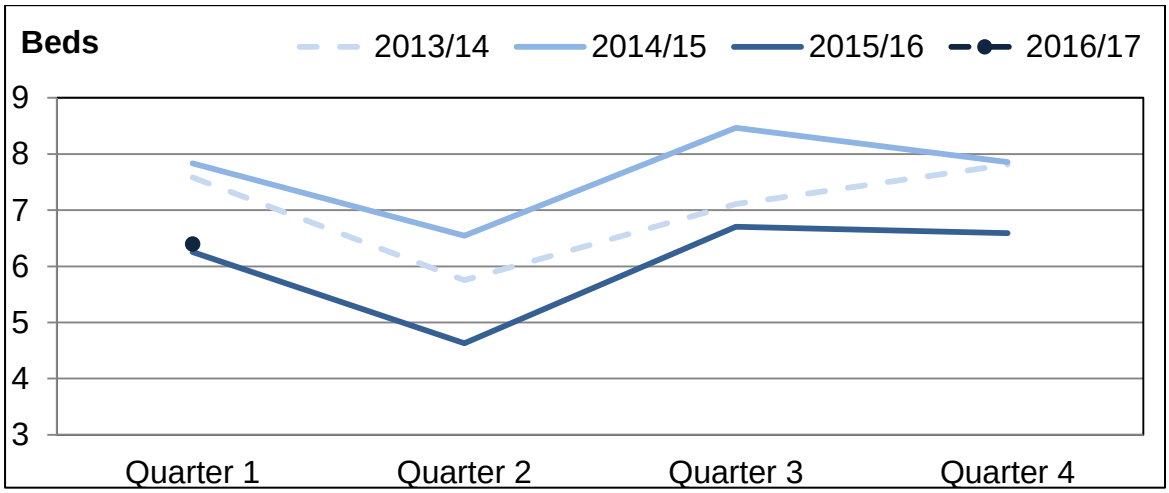
7. Health and care services in Rothbury

This section demonstrates activity across the health and care system. The information presented covers the hospital bed activity together with community based services and longer term support provided by social care.

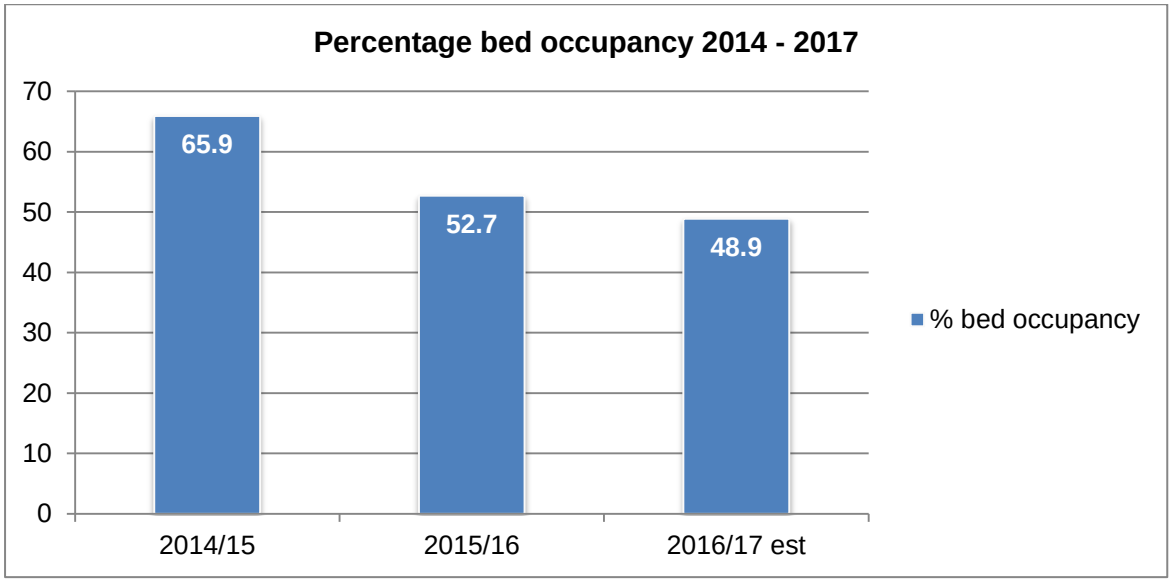
Rothbury Community Hospital – inpatient data

Percentage monthly bed occupancy for Rothbury Community Hospital

Graph 1 below shows the average midnight occupancy from April 2013 to June 2016. The average midnight bed occupancy is the method used by the Trust to measure bed usage. Quarter 1 data is currently only available for 2016/17 and shown on the graph as a dot. Overall this shows a reduction in bed usage from 2013 to 2016.



Graph 2 shows the percentage bed occupancy which shows a reduction in usage since 2014/15.

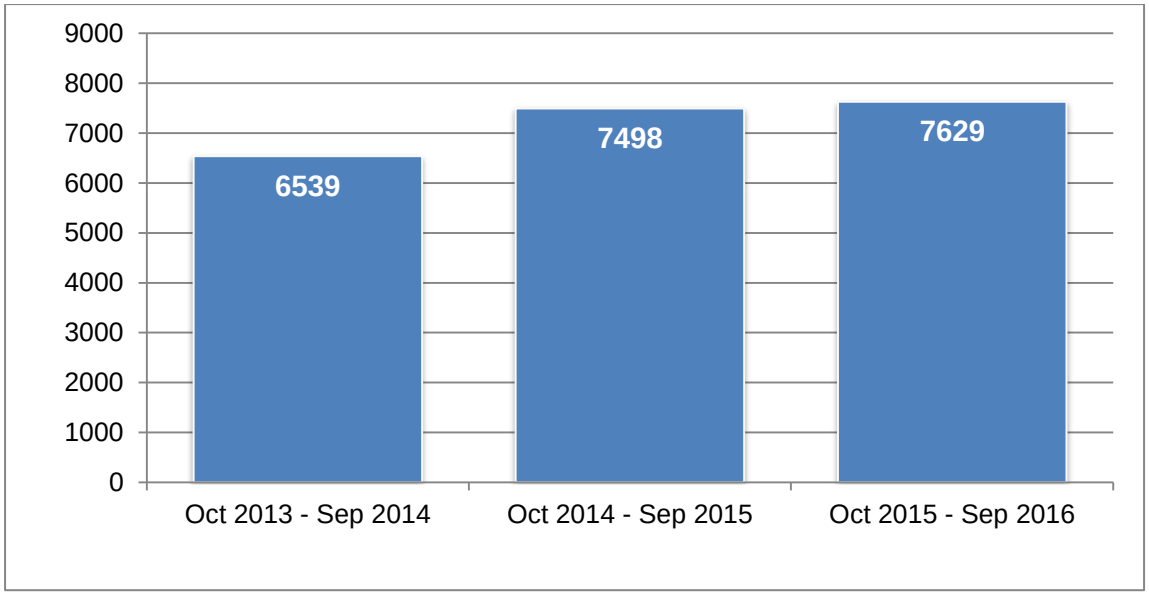


Community Services

The Trust provides community services which support older people to live as independently as possible. Community nursing and the Short Term Support Service data was reviewed as they, either together or separately provide crucial support to enable older people to live as independently as possible at home. Both services work closely with primary care to ensure patients have the care and support needed to remain in their own homes.

Community Nursing

Graph 3 shows the increase in the number of face to face community nursing contacts from 2013 - 2016.

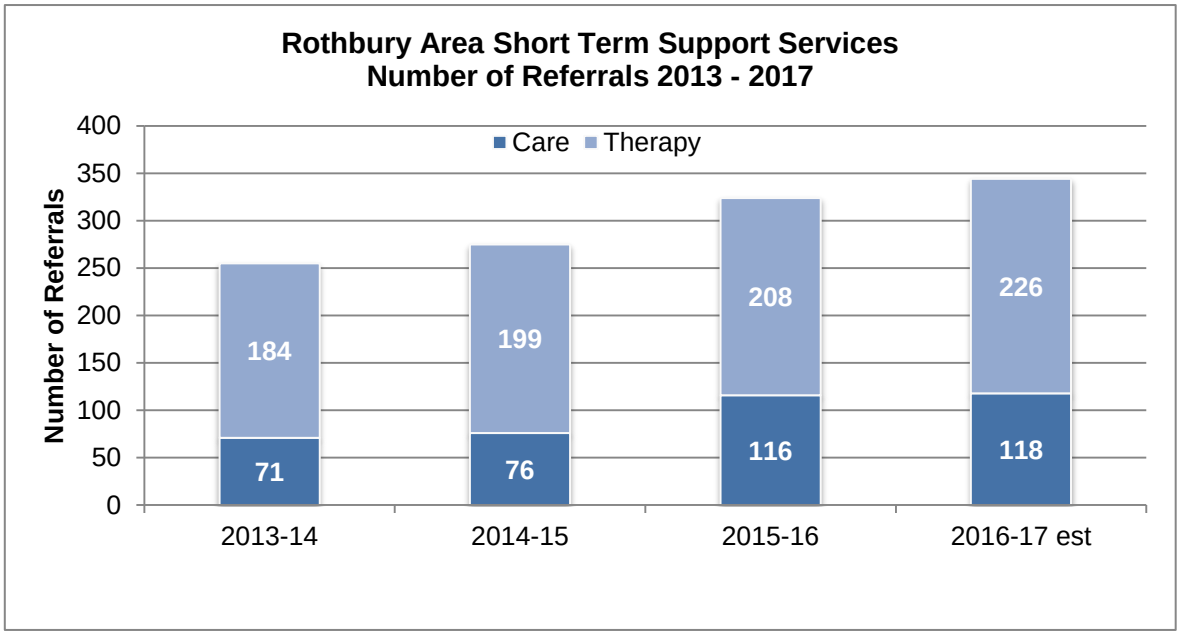


The community nursing service works within the same catchment area as Rothbury practice.

Short Term Support Service (STSS)

The STSS is an integrated health and social care service offering both care and therapy to patients at home. The care element is provided by trained support staff that assist patients where they are unable to do so independently as well as enable recovery by building up strength to achieve tasks or to increase confidence in carrying out tasks independently. The therapy component, made up of occupational therapists and physiotherapists, assess patient's abilities and produce the treatment plans that the support staff follow.

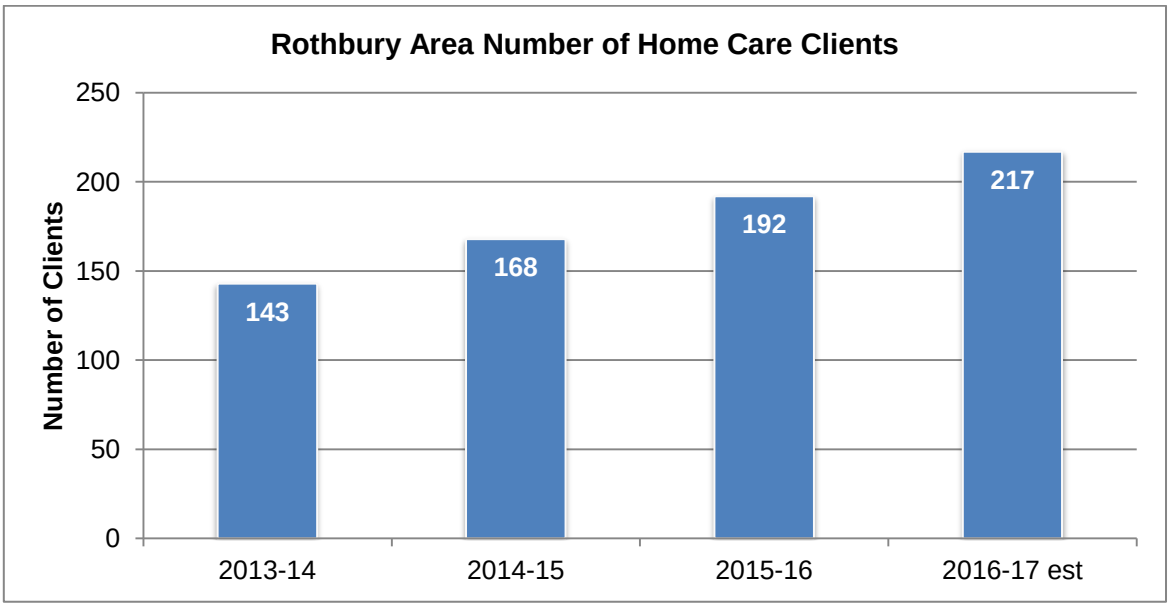
Graph 4 shows an increase in STSS referrals in the Rothbury catchment area from 2013 - 2017.



Home care

Home care is a service providing longer term support to people living in their own homes, either through social care funding or as NHS Continuing Health Care.

Graph 5 shows the increase of home care clients (74) 2013 to 2017.



Care Homes

The review looked at the number of people from the Rothbury Community Hospital catchment area supported by the council in care homes over the past three years. This number had been in single figures throughout the period – numbers were too

small for a clear trend to be identified. It is possible that some additional Rothbury residents may have moved into care homes under private arrangements.

8. Understanding the reasons behind the low usage in activity

The data clearly shows that more and more care is now being safely delivered outside of hospital and within the comfort of peoples' own homes. This trend is evident across the NHS and is due, in the main, to advances in technology and new ways of working, which allow health and care teams to look after many more people outside of a traditional hospital setting.

There is extensive evidence that shows hospital care carries more risk than care at home. Some examples are:

- The risk of hospital acquired infections is higher for older people.
- Immobility can also lead to particular problems for older patients and they may be able to maintain greater mobility at home. (Hopkins et al, 2012)[1]
- "10 days in hospital (acute or community beds) leads to the equivalent of 10 years ageing in the muscles of people over 80." (Gill et al 2004)[2]
- Extended hospital stays also risk undermining older people's confidence about their ability to live independently, and can be confusing and distressing for patients with dementia.

Community based care and treatment can provide or support some of the key issues that older people say are important to them; such as being in their own homes; remaining socially engaged and contributing to their family or community, including being caregivers; having independence, dignity and choice; not being a burden; and continuing with activities that give their life meaning (Oliver et al, 2014)[3].

NHS England's Five Year Forward View, October 2014, states that "Out-of-hospital care needs to become a much larger part of what the NHS does." Within Northumberland, community services such as the Short Term Support Service are successfully supporting more patients to return home. This service operates directly from The Northumbria in order to support the hospital's ability to discharge patients directly home following better access to diagnostics and consultant care.

[1] Hopkins S, Shaw K, Simpson L (May 2012) English National Point Prevalence Survey on Healthcare-associated Infections and Antimicrobial Use, 2011, Health Protection Agency.
[2] Gill L, Kortebein P, Symons TB, Ferrando A, et al. Functional impact of 10 days of bed rest in healthy older people. J Gerontol A Biol Sci Med Sci.2008: 63:1079-1081.
[3] Oliver R, Foot C, Humphries R (2014) Making our health and care systems fit for an ageing population. The King's Fund.

9. Impact of the temporary suspension of inpatient services

Since the suspension of the inpatient beds the impact of the closure has been monitored closely by the Trust and the CCG. The impact has been monitored both from an inpatient and community services perspective focusing in particular on:

- Community hospital beds - with the key focus being the impact on Alnwick Infirmary.
- The Short Term Support Service.
- Community nursing.
- Home care and other social care services.

No significant issues have arisen for any of these services.

The Trust has not experienced any unexpected service pressure and no patients from the post code catchment area have waited for care during the temporary suspension. A small number of people from Rothbury who have had an acute admission following an injury or illness have been transferred to Alnwick infirmary for a period of further care and reablement and this has caused no difficulties for the management of capacity at Alnwick infirmary. This number of patients is too small to note within this report or to further analyse the reasons for the Alnwick Infirmary admissions for risk of identifying the patients affected.

The total bed occupancy was reviewed for September (October data currently unavailable) and is shown in the table below:

September	2015/16	2016/17
Rothbury	38.90%	
Alnwick	89.80%	95.30%
Berwick	74.90%	65.00%
Whalton Unit	67.60%	72.70%

Whilst occupancy was high at Alnwick Infirmary, beds remained available at the time they were needed. Other sites had capacity throughout.

10. Community Views

Following the temporary suspension of inpatient services, the CCG and the Trust entered a six week period of engagement with local people. Three engagement sessions were run as ‘drop-ins’, so that people could call in at any point and share the concerns. All of the sessions were well attended.

In addition to the drop-in sessions, the Trust held a community engagement roadshow in October 2016 as part of a rolling programme of activity in Northumberland which provided a further opportunity to comment. The CCG and the Trust also received a number of letters, emails and social media posts which the review considered.

During the drop-in sessions, a small number of questions were raised about the details of the private finance initiative linked to the hospital, the financial savings if the ward closed permanently and the Trust's staffing pressures. In the first session a number of questions were asked about the removal of the beds from the ward (which had not taken place). Similarly, there was a lot of uncertainty about which services remained after the suspension of inpatient services. Once these issues were clarified there were consequently fewer questions raised in subsequent sessions.

The drop-in style of open engagement provided a thorough account of the local people's past experiences of the hospital and their views on the future of inpatient services. A full engagement report is at Appendix 1.

Key themes

A number of issues came up repeatedly and are consequently explored in more detail:

Referral process

There was a little confusion about the referral process into the hospital and anecdotal reports that people were either not being referred or, in some cases, being refused hospital care. There were also different perceptions about the type of care provided at the hospital. Some questions were raised about bed blocking and the bed management process, and many people suggested using the ward to alleviate bed blocking elsewhere in the system.

Care in the community

Many people said that people did not want care at home and queried the quality of care that would be given and level of resource required to deliver it. There was a sense that care in the community is inadequate and also intrusive, and makes it more difficult for friends and family to visit those receiving care.

Rurality and Travel

A significant number of comments concerned the area's rurality. Many people felt that this was not taken into account in the county's healthcare decision making process. There was an overall sense that people are treated unfairly in rural areas. There was also concern about the lack of public transport serving the village and the associated difficulties in visiting loved ones admitted to other hospitals.

Future use of the building

Many people feared that the hospital would close. Others supported the extension of current services, for example relocating the Rothbury GP or increasing physiotherapy services, podiatry and diabetes clinics. In summary, some people wanted a small general hospital in place with urgent and emergency care facilities as well as inpatient and outpatient services.

Combined use

An overarching theme was the need to consider a combination of health and social care beds. The use of the ward for convalescing, respite, end of life and palliative care was valued enormously, particularly because of the lack of a local nursing home.

Summary

The engagement feedback fell into three main areas:

How patients accessed beds and whether care in the community was the right approach

All engagement sessions clearly highlighted how much people valued the care they received at the hospital and the staff's very high standards of care and compassion. Section 2 outlined the current service provision, together with the level of care that could be provided by in-patient services at the hospital. The section also explained the step up and step down referral pathways and the clinical triage considerations.

Section 7 outlined the benefits of community based care. Extensive national research shows that hospitals are not always the best options for elderly patients; indeed lengthy stays can have a negative impact on their recovery and independence. Concerns about palliative and end of life care are very understandable; however national evidence clearly shows that the preferred place of death is at home. Over recent years resources to support this pathway choice have been directed to community based teams to support families to enable patients to die in their preferred place. The resources include community palliative care consultants, specialist nurses and the development of specialist documentation to support the care needs of a dying patient.

The loss of resources within Rothbury and concerns for future services

The broader future of the building is not in the review's scope; however many concerns raised and suggestions voiced will inform future thinking. The Trust and Rothbury's GP practice have recently confirmed their commitment to use the building to enhance local provision of primary care. This move would complement current outpatient services and may enable further developments in the future. All other current hospital services remain unchanged.

Poor transport links to other hospital sites and issues linked to rurality.

The Trust provides a range of community services that provide care, support and rehabilitation in patients' own homes. This model of care can be a challenge at times in rural communities but Northumberland's integrated health and care teams enable more skill sharing and flexibility to ensure patients' needs can be met wherever they may live.

Travel and transport within rural communities is a common problem. These issues are often raised in the CCG's broader engagement work and are therefore always a consideration when commissioning health and care services in Northumberland. It is worthy of note however that some communities have developed their own solutions, for example the Berwick cancer car charity provides cars with drivers to transport patients and their families to and from treatment sessions.

11. Key Findings

Activity

The data presented supports the assertion that inpatient bed occupancy has been extremely low since 2013/14. The review found that the key reason behind the low usage is the increase in patients being cared for in their own homes. The community services data supports this finding.

Engagement

The engagement events enabled local people to express their concerns and these have been considered alongside the review's data analysis. While there were understandably many comments about the inpatient bed service, the continued use of other services in the hospital also attracted many comments and suggestions. Key engagement issues were the ability to deliver the requisite levels of community care, rural services losing resources, the transport issues associated with rurality and what the future holds for the hospital.

While the engagement activity carried out to date provided a very useful local insight for the review, it cannot yet be regarded as providing a full picture. Harder to reach groups, for example older Rothbury residents who will personally be more affected, have yet to be given the opportunity to comment.

Conclusions

The number of hospital beds in the NHS is not the measure of quality or success. Indeed, the fact that the bed occupancy rate in Rothbury has been so low, for such a long time, is a positive reflection of the significant investment committed to developing integrated community teams, who can keep people well and safely looked after at home. Northumberland's level of integrated community care has been recognised as good practice on a national level. Nevertheless the review team wholeheartedly understood some of the concerns that were raised, particularly concerning end of life care and all comments will continue to be fully considered. The CCG's aim is always to make sure patients receive the treatment and ongoing care at the most appropriate and safest place for their individual needs, however, it also has to consider the most sustainable ways of delivering this in the future.

The fact that in-patient beds have experienced low usage, for evidenced good reason, since 2013/14 simply cannot be ignored. This is particularly so when considered alongside pressures experienced elsewhere in Northumberland's healthcare economy and the CCG's statutory duty to ensure that public money is spent wisely.

The review's key findings are that the operational decision to suspend inpatient services in Rothbury Community Hospital was based on accurate usage data and that patient care has not been compromised as a result. The review also finds that there appears to be a continued need for the wider hospital services to serve the local rural community and that consideration should be given to the need to ensure that the other services currently delivered in the hospital remain responsive to local needs.

A comprehensive data analysis and engagement exercise has established a firm baseline for further work. The review team consequently recommend that the CCG's executive board consider a period of formal consultation, beginning in December 2016 ahead of any decisions being made about inpatient services at Rothbury Community Hospital. The review team also recommend that the current temporary suspension of inpatient admissions is extended until the consultation is complete and the resulting recommendations have been fully considered.

Appendix 1 – Engagement Report

Following the temporary suspension of inpatient services at Rothbury Community Hospital on 2 September, NHS Northumberland Clinical Commissioning Group (CCG) and Northumbria Healthcare NHS Trust (Trust) entered a period of engagement for six weeks with the people of Rothbury and surrounding area.

During this time, three engagement sessions were held in the group room at Rothbury Community Hospital and were run as 'drop-ins', so that local people could call in at any point and talk to NHS staff about any concerns they had. These sessions were held at the following times:

Session 1: Wednesday 28 September, 5.00pm to 8.00pm
Session 2: Wednesday 5 October, 4.00pm to 6.00pm
Session 3: Wednesday 12 October, 4.30pm to 6.30pm

At each session, four tables were set up with a representative from each organisation sat alongside a note taker. All of the sessions were well attended, with approximately 30 people attending the first, 15 at the second and 60 at the last session.

In addition to the drop-in sessions, the Trust held a community engagement roadshow in the first week of October as part of a rolling programme of activity across Northumberland. While at Alnwick Market on 6 October, three people shared their views on the importance of the hospital, including the need for palliative and respite care. During the period of engagement, the CCG and the Trust also received 16 letters and emails from individuals and community groups wishing to share their concerns about the temporary suspension of inpatient services. The CCG and the Trust responded to this correspondence jointly, a copy of which can be found in the appendices.

All of this engagement has provided a thorough account of the local communities' past experiences of the hospital and their views on the future of inpatient services. The feedback from the drop-in sessions (a full transcript can be found in appendix 1), alongside all other information received including social media posts, and a summary from Healthwatch Northumberland (appendix 2), forms the basis of this report.

Feedback

During the drop-in sessions, a small number of questions were raised about the details of the private finance initiative linked to the hospital, the financial savings if the ward would close permanently and the staffing pressures faced at the Trust. In session one, a lot of questions were raised about the removal of the beds and the ward furniture, following a rumour. Similarly, there was a lot of uncertainty about which services still remain at the hospital and the misunderstanding that only inpatient services had been temporarily suspended. Once these issues were clarified, they were not asked in any of the subsequent sessions.

At each session, the following issues were raised:

- How much people value the care they or their friends and family have received at the hospital.
- Request for occupancy rates and usage, a belief that figures have been manipulated.
- Disagreement that people want care at home.
- Suggestion that patients from across Northumberland should be admitted to increase occupancy and alleviate bed blocking elsewhere in the system.
- Confusion about the referral process and anecdotal evidence that people are being refused beds.
- Difficulties travelling to other hospital sites.
- The rurality of the area needs to be taken into account.
- Plans for the future of the building including support to move the GP surgery and other suggestions about how it could be used, such as increased physiotherapy services, podiatry and diabetes clinics.
- Need for a combination of hospital and social care services, in particular respite, end of life and palliative care.

The six most common themes will be explored in more detail below.

Referral process

There was a little confusion about the referral process into the hospital and anecdotal reports that people were either not being referred or, in some cases, being refused hospital care. There were also different perceptions about the type of care provided at the hospital. Some questions were raised about bed blocking and the bed management process, and many people suggested using the ward to alleviate bed blocking elsewhere in the system. Some of the comments received included:

- “What type of patients can be looked after at Rothbury?”
- “Why can’t people from Alnwick come here?”
- “Why were people turned away from Rothbury and told that there were no beds when there actually were?”
- “Beds are not being used because people are not being given the option to come here.”
- “Patients don’t get referred to Rothbury. Not a case of there not being a need for the beds, there is a need, but people are being refused access to beds.”
- “Reason that occupancy is low is because beds aren’t being offered.”
- “People who needed to come and wanted to come were told there were no beds in the hospital.”
- “Why not move patients from elsewhere into Rothbury to increase occupancy?”

Care in the community

Many people said that people did not want care at home and queried the quality of care that would be given and level of resource required to deliver it. There was a sense that care in the community is inadequate and also intrusive, and makes it more difficult for friends and family to visit those receiving care. Some of the comments received included:

- “Do people prefer end of life care at home?”
- “Certain people prefer to be cared for at home, but other people rather be in hospital.”

- “Home care isn’t an option for some people, some carers are not good.”
- “Don’t agree that people want to receive care at home.”
- “Care in the home might not be appropriate for everyone.”
- “Care at home doesn’t always work. Only a quarter of an hour visit – need much more.”
- “Community care is not the same as 24 hour hospital care.”
- “Care provision for palliative patients at home is often not what is required and can be intrusive.”
- “Older local people want to visit their loved ones.”
- “Patients are isolated if they’re cared for at home. Friends and family can’t get to them.”

Rurality

A significant number of comments concerned the area’s rurality. Many people felt that this was not taken into account in the county’s healthcare decision making process. There was an overall sense that people are treated unfairly in rural areas. Some of the comments received included:

- “You have to understand the rural nature of our environment.”
- “We’re treated differently because we live in a rural community, we’re treated unfairly.”
- “How will community nurses get around?”
- “People are treated unfairly in rural areas, expected to travel to major towns for specialist healthcare.”
- “The further you are away from the centre, the more you are forgotten about.”
- “Current care plan works in the city, but not in rural areas. We need to adapt our services to help rural communities with isolated patients.”
- “Nobody made a plan for rural areas when The Northumbria was built.”

Travel

There was also concern about the lack of public transport serving the village and the associated difficulties in visiting loved ones admitted to other hospitals

- “Access to Wansbeck is very difficult on public transport, there’s only a bus every two hours.”
- “Need this hospital because of limited transport in our area.”
- “Impossible to get to Wansbeck and Alnwick by public transport.”
- “You just don’t appreciate the distances involved with travelling to Alnwick or Berwick.”
- “No transport to visit family in Cramlington or Wansbeck. Need to have people in Rothbury so that they can have their family around them.”
- “You have to understand the transport issues associated with visiting someone who is receiving palliative care in other areas and the stress it causes on the family.”
- “Poor transport. Four buses have been removed. The nearest beds in Alnwick would be a two hour journey and more for older people.”
- “People have to pay a lot of money for taxis.”
- “Transport is difficult. Elderly people can’t get to hospitals. Coquetdale is so remote.”

Future use of the building

Many people feared that the hospital would close. Others supported the extension of current services, for example relocating the Rothbury GP or increasing physiotherapy services, podiatry and diabetes clinics. In summary, some people wanted a small general hospital in place with urgent and emergency care facilities as well as inpatient and outpatient services. Some of the comments received included:

- "Need some sort of A&E/Urgent Care."
- "Why can't the Minor Injuries Unit be here?
- "What are the plans about moving the surgery here, is that still going ahead?"
- "Introduce eye testing, there's no optician in Rothbury."
- "Introduce fitness classes for Parkinson's, there is space available."
- "More use needs to be made of the physiotherapy facilities."
- "Podiatry clinics/diabetics clinics – what other clinics do we have here?"

Combined use

An overarching theme was the need to consider a combination of health and social care beds. The use of the ward for convalescing, respite, end of life and palliative care was valued enormously, particularly because of the lack of a local nursing home. Some of the comments received included:

- "We need hospital care and social care in one establishment in the community where friends and family can visit. Patients are isolated if they're cared for at home. Friends and family can't get to them."
- "If people could have come for social care then perhaps it would not have been so underused."
- "We need palliative care, there are a huge number of old people who live here who also can't drive."
- "Why don't you use the facility more for respite care?"
- "Why don't you use the facility in a more flexible way?"
- "We still need a ward here for end of life care."
- "Could we have half hospital beds and half social care beds?"
- "No care home in the valley – nearest one in Alnwick."
- "Use downstairs as social care and upstairs as NHS."
- "People would pay for care at Rothbury because there is a lack of nursing home provision locally."
- "Need to use the space more flexibly/holistically."

Overview

Some key themes emerged throughout the engagement, not least how much people value the care they have received in Rothbury and the very high standards and compassion experienced by patients from the staff looking after them. Concerns were also raised about what support is in place for vulnerable elderly people and their carers, particularly when they are recovering from a hospital stay, and the risk of social isolation amongst the older generation. Many did not understand the existing referral process, also questioning the delivery of care in the community and wanted to know how local health and care services can better support people, particularly at the end of life. Other common issues included the rurality of the area and the challenges with transport. However, it was clear that the local community

want a future for the hospital and the most predominant theme that arose was the need for a combination of hospital and social care services.

Summary of Rothbury drop-in sessions

Across the 3 listening sessions, Healthwatch Northumberland staff spoke to approximately 45 members of the public to hear their views on the temporary closure of the inpatient unit at Rothbury Community Hospital and whether they felt their concerns were listened to.

Observations/comments from listening sessions:

Many had attended for answers and felt they were not fully informed as to the reasons why this temporary closure had happened. Whilst a number of individuals told us they felt listened to and felt they had their questions answered, they questioned whether their views would be genuinely be acted upon and influence decisions; there was a lot of scepticism. For example:

- My questions were answered
- Felt listened to but not sure if they'll act on it - feel like it's a done deal
- Felt listened to
- They didn't write my comments down as "they had already been said by other people". Made me feel like my comments weren't important/valued. Why not tally up the number of people saying the same thing to indicate strength of feeling?
- Initial lack of transparency over the reasons behind the closure made people feel sceptical about the decision making process
- Previous experiences (e.g. regarding Cottage Hospital and minor injuries service) as well as the handling of this situation has influenced patients' trust in decision makers.
- Should be involved *before* a decision is made – need continued discussion. Doesn't make us feel involved/part of decisions.

Other comments included:

- They introduced themselves but the job title didn't mean anything
- Used a lot of jargon I didn't understand
- They should have name cards on the desks
- Not enough chairs and room

Areas of concern/comments from members of public

The following topics/concerns were commonly mentioned:

Palliative care:

- Residents felt they need this for carers and patients. Not everyone can cope with being cared for at home. Hospital is safer for some.
- Some patients do not want to die in own home
- Questions about the day hospice at Alnwick as they use Rothbury Hospital. Is there any mileage in looking at a formal partnership?

Access issues:

- Rural issues around travelling to other hospitals, including The Northumbria
- Concerns over minor injuries – people having to travel to Alnwick or Northumbria where they have to wait six hours.

- Bad weather effects access to health services in rural areas
- Other hospitals are a long way away – difficulties accessing via public transport or if you don't drive.

Alternative provision

- What will be offered instead as this service is valued by local people – it's a community hub.
- Confusion between health and social care and eligibility for help at home

Concerns about current and future demand:

- Concern that the reported underuse of beds is deliberate - some stories about patients who wanted to go to Rothbury but were told this was not an option.
- Concerns associated with ageing population and thus increasing need for beds – felt that inpatient care there was much more appropriate for their needs
- New houses being built in the area

Fear of losing other services

- Concerned other services will start to close in hospital e.g. my daughter uses children's services there.

Primary care

- Lack of GP appointments
- Is the local [GP] practice coming into the hospital?

Appendix B
Consultation Document

NHS
Northumberland
Clinical Commissioning Group

Proposed changes at

Rothbury Community Hospital

Public consultation

Your views are important

31 January - 25 April 2017

Who we are

We are NHS Northumberland Clinical Commissioning Group (CCG). We were set up in 2013 and we commission (plan and buy) the majority of hospital and community health services for people living across the county. We also commission GP services.

We are a GP-led organisation and all 44 practices in Northumberland are members of the CCG. We serve a population of more than 300,000 and have an annual budget of just under £500 million to provide NHS services.

Contents

1. Introduction

We hope you will take the time to read this booklet and share your views with us about proposed changes at Rothbury Community Hospital and about how we might make the best use of the building going forward to better shape existing services around the needs of local people.

From discussions with local people during autumn 2016 we know how much the hospital is valued.

We want to make sure that the hospital continues to provide care for people living in Rothbury and the surrounding area but we must also take into account the ways that both healthcare and the needs of the local population are changing.

There have been many advances in healthcare over the years which mean people are spending much less time in hospital, for example, following joint replacements and for those having stroke, cardiac and respiratory care.

People are living longer, often with more than one long term health condition and we now aim to support them in their own homes so that they are able to stay well and independent. This means they only go into hospital when they need care from a specialist team of consultants and other doctors and nurses that could not be provided at home.

In Rothbury over the past three years use of hospital beds has fallen and during 2015/16 on average only half of the beds were occupied at any one time. Over the same time we have seen an increase in the support provided by community nursing, the short term support service and the home care service.

We know that the development of services in the community is making a real difference to the lives of a lot of local people and going forward we want to build on this type of support. It is important that we meet the needs of the majority of people and at the same time make the best possible use of the NHS skilled staff and money available to us. This is particularly so given the financial challenges facing the NHS both nationally and locally.

You will see in section 6 that we have spent some time looking at different ways for Rothbury Community Hospital to be used going forward. After much consideration we have decided to consult on only one proposal (Option 5). This is because we want to be honest with local people and not consult on options that would not be viable or sustainable in the long term.

The proposal would result in the permanent closure of the inpatient ward at Rothbury Community Hospital but it includes continuing discussions with local people about how we can shape existing health and care services around a Health and Wellbeing Centre on the hospital site.

Developing such a centre is something that local people have talked to us about.

There have been discussions for some time about the GP practice relocating there. We also feel there are opportunities to provide more physiotherapy and outpatient clinics which could include patients having an appointment at the hospital but talking to a specialist through a video link.

We also acknowledge that some people feel strongly that there should be some provision for respite and end of life care in Rothbury and that they have already described potential models.

As the consultation progresses we would be very keen to hear more about how local people think we could develop a community based service which would provide these types of care.

We recognise that change is never easy and we want to reassure you that we are committed to making sure that Rothbury Community Hospital continues to provide services for local people and to working with the community to explore how current services may be further improved.

This booklet sets out the changes being proposed, the reasons why, which other options were considered and discounted and why. It also sets out how you can make your views known.

In the early stages of the consultation, we will carry out a travel analysis to further assess the impact of the proposal on local people. The results of this will be made public as soon as they are available.

Please be assured, your views are very important to us and we look forward to hearing from you.

The public consultation will run over 12 weeks, ending on 25 April 2017.

Dr Alistair Blair
Clinical Chair
NHS Northumberland Clinical Commissioning Group

2. About Rothbury Community Hospital

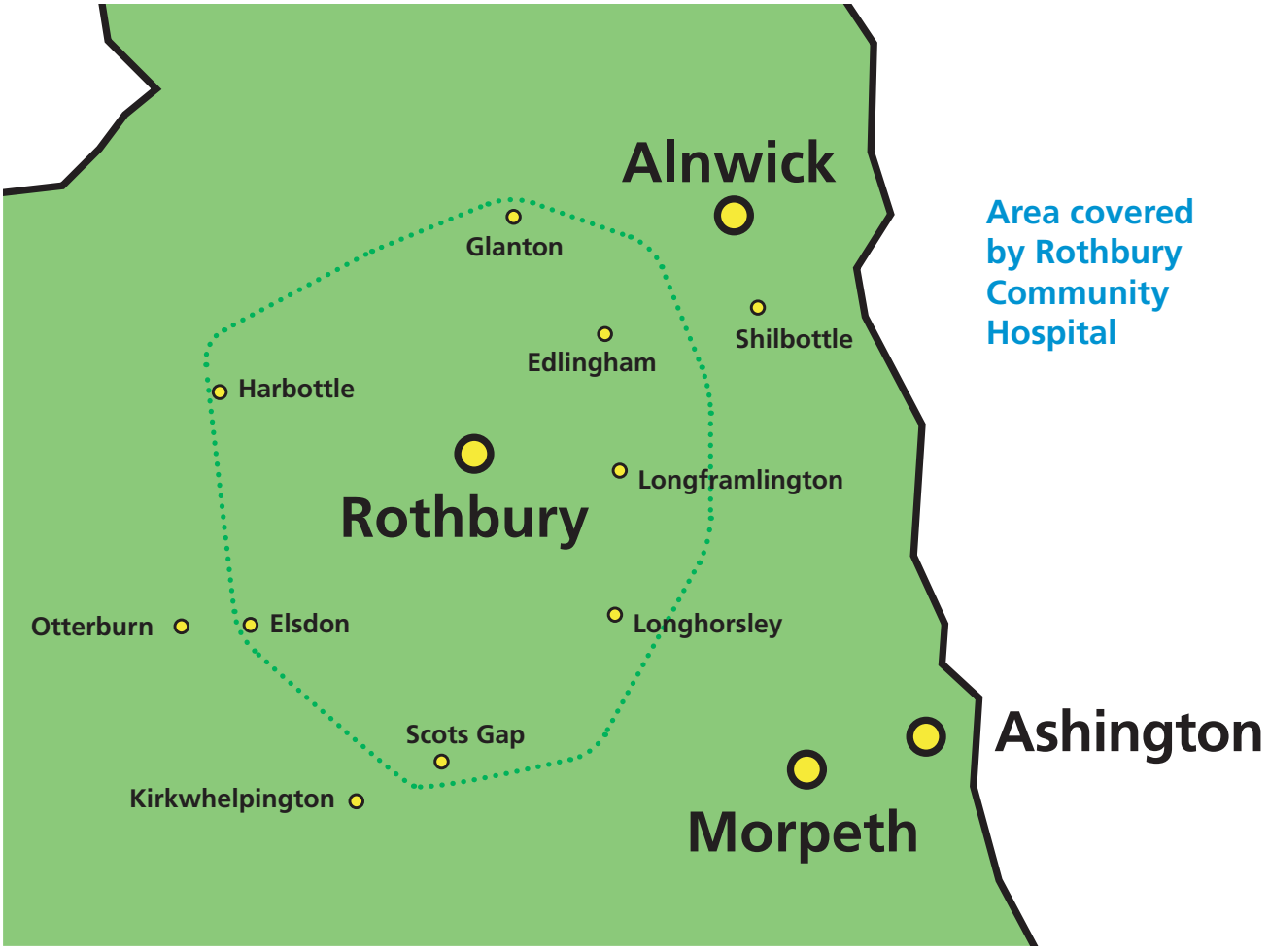
Rothbury Community Hospital provides a small range of services for people living in the town and surrounding area. It is managed by Northumbria Healthcare NHS Foundation Trust (the Trust) which provides hospital and community health services across Northumberland and North Tyneside.

There is an inpatient ward and it also provides physiotherapy, occupational therapy, and a limited range of outpatient and child health clinics. It provides a base for community health and care staff who support people in their own homes and community paramedics also work out of the hospital.

Inpatient ward

The inpatient ward has 12 beds mainly for frail older patients who need 'step up' or 'step down' care. (This service has been suspended temporarily since September 2016 for operational reasons - see section 3 for further details.)

Step up care is used for people, usually with an existing health condition, who become unwell (although they are not critically ill) and need hospital care to reduce the risk of further deterioration which could result in an emergency admission for specialist care at the Northumbria Specialist Emergency Care Hospital or another specialist site.



Step down care is used for people who have already been in another hospital receiving specialist care for an illness or injury and are recovering but are not well enough or able to go home.

A small number of those using step up and step down care at Rothbury Community Hospital are patients with terminal illnesses who are nearing the end of their lives.

The inpatient care on the ward at Rothbury Community Hospital is led by nurses with medical care provided from 8am to 6pm through a contract between the Trust and local GPs. Under this contract a local GP visits the hospital daily to review the needs of the patients and can also be asked to visit if a patient's needs change during the day. If medical care is needed overnight, from 6pm to 8am, this is provided through a contract with the out of hours GP service, Northern Doctors Urgent Care.

Patients are admitted to Rothbury Community Hospital following assessment by a hospital consultant or a GP. This level of assessment is important given that the ward is nurse-led and that a doctor is only available on site for the daily review and then called in as required at other times.

The following patients would not be considered suitable for admission to the hospital:

- Unstable patients who need daily treatment changes
- Patients who have suffered a stroke who are transferred to designated stroke rehabilitation units elsewhere in the Trust, for example, Wansbeck General Hospital, so that they can receive ongoing specialist acute care and rehabilitation following their initial emergency treatment
- Patients needing physiotherapy three or more times a week and/or where two or more staff members are needed for interventions
- Severely overweight (bariatric) patients as there is no specialist equipment or appropriately adapted environment
- Confused patients with challenging/ aggressive behaviour due to the risk of staff assaults and the ward not being equipped to manage the patients' needs safely

It is important to note that the inpatient ward at Rothbury Community Hospital is not funded or intended to provide respite care. Patients requiring respite care, for example, to give their carers a break, can have short breaks in a residential or nursing care home which is organised and funded through adult social care at Northumberland County Council.

Other services provided at or from Rothbury Community Hospital

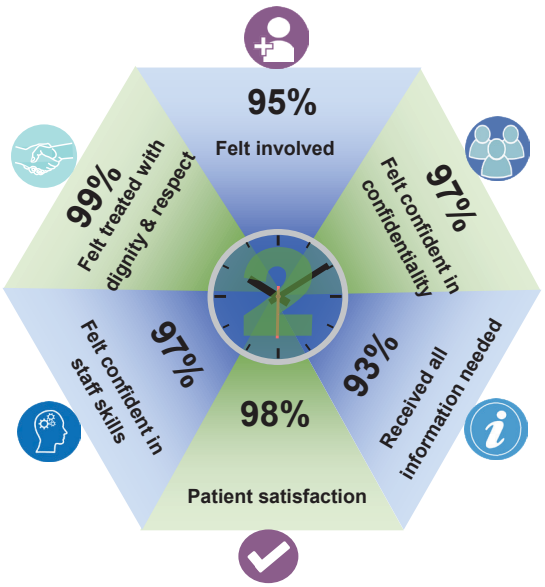
Other services operating at or out of the hospital have been unaffected by the temporary suspension, including:

- **Occupational therapy and physiotherapy** – these services are provided in the hospital and in people's own homes
- **Outpatient clinics** – a number of such clinics take place with specialist staff from the Trust to provide greater convenience and reduce travelling for patients and carers
- **Child health clinics** – these are clinics with specialist staff from the Trust to provide greater convenience and reduce travelling for patients, families and carers
- **Community paramedics** – these staff work for North East Ambulance Service NHS Foundation Trust and are able to provide a very quick response to local people following a call to the ambulance service. Sometimes they are able to provide advice and support to patients in their own homes so that they don't need to be taken to hospital. They also provide support to the local GP practice

- **Community services** – these involve staff from health and social care who work together, in close liaison with local GPs, to support people to stay well and independent at home, such as:
  - The community/district nursing service which provides skilled nursing care and advice in a variety of healthcare settings, including at GP premises, in residential/care homes and at home for those who are housebound. It is available out of hours over a 24 hour period, 365 days a year. The range of expert and specialist care provided by district nurses includes:
    - Nursing care for the acutely ill
    - Palliative care for patients close to the end of their life
    - Care and advice for people with chronic diseases who are housebound
    - Leg ulcer care
    - Advice and support in managing continence issues
    - Advice about healthy living
    - Assessment and referral for pressure relief equipment and other aids
    - Referral to other services
  - The short term support service (STSS) which provides urgent care and community based rehabilitation to adults at home for up to six weeks following discharge from an acute hospital, such as the Northumbria Specialist Emergency Care Hospital or Wansbeck General Hospital. It aims to support patients to stay at home and live independently after a serious accident or illness. The service also provides a short period of personal care and practical support for patients living with cancer or another life limiting illness, and their families. All STSS care is provided in the home and GPs may also refer into this service when they feel a person's health has suddenly deteriorated, or if a patient's carer becomes unwell. When patients are referred to the STSS they are assigned a key worker who will help develop a care plan which could include one of the following:
    - Personal care and support to help patients to be more independent
    - Rehabilitation following a serious accident or illness including physiotherapy, speech therapy and occupational therapy
    - Equipment including walking aids and adaptations to the home, such as stair lifts, shower seats, alarm and door entry systems
    - End of life care, including nursing care at home
    - Emotional and psychological support for patients, carers and families

    The service is available for up to six weeks but patients may sometimes only need a single visit, for example, from an occupational therapist to organise getting equipment.

STSS North patient survey feedback October – December 2016



3. Why the inpatient ward was temporarily suspended

As the organisation responsible for planning and purchasing the majority of hospital and community health services for people living across the county, it is vital that we make the very best use of all available resources, staff, facilities and finances.

During summer 2016 we set up a steering group to look at how beds are being used in community hospitals across Northumberland. It included health and care professionals from the CCG and the Trust. Between them these organisations provide a range of hospital and community services.

The group considered community hospital use against a background of:

- Medical advances which are reducing the length of time that people stay in hospital
- The national and local drive to provide more care out of hospital, in people's own homes, therefore reducing avoidable admissions to hospital and making sure that if they do need to go into hospital they can be discharged home as soon as they are medically fit with the right support if needed
- The considerable financial and operational pressures facing the health and care system in Northumberland

The group noted that from September 2015 to August 2016 there was a total of 123 admissions to Rothbury Community Hospital from the town and surrounding area (see map on page 6) plus a further 45 involving people from outside the catchment area. On average, the figures equate to half of the beds being occupied at any one time during that year.

Given the initial findings of the steering group, in September 2016, working with the Trust, we decided that there should be a temporary suspension of inpatient care at the hospital while a thorough review was carried out.

Since then, staff who previously worked on the inpatient ward have been supporting colleagues in the Trust's busier units.

The report following the review was shared with the local community at a public meeting in November 2016. It is available at: **www.northumberlandccg.nhs.uk/nhs-publish-findings-review-inpatient-services-rothbury-community-hospital**

4. Why change is being proposed

Changes to the way that hospital services are provided

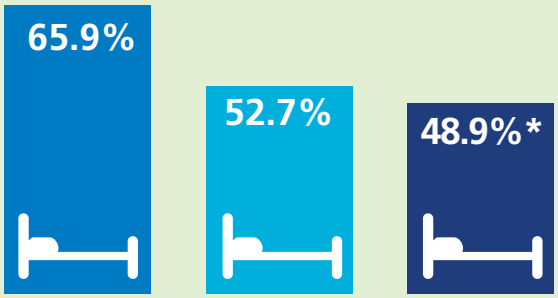
There have been many medical advances over the years which mean that patients are spending much less time in hospital after planned operations or serious illnesses, for example, following joint replacements and those having stroke, cardiac and respiratory care. These changes will have impacted on use of beds at Rothbury.

There have also been improvements to the care provided for Northumberland residents since the opening of the new Northumbria Specialist Emergency Care Hospital at Cramlington in June 2015. This has meant that very sick and seriously injured patients are seen quickly by the right specialist and have a much faster diagnosis with treatment beginning much earlier than before.

An increasing number of patients are discharged straight home after a very short stay there, with any necessary ongoing support provided in the community.

In its first year, more than half (54%) of the emergency attendances at the Northumbria Specialist Emergency Care Hospital did not result in an admission. This is a result of the fast diagnostics which are available 24/7 alongside expert interpretation of tests and scans by specialist doctors which mean treatment can begin much sooner for those who are seriously ill or injured. Out of all emergency patients who were admitted, around three quarters (76%) were discharged directly home with any necessary support in place and 22% were transferred to another hospital – mainly at Wansbeck, North Tyneside or Hexham – for ongoing medical care and rehabilitation.

Percentage bed occupancy 2014-17



The review of bed occupancy at Rothbury Community Hospital, during autumn 2016 showed this has reduced from around 66% in 2014-15 to just under 49%* in 2016-17.

This low bed occupancy rate means that the skills and expertise of nursing staff are not maximised.

Implementing national and local policy

There is very clear national policy around the development of much more care outside of hospital.

NHS England's 'Five Year Forward View', which was published in 2014, set out a new vision for the NHS based around new models of care which aim to help improve health and wellbeing, quality of care and the financial efficiency of services. It stated that:

"Out of hospital care needs to become a much larger part of what the NHS does."

In March 2015, the health and care system in Northumberland was awarded 'vanguard' status by NHS England and became one of only eight pioneer sites across the country chosen to develop an integrated 'primary and acute care system' which focuses on much more care outside of hospital.

In addition, every health and care system in England has been required to produce a long term plan, called a Sustainability and Transformation Plan (STP) which must ensure that health and care services are built around the needs of local populations to achieve better health, patient care and improved NHS efficiency.

A draft STP has been published and is available at: **www.northumberlandccg.nhs.uk/get-involved/stp**

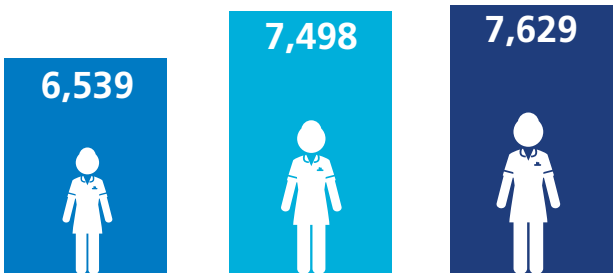
The STP also shows that out of hospital care is a priority in Northumberland to improve the care and quality of services provided for local people and to address a financial gap.

Greater uptake of services provided in people's own homes

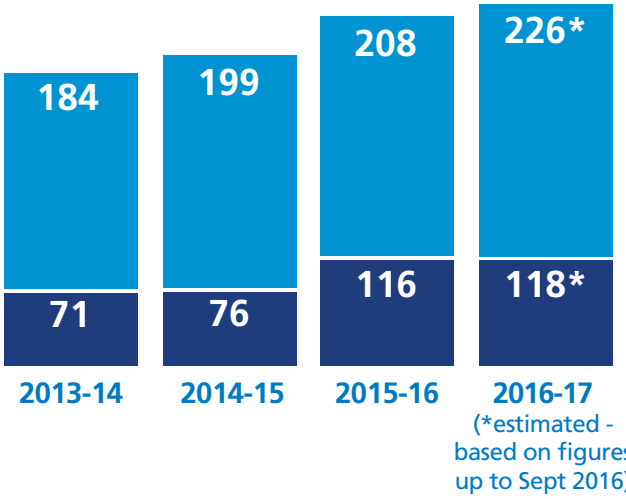
The review of Rothbury Community Hospital carried out during autumn 2016 showed that more and more care is already being safely delivered outside of hospital and in the comfort of people's own homes.

This includes an increase since 2013 in the uptake of community services, such as those provided by community nurses and the short term support service which together or separately provide critical support to help older people to live as independently as possible at home. Both work closely with GP services to make sure patients have the care and support needed to stay at home.

Number of face to face community nursing contacts from 2013 – 2016



Rothbury area short term support service number of referrals 2013 – 2017



Benefits of care at home

Care at home helps frail older people to stay well and independent in their own environment for longer and there is evidence to show that care in hospital can carry more risk. For example:

- Older people are at greater risk of getting an infection while in hospital
- Being immobile can also lead to problems for older people and they may be able to maintain greater mobility at home (Hopkins et al 2012)[1]
- Ten days in a hospital bed leads to the equivalent of 10 years ageing in the muscles of people over 80 (Gill et al 2004)[2]
- Extended hospital stays can affect older people's confidence about their ability to live independently and can be confusing or distressing for patients with dementia.

By staying at home, with the right support, older people can continue to be socially engaged with local family and friends, can continue with activities that give their life meaning, can continue to be caregivers and can maintain their independence, dignity and choice (Oliver et al 2014)[3].

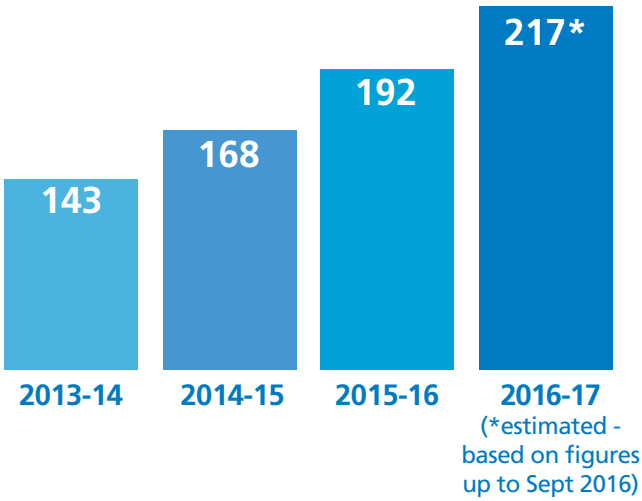
[1] Hopkins S, Shaw K, Simpson L (May 2012) English National Point Prevalence Survey on Healthcare-associated Infections and Antimicrobial Use, 2011, Health Protection Agency.

[2] Gill L, Kortebein P, Symons TB, Ferrando A, et al. Functional impact of 10 days of bed rest in healthy older people. J Gerontol A Biol Sci Med Sci. 2008: 63:1079-1081.

[3] Oliver R, Foot C, Humphries R (2014) Making our health and care systems fit for an ageing population. The King's Fund.

Over the same period there has also been an increase in the number of people receiving home care services, which is longer term care provided to people in their own homes. Depending on their needs, it is either funded through adult social care at Northumberland County Council or by the CCG as NHS continuing healthcare.

Rothbury area number of people receiving home care from 2013 – 2017



The Care Quality Commission rated the Trust's community services for adults as outstanding following its inspection in 2015:

"We found that patients could access all professionals relevant to their care through a system of truly integrated multi-disciplinary teams; and that patients' care was coordinated and managed.

"... Patients and carers we spoke with were overwhelmingly positive about their experience of care and treatment, and feedback gathered by the organisation showed high levels of satisfaction."

Support for people at the end of their lives

Although Rothbury Community Hospital has provided care for people with terminal illness, the number of patients who were receiving care in the hospital at the end of their lives has remained small over a number of years.

The table below shows that over three and a half years, from 1 April 2013 to 31 August 2016, there was a total of 62 patients admitted or transferred to Rothbury Community Hospital where end of life care was included in the care required and not just the main reason for admission.

Year	Direct admission	Transfer in	Total
2013-14	13	6	19
2014-15	12	8	20
2015-16	5	9	14
2016-17*	5	4	9
Total	35	27	62

*Data available until 31 August 2016

There will be a number of reasons for the declining numbers, including the way palliative care is now provided for Northumberland patients which reflects a national drive to provide more individualised end of life care for people, so that if they wish to die at home they are supported to do so.

The Trust's palliative care pathway was considered to be outstanding following an assessment during 2015 by the Care Quality Commission (CQC).

The CQC report, published in May 2016, said that end of life care services were well resourced and they had seen a 'truly holistic approach to the assessment, planning and delivery of care and treatment to patients'.

There was evidence of more patients dying at home. The Trust had introduced a rapid discharge service within the palliative care service to provide a comprehensive, joined up service to patients and their families in all settings. Services were flexible, focused on individual patient choice and ensured continuity of care.

The report also said that feedback from people who used the service and those who were close to them was extremely positive about the care received by patients nearing the end of life.

"Rothbury has a fully staffed and experienced primary healthcare team, and many end of life episodes are managed in conjunction with the Macmillan nursing service, who act as an important link to specialised palliative care services. We miss the availability of local beds in some situations, but we have recently seen an improvement in the amount of 'hands on' care available for those who chose to die at home, available via the Day Hospice and Marie Curie. This can take the form of overnight 'sitting' to enable family to rest, and also support workers spending spells of several hours in the home for support, in addition to the more traditional visits from clinical staff and carers."

Dr Billy Hunt, GP partner,
The Rothbury Practice

Meeting current and future population needs

An analysis of population data from the Office of National Statistics (ONS) shows:

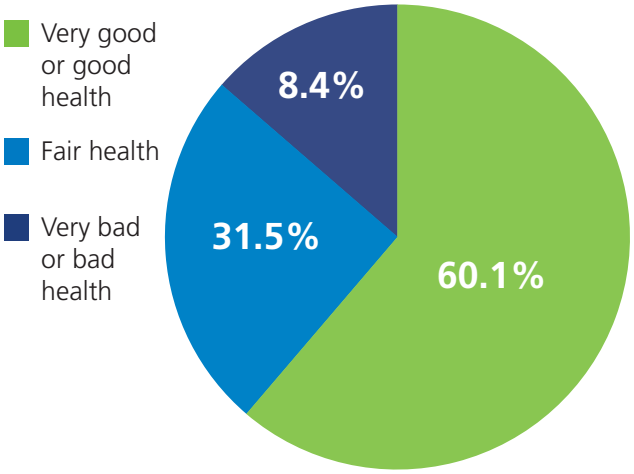
- Just under a third (30.4%) of people living in Rothbury are aged 65 and over
- This is significantly more than other parts of Northumberland (23.1%), the North East (19%) and England (17.7%)
- Over the next 10 years, the number of people living in Rothbury aged 65 and over is expected to increase by 22.8% and over the next 20 years by 44.8%

People in Rothbury are healthier than elsewhere:

- Only 8.4% stated they had bad or very bad health compared to 15.4% in Northumberland overall and 19.5% in the North East
- People living in Northumberland are expected to live longer than men and women in the North East and women in England

The chart below shows how people aged 65 and over describe their health.

General health 2011 (age 65 and over) Rothbury



In addition, the number of people aged 65 years and over who have access to a car or van is much higher in Rothbury (85%) when compared to Northumberland overall (72.6%) or the North East (61.2%).

Impact on capacity across the system

Following the temporary suspension of inpatient admissions, the Trust has not experienced any unexpected service pressures and no patients from Rothbury and the surrounding area have had to wait for care. A small number of people from Rothbury who have been admitted to hospital following an injury or illness have been transferred to Alnwick Infirmary or the Whalton Unit at Morpeth for a period of further care and reablement, which is support to help them cope once they get home, but this has caused no bed management issues.

The total community hospital bed occupancy across Northumberland was reviewed in September 2016 and compared to the previous year. The data is shown in the table below:

September	2015	2016
Rothbury Comm. Hosp	38.9%	
Alnwick Infirmary	89.8%	95.3%
Berwick Infirmary	74.9%	65.0%
Whalton Unit (Morpeth)	67.6%	72.7%

Best use of available staff

The number of staff available for the 12 inpatient beds is 6.77 whole time equivalent (WTE) qualified nurses, 6.27 WTE healthcare assistants and 0.56 WTE nutrition assistant.

On a temporary basis, these resources are now being used on other sites within the Trust to cover existing staff vacancies.

5. Listening to feedback received from local people

Following the temporary suspension of inpatient beds, working with the Trust, we began a period of engagement in Rothbury. Three drop in sessions were held to provide an opportunity for people to share their concerns and each one was well attended.

It was clear during these sessions how much people have valued the care provided at the hospital and there were many comments about the compassion shown by staff.

We also received a number of letters, emails and posts on social media.

There were a number of overall themes:

Referral process

There was some confusion about the referral process into the hospital and anecdotal reports that people were either not being referred or, in some cases, being refused hospital care. There were also different perceptions about the type of care provided at the hospital. Some questions were raised about bed blocking and the bed management process, and many people suggested using the ward to alleviate bed blocking elsewhere in the system.

Care in the community

Many people said that people did not want care at home and queried the quality of care that would be given and level of resource required to deliver it. There was a sense that care in the community is inadequate and also intrusive, and makes it more difficult for friends and family to visit those receiving care.

Rurality and travel

A significant number of comments concerned the area's rurality. Many people felt that this was not taken into account in the county's healthcare decision making process. There was an overall sense that people are treated unfairly in rural areas. There was also concern about the lack of public transport serving the village and the associated difficulties in visiting loved ones admitted to other hospitals.

Future use of the building

Many people feared that the hospital would close. Others supported the extension of current services, for example, the potential for Rothbury GP Practice to relocate onto the site or increasing physiotherapy services, podiatry and diabetes clinics. Some wanted a small general hospital in place with urgent and emergency care facilities as well as inpatient and outpatient services.

Combined use

An overarching theme was the need to consider a combination of health and social care beds. The use of the ward for convalescing, respite, end of life and palliative care was valued enormously, particularly because of the lack of a local nursing home or hospice.

6. Options considered

Taking into consideration the strong feelings expressed about retaining the inpatient ward, the CCG explored five options.

The following criteria were used to assess each one:

- Feedback from residents
- Patient choice
- Staffing/resource implications
- Quality
- Cost effectiveness
- Additional resources required/cost
- Timeline i.e. the time it would take to implement
- Strategic fit i.e. how it fitted against national policy and the longer term plans for the local NHS

In addition, a second assessment was also carried out, focused specifically on the requirement for CCGs to ensure efficient, effective and economic use of resources.

The tables showing the assessment of the five options against the above criteria and also against how efficient, effective and economic they would be are available at: **www.northumberlandccg.nhs.uk/get-involved/RCHconsultation**

Option 1: Re-open the 12 inpatient beds and do not change the inpatient services provided

This would ensure inpatient beds for the local community and would be in line with public feedback. However, use of beds would be likely to remain low which means nurse to patient ratios would be high even when minimum staffing was in place. This would not represent the most efficient use of nursing resources or provide adequate opportunity for nursing staff to regularly practice their skills.

It would not support the national policy drive to provide a greater focus on out of hospital care. Also, there is evidence that hospital care can carry more risk than care at home and could therefore be less effective. The full cost of providing the inpatient service is included in a £10.5m block contract agreed between the CCG and the Trust.

Option 2: Develop a combined use of the beds, sharing use across health and social care, including end of life beds

This would ensure a local NHS and social care service for the community, including step up, step down, short break/respite care and end of life care. Therefore it would be in line with public feedback. However, there would need to be physical separation of the NHS and social care beds which would require some building alterations. There would also need to be separate registration of the two different services by the Care Quality Commission.

In addition, experience shows that the majority of people from Rothbury and the surrounding area who have been funded in care homes by the County Council or the NHS over the past three years have required specialist dementia care. It would not be appropriate to have a mix of patients including those with dementia and those requiring palliative care in such a small unit.

A social care provider would need to be identified to operate services within the hospital. Bed occupancy is likely to remain low and this option would be neither cost effective or sustainable (as outlined below under Option 3).

Northumberland has approximately 2,800 care home beds which is sufficient, so creating additional capacity is not a strategic priority.

The option would not support the national policy drive to provide a greater focus on out of hospital care. Also, there is evidence that hospital care can carry more risk than care at home and could therefore be less effective.

This would not result in any savings for the CCG and some funding would need to be identified to subsidise the social care beds as it would not be possible to cover their costs with income received i.e. given the predicted small numbers.

Option 3: Develop the 12 beds as long term nursing and/or residential care beds

This would ensure a local service for the community and would be in line with public feedback.

A provider would need to be identified to turn the current inpatient service into residential or nursing home accommodation, which would then need to be registered with the Care Quality Commission. Capital investment would be needed to remodel the interior to meet registration requirements and attract residents.

Northumberland has approximately 2,800 care home beds which is sufficient, so creating additional capacity is not a strategic priority. The social care market has not identified the need or demand for social care beds in this location and the service would be limited by small bed numbers. A 12 bed care home for older people would be considerably smaller than the size usually regarded as viable. Small care homes are more financially vulnerable because they are less able to cope with fluctuations in demand. Also, they are more expensive to run because minimum staffing levels are needed at all times, regardless of how few residents there are.

If all those people from the Rothbury area who are currently living in care homes supported by the County Council or the NHS were living in the hospital building, only half of the current beds would be used. It is unlikely that older people living outside the Rothbury catchment area would choose to move to a care home in the village. In addition, the majority of residents in this category require a specialist dementia service.

Under the CCG's contractual arrangements with the Trust this option would result in a saving of £500,000. However, some funding would need to be identified to subsidise the social care beds as it would not be possible to cover their costs with income received i.e. given the predicted small numbers.

Option 4: Permanent closure of the 12 inpatient beds

This would not provide a local inpatient service for older people and would mean the hospital would offer only a limited range of services. It is therefore unlikely to be supported by local people.

However, it would ensure more efficient use of resources with nursing staff moved permanently to busier hospitals. It would also be in line with the national policy drive to provide a greater focus on out of hospital care and would take into account the evidence that suggests hospital care can carry more risk than care at home.

Under the CCG's contractual arrangements with the Trust this option would result in a saving of £500,000.

Any increase in activity within community services would be cost neutral due to the contractual framework in place.

Option 5: Permanent closure of the 12 inpatient beds and shape existing health and care services around a Health and Wellbeing Centre on the hospital site in Rothbury

This would not provide a local inpatient service. However, it would enable better use of available resources given the low bed occupancy levels with more efficient use of nursing staff in the busier hospital sites. It would also be in line with the national and local policy drive to provide a greater focus on out of hospital care and take into account the evidence that suggests hospital care can carry more risk than care at home.

The Trust and the Rothbury Practice have each confirmed their commitment to use the building to provide better primary care services. A bid has already been made to NHS England for funding for building adaptations that would be necessary to accommodate the practice.

This option would also offer the opportunity of more outpatient appointments at Rothbury and to enhance the community based services. We feel there are opportunities to provide more physiotherapy and outpatient clinics which could include patients having an appointment at the hospital but talking to a specialist through a video link.

The CCG would save £500,000 which is the Trust's calculation of the staffing costs for running the 12 inpatient beds.

Any increase in activity within community services would be cost neutral due to the contractual framework in place.

Selecting a preferred option

Views were also sought from all GP member practices and in particular, from those in the north locality which includes Rothbury and the surrounding area. The north locality supported Option 5.

The next step was a discussion at our Joint Locality Executive Board, which includes GP representatives from each of the Northumberland localities. The board agreed that consultation should take place on Option 5 as the preferred option.

The main reasons were:

- It enables better use of existing health resources due to low occupancy levels and allows the nursing resource to be moved to higher occupancy hospital sites
- The temporary suspension has tested the capacity within the Trust's other inpatient services and within community services and no unexpected service pressures have been experienced
- It delivers local health services and provides the opportunity to work with the local community to better shape current provision
- It enables further services to be delivered in and/or based at the hospital
- It supports the strategic direction set out in the 'Five Year Forward View' by NHS England
- Primary care services operating at the hospital provides a long term sustainable service model

Finally, while Option 5 would reduce choice over community hospital sites, other choices for patients do exist with the range of community based health and care services that are now in place. We hope that during discussions with local residents we will be able to explore opportunities that will provide other choices such as providing outpatient clinics at Rothbury Community Hospital where patients have access to a consultant via a video link.

7. Proposal for consultation

We are consulting on one proposal (Option 5):

Permanent closure of the 12 inpatient beds and shape existing health and care services around a Health and Wellbeing Centre on the hospital site.

So there would no longer be an inpatient ward at the hospital. If a local resident needed step up or step down care within an NHS facility, the nearest place for this to be provided would be at Alnwick Infirmary, around 12 miles away. This would result in greater travelling for visiting for family and friends living in the Rothbury area.

However, the proposal provides an opportunity to consider the further development of health and social care services at the hospital site, including the possible relocation of the Rothbury Practice and more outpatient services.

During the consultation, we would like to understand more about:

- **Any concerns or views you may have**
- **And how you think we could shape existing health and care services around a Health and Wellbeing Centre on the hospital site**

See page 21 for how you can comment.

We also acknowledge that some people feel strongly that there should be some provision for respite and end of life care in Rothbury and that they have already described potential models. Respite care is not provided or funded by the NHS and experience shows that very few end of life care beds would be needed. However, as the consultation progresses, we would be very keen to hear more from people about how they think we could develop a community based service which would provide beds for patients requiring these types of care.

8. Impact of proposal on other services

As explained earlier in this document, the proposed change to inpatient beds does not impact on other services provided at or from Rothbury Community Hospital.

Also, given the small number of people who have been using the inpatient ward at Rothbury Community Hospital it is unlikely that the proposed permanent closure of the 12 inpatient beds would have any significant impact on other hospital services in Northumberland.

As outlined on page 14, should an inpatient bed be required, for example, because a patient from Rothbury needs a longer stay in hospital after an acute illness or injury, there is adequate capacity in the Trust's other community hospitals, including at Alnwick Infirmary.

As section 4 (pages 10 to 14) outlines, the direction of travel is to provide much more care in people's own homes and in fact the analysis of bed usage and use of community based services shows that this is already happening. The longer term plans across the health and care system are to build on this and develop more out of hospital services.

9. Implementation

Staff who worked on the inpatient ward at Rothbury Community Hospital are already supporting colleagues in the Trust's busier hospitals on a temporary basis.

In terms of developing more services within the hospital building, there is already commitment from the Rothbury Practice to relocate there and a bid for funding to allow any necessary structural changes for this to happen is currently with NHS England.

The other services that could be provided at the hospital, such as additional outpatient clinics, could be accommodated within the building.

Implementation would be overseen by the steering group which has been considering use of community hospital beds.

This group would also monitor service delivery and patient feedback to make sure that local people continue to receive a high level of care at home and in a community hospital should this be needed.

10. How people can make their views known

We are sharing the consultation document with a wide range of local groups, organisations and interested parties.

Copies of the document and a summary leaflet will be available in the GP practice and the hospital and we will be asking if we can leave them in other public venues such as the post office, library, Jubilee Hall, swimming pool and gym.

There is an online survey at: **www.surveygizmo.eu/s3/90024914/RCHconsultation** which has been prepared by an independent research company which will host and evaluate it. Hard copies of the survey will also be made available and these too will be independently evaluated.

There is a dedicated page about the consultation on our website: **www.northumberlandccg.nhs.uk/get-involved/RCHconsultation**

This includes the consultation document, a link to the online survey and any other relevant information.

There will be articles in local newspapers and information will be shared with local radio and regional television news programmes.

We will send information for inclusion in any existing community newsletters such as 'Over the Bridges' which is sent to local households by the Rothbury churches.

Social media, such as Facebook and Twitter will be used to direct people to our website to find out more and to promote public events.

There will be two public meetings at different times of the day to provide greater convenience and four drop-in sessions.

We will also be writing to local groups and organisations, including Northumberland County Council, the town and parish councils, and community and voluntary sector groups to ask if they would like us to attend their meetings to talk about the consultation.

We have asked Healthwatch Northumberland to facilitate some discussion groups to target older people who may not be able to attend the public events or access the information in other ways.

People can comment in a number of ways:

- **Complete the survey** (online or hard copy)
- **Email:** norccg.enquiries@nhs.net
- **Write to:** Rothbury Community Hospital Consultation, NHS Northumberland Clinical Commissioning Group, County Hall, Morpeth, Northumberland, NE61 2EF
- **01670 335178**
- **Attend** one of the public events shown at the back of this document

Any comments made in any community or other meetings we attend to discuss the proposal during the consultation period will also be noted and taken into consideration.

The consultation will extend over a 12 week period from 31 January to 25 April 2017.

11. Next steps and timescales

During the consultation we will monitor feedback so that we are aware of emerging questions and issues. At the end we will prepare a report outlining all feedback, including an independent report analysing survey responses and the outcome of the travel analysis.

This report will go to the Joint Locality Executive Board and then to our Governing Body.

Alongside this report we will also need to prepare another report, again to be considered by the Joint Locality Executive Board and our Governing Body which will include our response to the NHS England assurance process. This will need to show that:

- Our public involvement has been strong
- We have considered choice for patients
- There is clear clinical evidence to support any changes
- There is support from GPs in their role as commissioners of services
- We have given very careful thought to how changes would be implemented
- Changes are affordable and that we have sound financial plans in place

This second report will also need to demonstrate that we are using the resources available to us efficiently, effectively and economically.

We are planning to be in a position to make a decision on the way forward by summer 2017.

The decision will be made in public and both reports will be available on our website. We will make sure that the decision is communicated as widely as possible.

Public events

Public meetings:

Thursday 16 February: Public Meeting, 2.00pm – 4.00pm
Jubilee Hall, Bridge Street, Rothbury NE65 7SD

Thursday 30 March: Public Meeting, 6.30pm – 8.30pm
Jubilee Hall

Drop-in sessions:

Saturday 4 March: Drop-in Session, 10.00am – 12.00pm
Simonside Room, Jubilee Hall

Monday 13 March: Drop-in Session, 4.00pm – 6.00pm
The Group Room, Rothbury Community Hospital,
Whitton Bank Road, Rothbury, NE65 7RW

Tuesday 21 March: Drop-in Session, 6.00pm – 8.00pm
The Group Room, Rothbury Community Hospital

Wednesday 5 April: Drop-in Session, 2.00pm – 4.00pm
Simonside Room, Jubilee Hall

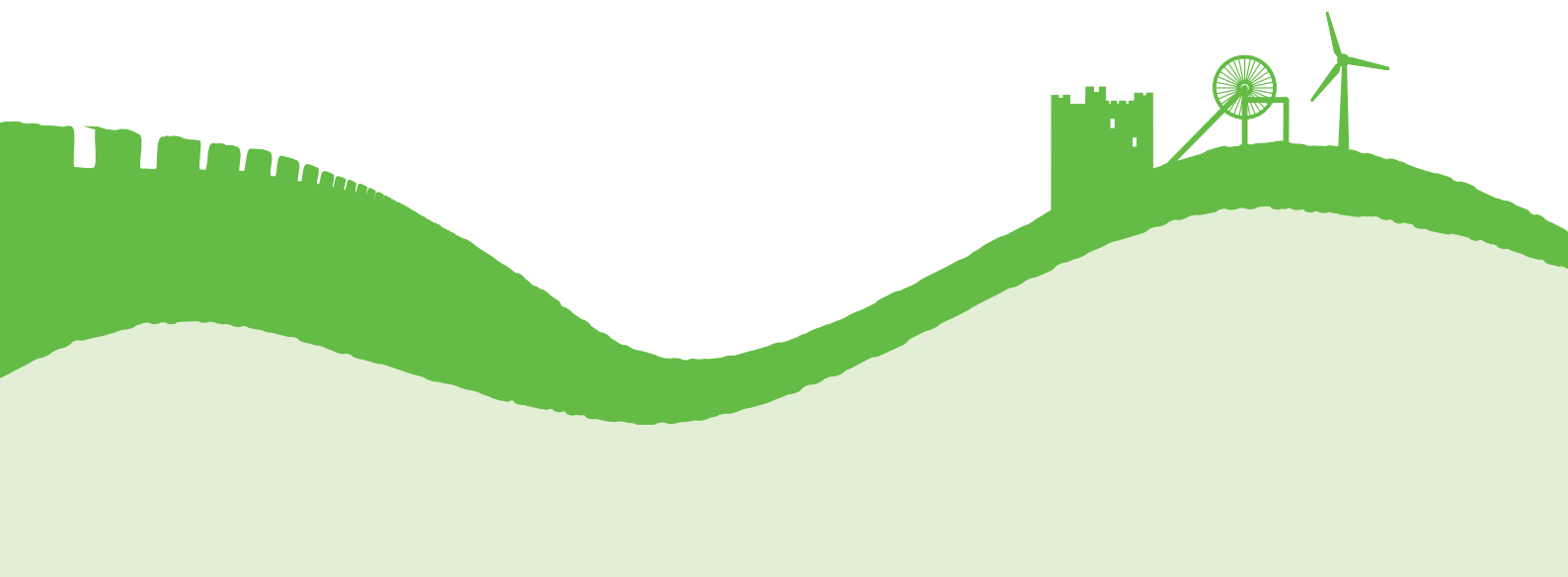
NHS Northumberland
Clinical Commissioning Group
County Hall
Morpeth
Northumberland
NE61 2EF

Tel: **01670 335178**

Email: **norccg.enquiries@nhs.net**

Web: **www.northumberlandccg.nhs.uk**

This document is available in large print, other formats and languages on request. Telephone: **01670 335178**



Appendix C

Joint Locality Executive Board papers relating to selection of preferred option

Joint Locality Executive Board
21 December 2016
Agenda Item: 2
Rothbury Community Hospital Options appraisal
Sponsor: Director of Community Based Care

NHS
Northumberland
Clinical Commissioning Group

Members of the Joint Locality Executive Board are asked to:

1. **Consider the options for the future the inpatient Ward at Rothbury Community Hospital.**
2. **Approve option five as the preferred option for public consultation.**
3. **Agree the consultation timeframe.**

Purpose

This report outlines the options for the inpatient ward at Rothbury Community Hospital (the hospital) and seeks approval of the preferred option to be taken to public consultation. The report also highlights areas of assurance required by NHS England.

Background

In September 2016, admissions to the 12 inpatient beds at the hospital were temporarily suspended for a period of three months. All other community services provided from the site or based at the hospital were unaffected.

The November 2016 JLEB considered the findings from the review period which included activity data and engagement with local people. The scope of the review was to:

- Understand why there has been low inpatient bed activity in the hospital.
- Consider comments, questions and ideas received at the recent public engagement sessions.
- Evaluate the impact of the temporary suspension within the local health and social care system.

The data showed low inpatient bed usage and a gradual reduction since 2014/15. It also showed an increase in the number of referrals to community services. The engagement expressed concerns about the loss in resource, rurality and travel issues not fully taken into account, fear that the whole hospital would close and a strong desire to develop services at the hospital. The review also monitored the impact of the temporary suspension across health and social care services and no unexpected pressures were experienced.

JLEB approved the proposal that NHS Northumberland Clinical Commissioning Group (CCG) should, if required, enter a period of formal consultation on the future of inpatient services at the hospital. JLEB also agreed that the temporary suspension of inpatient admissions was extended, until the results of a potential consultation were known and a final decision taken. JLEB asked that a full options appraisal is presented in December 2016.

Strategic Context

NHS England's (NHSE) five year forward view states that:

"out of hospital care needs to become a much larger part of what the NHS does".

The review clearly demonstrated that more and more care is now being safely delivered outside of hospital and within the comfort of peoples' own homes. This trend is evident across the NHS and is due in the main to advances in technology and new ways of working which allow health and care teams to look after many more people outside of a traditional hospital setting.

Sustainability and Transformation Plan (STP)

The STP is a new approach to help ensure that health and care services are built around the needs of local populations. The NHS Planning Guidance for 2016/17 required every health and care system in England to create a multi-year STP showing how local services will evolve, become sustainable over the next five years and deliver the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

Northumberland CCG, North Tyneside CCG, Northumbria Health Care Foundation Trust (NHCFT) and Northumberland, Tyne and Wear NHS Foundation Trust (NTW), where appropriate, are working together as a local health economy to create a sustainable system with a focus on financial recovery. The draft headlines of this work are:

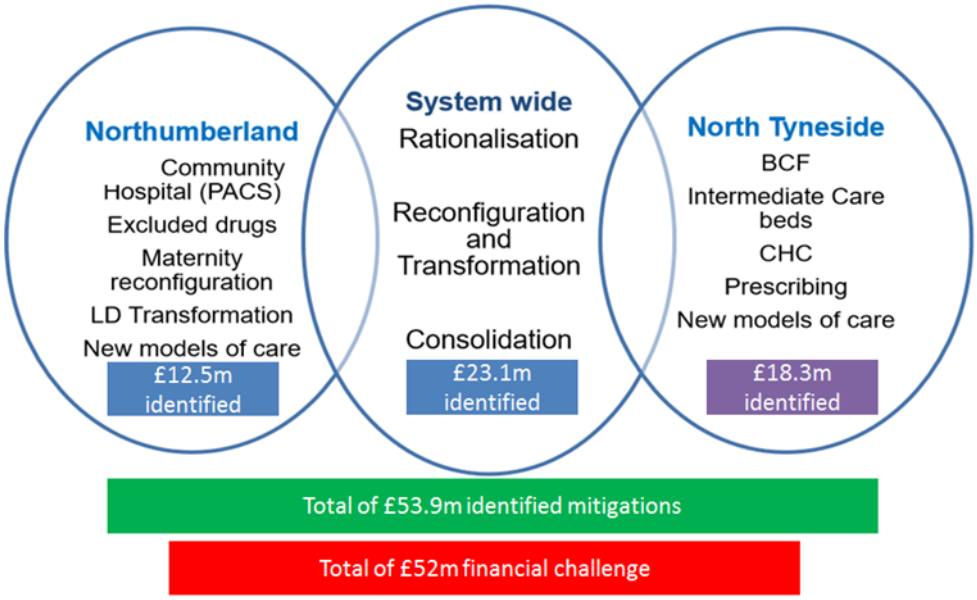


Figure 1: North Tyneside and Northumberland STP headlines

Out of hospital care and a service review of community hospitals is one of the priorities for Northumberland, and the outputs of this piece of work will help improve care and quality of services as well as address the financial gap.

Northumberland's community hospitals are commissioned through a block contract arrangement. During steering group and contract discussions it was proposed that a £500K saving would be accrued in year towards the CCG's financial improvement plan. Given the temporary suspension this has been achieved and is counted towards the in-year position. Recognising that no final decision has been taken, the CCG, in agreeing to the continued temporary suspension until the conclusion of the consultation, will adjust the contract accordingly for 2017/18.

Current service provision

The hospital provides a small range of services, including 12 inpatient beds. The inpatient services are mainly used by elderly patients who require a period of care and/or reablement following an acute illness or injury. The beds are accessed by transfer from one of NHCFT's acute sites or direct admission from home by primary care. The beds are therefore best described as both step up (avoiding an unnecessary emergency admission) and step down (providing additional care or reablement following an acute admission before returning home). The beds have historically also been used as palliative care step up and step down beds.

The daily management of the inpatient ward is nurse led, under a contract with NHCFT and medical care at the hospital is provided by local GP's from 8am to 6pm. If medical care was needed out of hours, the hospital nurses would contact the out of hours service that provide GP medical cover from 6pm - 8am.

All admissions are triaged by either GP's or Consultants to ensure that the needs of the patient can be met once transferred. This is crucial for patient safety due to the majority of care being provided by nursing staff and no medical care being available on site, without being requested.

The below outlines the admission triaging considerations used to decide if the hospital can provide the requisite level of care:

- Stability of the patient: Unstable patients who need daily treatment changes would not be a suitable admission.
- Clinical diagnosis: As the hospital is not a designated stroke unit patients with a stroke are transferred to designated stroke wards elsewhere in NHCFT.
- Level of therapy needed: Patients needing physiotherapy three or more times a week and/or where two or more staff members are needed for interventions would not be considered suitable admissions.
- The inpatient ward at the hospital is on the first floor so cannot admit bariatric patients.
- Confused patients exhibiting challenging/aggressive behaviour would not be sent to Rothbury due to the risk of staff assaults and the ward not being equipped to manage the patients' needs safely.

The group of patients able to be transferred to the hospital are predominantly frail elderly patients who do not meet the above criteria. These patients therefore may need a longer recovery time prior to a return home or require a significant change in their care arrangements which may require a longer time frame to achieve. The hospital can also

support palliative care patients before returning home, or it can be selected as a preferred place of death. The number of deaths in the hospital with end of life provided is:

16/17 (until 5 Sept)	5
15/16	18
14/15	25
13/14	24

In addition to inpatient beds, NHCFT provides community services to support patients in their own homes and some of these services have an office based at the hospital. Community services are integrated services across health and social care that provide a range of support to enable patients to maintain and improve their independence at home. A key service which supports older people at home is the Short Term Support Service (STSS) this offers both therapy and care to enable an active recovery within patients own homes. STSS provides urgent care and community based rehabilitation for up to six weeks after discharge from an acute hospital and focuses on a patient's active recovery and reablement.

Population / demographic

The practice patient population of Rothbury is 5700. There are 1800 patients over the age of 65 (32% of the Rothbury list size). This compares to a Northumberland average of 23%. Information is available regarding the Rothbury end of life register including preferred place of death. This is being reviewed as a recommendation from the engagement process with the local population.

Workforce / staffing

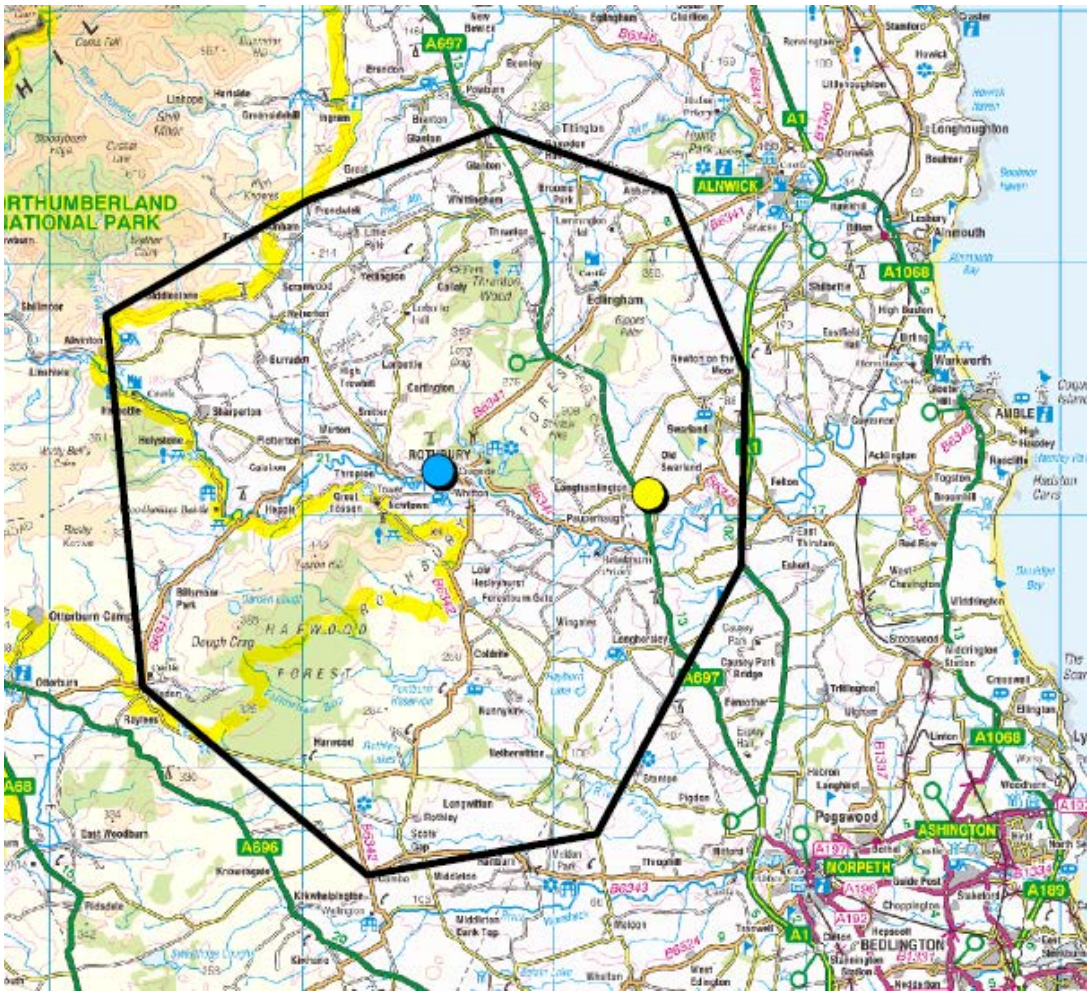
The establishment to cover the 12 inpatient beds within Rothbury Community Hospital was 6.77 whole time equivalent (WTE) qualified nurses, 6.27 WTE healthcare assistants and 0.56 nutrition assistant WTE.

Patient experience

Patient experience data is collected by NHCFT across all wards within Community Hospitals including Rothbury. To date NHCFT reported being unaware of any negative comments or feedback directly related to care, access or referrals to Rothbury.

Catchment area for Rothbury Community Hospital

The map below shows the catchment area for the GP practice based in Rothbury and therefore the area covered by patients who access the inpatient beds.



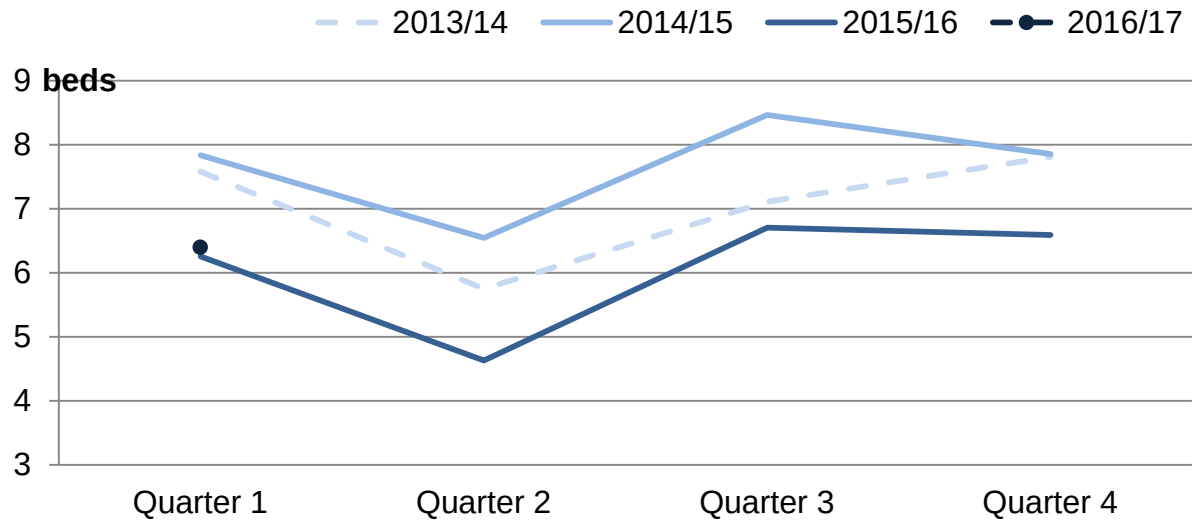
Health and care services in Rothbury

This section demonstrates activity across the health and care system and covers hospital bed activity together with community based services and longer term support provided by social care.

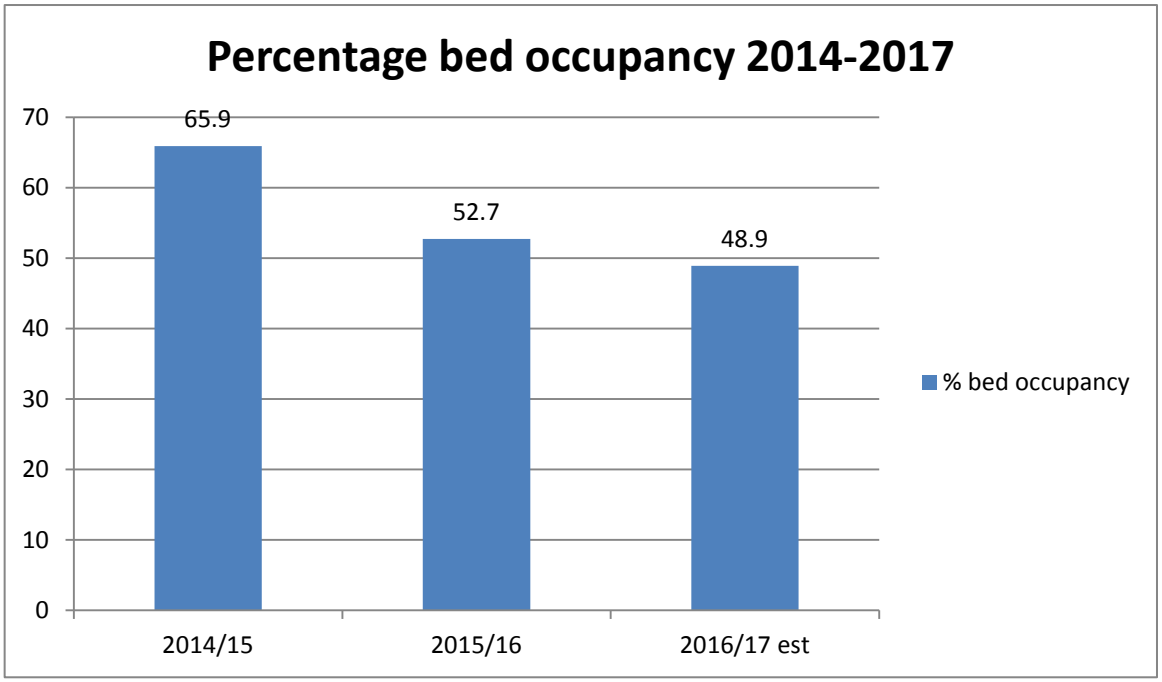
Rothbury Community Hospital – inpatient data

Percentage monthly bed occupancy for Rothbury Community Hospital

Graph 1 below shows the average midnight occupancy from April 2013 to June 2016. The average midnight bed occupancy is the method used by NHCFT to measure bed usage. Quarter 1 data is currently only available for 2016/17 and shown on the graph as a dot. Overall this shows a reduction in bed usage from 2013 to 2016.



Graph 2 shows the percentage bed occupancy which shows a reduction in usage since 2014/15.

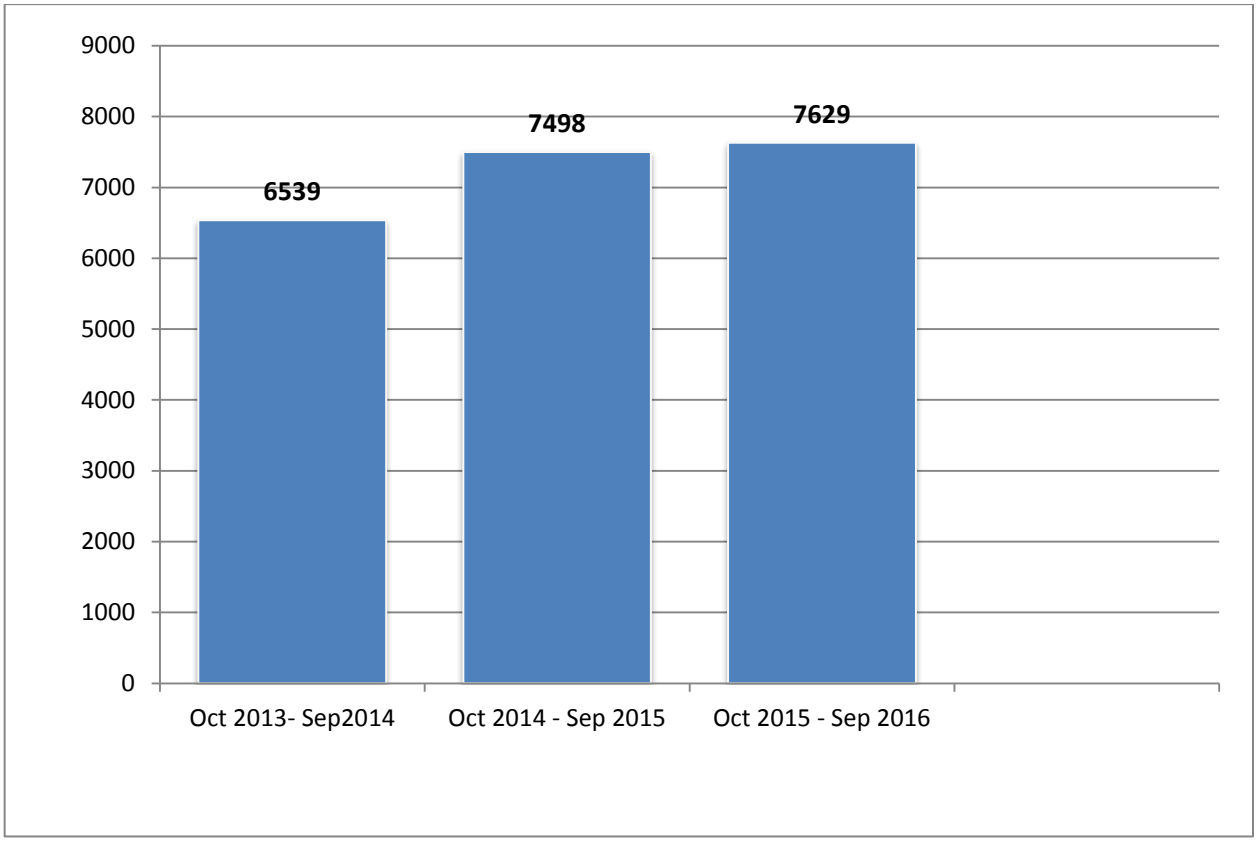


Community services

NHCFT provides community services which support older people to live as independently as possible. Community nursing and the Short Term Support Service (STSS) data was reviewed as they, either together or separately, provide crucial support to enable older people to live as independently as possible at home. Both services work closely with primary care to ensure patients have the care and support needed to remain in their own homes.

Community Nursing

Graph 3 shows the increase in the numbers of face to face community nursing contacts from 2013-2016.

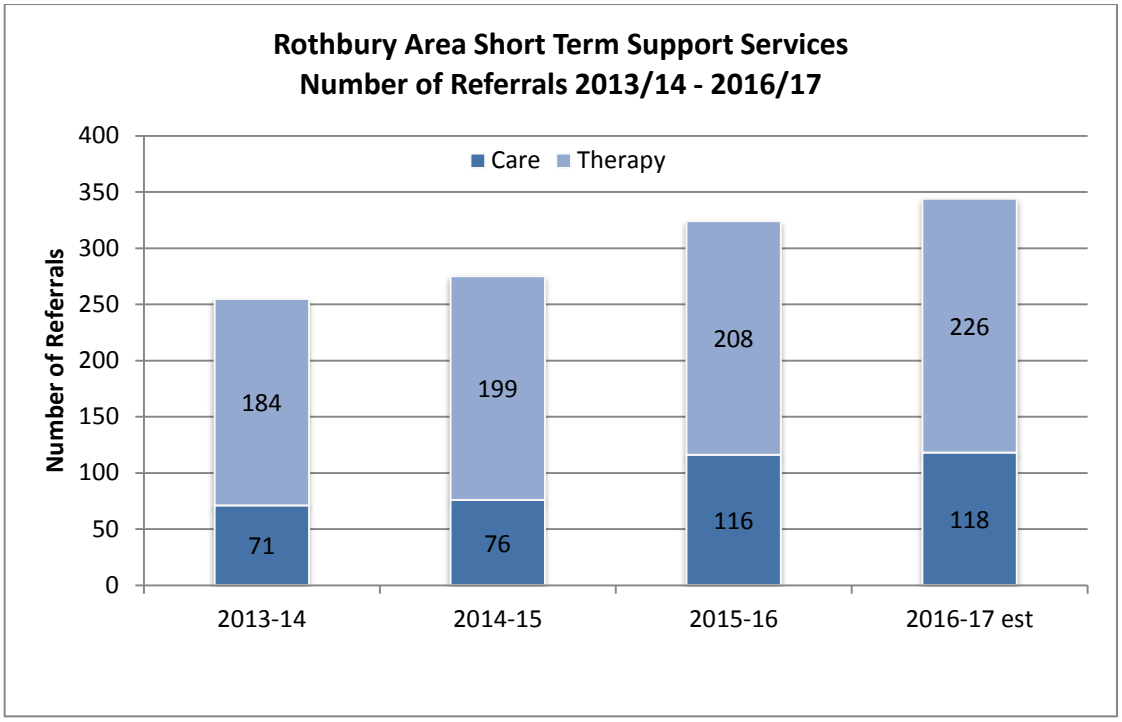


The community nursing service works within the same catchment area as Rothbury practice.

STSS

The STSS is an integrated health and social care service offering both care and therapy to patients at home. The care element is provided by trained support staff that assist patients where they are unable to do so independently as well as enable recovery by building up strength to achieve tasks or to increase confidence in carrying out tasks independently. The therapy component, made up of occupational therapists and physiotherapist, assess patients abilities and produce the treatment plans that the support staff follow.

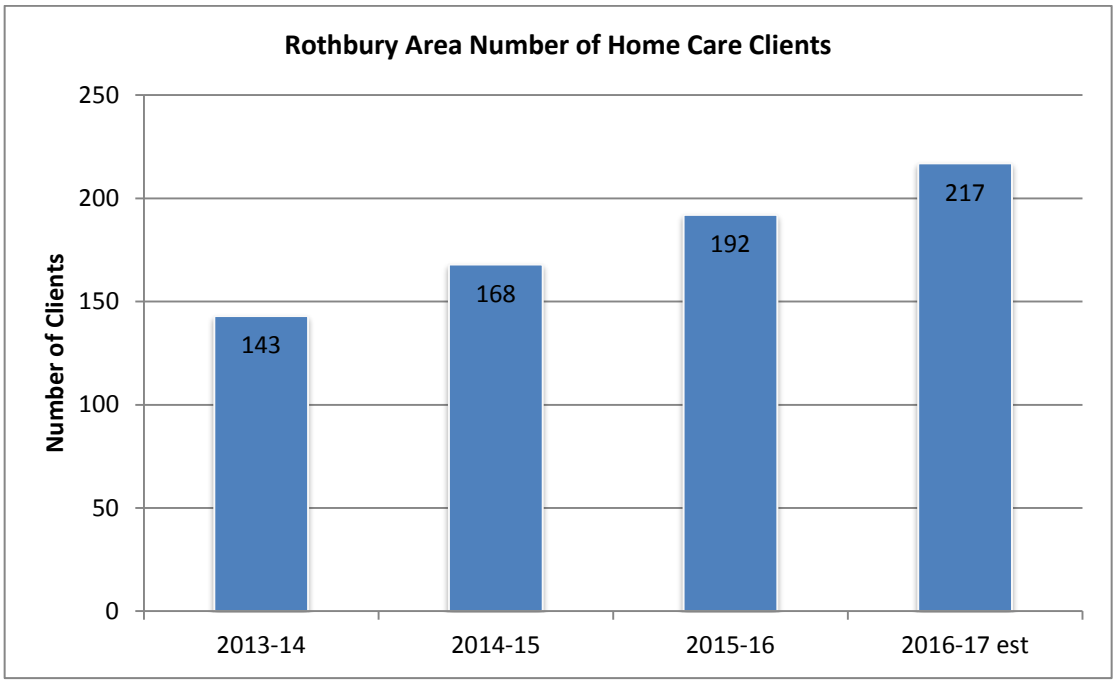
Graph 4 shows an increase in STSS referrals in the Rothbury catchment area from 2013 – 2017.



Home care

Home care is a service providing longer term support to people living in their own homes, either through social care funding or as NHS Continuing Health care.

Graph 5 shows the increase of home care clients (74) 2013 to 2017



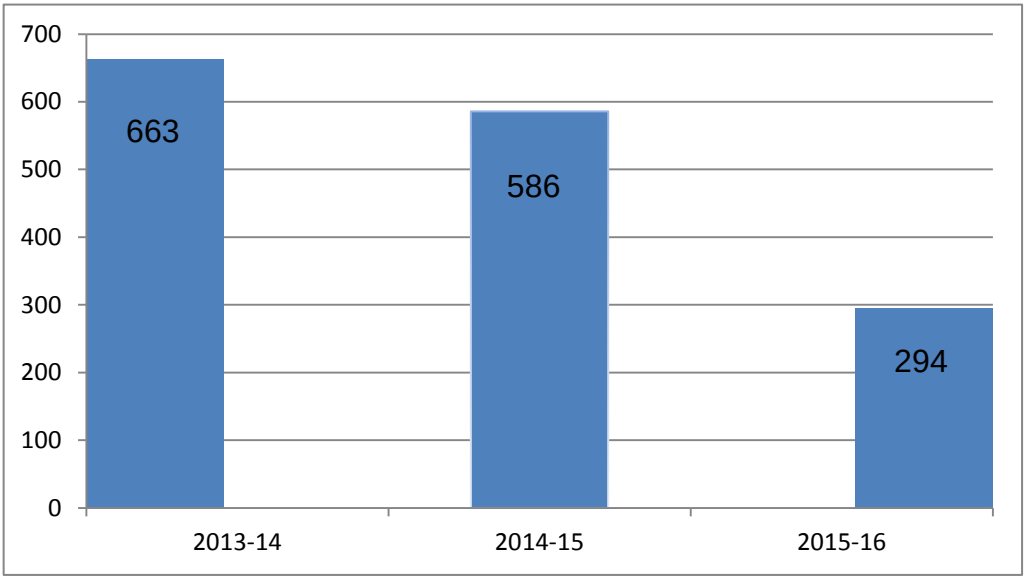
Care homes

The review looked at the number of people from the Rothbury community hospital catchment area supported by the council in care homes over the past three years. This number had been in single figures throughout the period; numbers were too small for a clear trend to be identified. It is possible that some additional Rothbury residents may have moved into care homes under private arrangements.

Social care short breaks

Social care currently offer short breaks to elderly people this graph shows a reduction in demand for this service in the last three years within the Rothbury area. The graph shows an overall number of nights offered the maximum number of nights offered would be 56 (8 weeks) these are offered following a social care assessment.

Graph 6 shows the number of nights of social care funded short breaks 2013 – 16.



Case for change

The review concluded that the operational decision to suspend inpatient services at the hospital was based on accurate usage data and that patient care has not been compromised as a result.

NHCFT has not experienced any unexpected service pressure and no patients from the post code catchment area have waited for care during the temporary suspension. A small number of people from Rothbury who have had an acute admission following an injury or illness have been transferred to Alnwick infirmary for a period of further care and reablement and this has caused no difficulties for the management of capacity at Alnwick infirmary. This number of patients is too small to note within this report or to further analyse the reasons for the Alnwick Infirmary admissions for risk of identifying the patients affected.

[1] Hopkins S, Shaw K, Simpson L (May 2012) English National Point Prevalence Survey on Healthcare-associated Infections and Antimicrobial Use, 2011, Health Protection Agency.
[1] Gill L, Kortebein P, Symons TB, Ferrando A, et al. Functional impact of 10 days of bed rest in healthy older people. J Gerontol A Biol Sci Med Sci.2008: 63:1079-1081.
[1] Oliver R, Foot C, Humphries R (2014) Making our health and care systems fit for an ageing population. The King's Fund.

The total bed occupancy was reviewed for September (October data currently unavailable) and is shown in the table below:

September	15/16	16/17
Rothbury	38.90%	
Alnwick	89.80%	95.30%
Berwick	74.90%	65.00%
Whalton Unit	67.60%	72.70%

Whilst occupancy was high at Alnwick Infirmary, beds remained available at the time they were needed. Other sites had capacity throughout.

In response to further analysis on capacity, NHCFT has combined beds available within three sites: Alnwick, Berwick and Whalton unit based in Morpeth. This enables a view of the North and a further look at the impact of the temporary suspension on other sites within NHCFT. This data shows both the percentage occupancy within the three sites as well as the number of beds available.

	14/15	15/16	16/17
Percentage Occupancy	83%	85%	83%
Number of available beds	15 beds	13 Beds	15 beds

There is also extensive evidence that shows hospital care carries more risk than care at home. Some examples are:

- The risk of hospital acquired infections is higher for older people.
- Immobility can also lead to particular problems for older patients and they may be able to maintain greater mobility at home. (Hopkins et al, 2012)1
- “10 days in hospital (acute or community beds) leads to the equivalent of 10 years ageing in the muscles of people over 80.” (Gill et al 2004)2
- Extended hospital stays also risk undermining older people's confidence about their ability to live independently, and can be confusing and distressing for patients with dementia.

In addition, NHSE 5 year forward plan requires a greater focus on out of hospital care.

Community Views

Following the temporary suspension of inpatient services, the CCG and NHCFT entered a six week period of engagement with local people. Three engagement sessions were run as ‘drop-ins’, so that people could call in at any point and share the concerns. All of the sessions were well attended.

Key themes

A number of issues came up repeatedly and are consequently explored in more detail:

Referral process

There was a little confusion about the referral process into the hospital and anecdotal reports that people were either not being referred or, in some cases, being refused hospital care. There were also different perceptions about the type of care provided at the hospital. Some questions were raised about bed blocking and the bed management process, and many people suggested using the ward to alleviate bed blocking elsewhere in the system.

Care in the community

Many people said that people did not want care at home and queried the quality of care that would be given and level of resource required to deliver it. There was a sense that care in the community is inadequate and also intrusive, and makes it more difficult for friends and family to visit those receiving care.

Rurality and Travel

A significant number of comments concerned the area's rurality. Many people felt that this was not taken into account in the county's healthcare decision making process. There was an overall sense that people are treated unfairly in rural areas. There was also concern about the lack of public transport serving the village and the associated difficulties in visiting loved ones admitted to other hospitals.

Future use of the building

Many people feared that the hospital would close. Others supported the extension of current services, for example relocating the Rothbury GP or increasing physiotherapy services, podiatry and diabetes clinics. In summary some people wanted a small general hospital in place with urgent and emergency care facilities as well as inpatient and outpatient services.

Combined use

An overarching theme was the need to consider a combination of health and social care beds. The use of the ward for convalescing, respite, end of life and palliative care was valued enormously, particularly because of the lack of a local nursing home.

Decision making / governance

In July 2016 the CCG set up a steering group to consider the use and function of community hospital beds in Northumberland alongside patient pathway changes following the opening of the Northumbria Specialist Emergency Care Hospital (NSECH) at Cramlington. The steering group studied relevant activity data, and considered a potential new model of care that reflected the national drive to further promote the use of out of hospital services. The CCG carried out a review which was presented to a public meeting in Rothbury and JLEB in November 2016. The review recommended that the suspension of inpatient services at the hospital was based on accurate usage data and that patient care

has not been compromised as a result. JLEB asked to consider a full options appraisal before deciding which options to take forward. Should a period of formal consultation be required, JLEB will retain the responsibility for making, and communicating, the final decision.

Proposed options

The proposed options have been developed from the review report (itself informed by the public engagement sessions) presented to the November 2016 JLEB together with steering group feedback and locality and local practice input. To identify the options to be further developed, the CCG has considered the following:

- The service review report engagement events, letters and comment:
    - Activity – The data presented supports the assertion that inpatient bed occupancy has been extremely low since 2013/14. The key reasons around this low usage are the increase in patients being cared for in their own homes. The community services data supports this finding.
    - Engagement - This raised understandable concerns about the loss of resources within a rural community as well as attracting comments and suggestions about other services that could be provided. Suggestions around a broader remit for the beds, including social care beds and increasing outpatient services.
- Assessment of the options and recommendation by the Steering Group held 7 December 2016.
- The full-service review was available to member practices and was highlighted as a key point in December's locality meetings. The assessment of the options and recommendations were shared with the North locality practices and feedback was given by the group. The North locality meeting was held 6 December 2016.

Appendix 1 shows the 5 options reviewed against the following considerations:

- Feedback from residents
- Patient choice
- Staffing
- Quality
- Cost effectiveness
- Additional resources / cost
- Timeline
- Strategic fit.

Once the options were all recorded and each area was considered it enabled an appraisal of each options to be completed.

Option 1: Do Nothing – Re-open the 12 inpatient beds.

Requirements to deliver this option	• Redeployed staff to return to working at the hospital. • Review vacancies and recruit staff as necessary due to staff changes during the temporary suspension. • A contract discussion and agreement with the provider.

Pros	• Maintains current service • Delivers local inpatient beds to the local community
Cons	• Bed usage will remain low. • Current utilisation is not cost effective • Nursing resource to be moved away from higher occupancy hospital to a known low occupancy hospital. • Does not support the 5 Year Forward view strategy of NHS England to make out of hospital a greater focus within the NHS.
Quality	• Evidence suggests that avoidable hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility. • No issues with quality of care provided prior to suspension.
Staffing	• Previous nursing levels to be re established
Timeline	• 3- 6 months due to the nursing resource being distributed to support demand elsewhere within NHCFT, a recruitment process may also be needed.

Option 2: Develop a combined use of the beds sharing the use across health and social care (including end of life beds.)

Requirements to deliver this option	• In order to have a combined use of beds, Care Quality Commission (CQC) has confirmed the need to have separate spaces for NHS inpatient beds and social care beds and each would need to be registered separately to meet the individual requirements. • A provider willing to operate a service within the hospital. • Recruitment needed to gain additional staff to cover both service areas. • Public consultation may be required
Pros	• Delivers local service to local community. • Provides further beds options step up / step down and short break care. • Maintains end of life care beds.
Cons	• Bed occupancy will likely to remain low • The change would not be cost effective. A local provider has indicated that the estimated cost of providing a social care bed service are far greater than the existing residential rate of circ. £600 per bed per week. • Staffing costs would be greater than option 1 as each area would need cover. • Does not support the 5 Year Forward view strategy of NHS England to make out of hospital a greater focus within the NHS.

Quality	• Evidence suggests that avoidable hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility.
Staffing	• Previous NHS nursing levels would be maintained and could not be further reduced with a reduction in bed numbers. • The Social care provider would have their own staff, which would see an overall increase in nursing and care staff within the hospital.
Timeline	• 12 – 18 months

Option 3: Develop the 12 beds as Long Term Nursing and/or residential care beds.

Requirements to deliver this option	• A provider willing to operate the service • Registration with CQC • Staff recruitment to provide the care needed • Public consultation may be required
Pros	• Delivers local service to local community • Delivers local social care beds
Cons	• Social care market has not previously identified the need or demand for social care beds in this location. • The review highlighted the limited demand for social care beds from Rothbury residents over the last 3 years. • Service limited by small bed numbers • Service not cost effective due to economies of scale • Provider consulted expressed concerns regarding recruitment and retention of nursing staff. • There would be no end of life care beds
Quality	• The service would be required to meet Northumberland County Council contract standards & register with CQC.
Staffing	• Provider would need to recruit staff to provide the assessed level of care.
Timeline	• 12-18 months

Option 4: Permanent closure of the 12 inpatient beds

Requirements to deliver this option	• Permanent placement of Rothbury staff to other hospitals within NHCFT. • Public consultation required. • A contract discussion and agreement with the provider.
Pros	• Nursing staff moved to higher occupancy hospital site making it a better use of resources. • Enables future financial savings to be realised. • The temporary suspension has tested the capacity within NHCFTs other inpatient services and within community services. No unexpected service pressures have been experienced.
Cons	• Does not provide a local inpatient service for elderly people. • Leaves the Hospital offering a limited range of services /resources. • There would be no end of life care beds
Quality	• Supports the evidence that suggests avoidable hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility.
Staffing	• Permanent placement of Rothbury staff to other hospitals within NHCFT.
Timeline	• 6 – 9 months

Option 5: Permanent closure of the 12 inpatient beds and further development of health and social care services at the hospital site.

Requirements to deliver this option	• Permanent placement of Rothbury staff to other hospitals within NHCFT. • Public consultation required. • A contract discussion and agreement with the provider. • Further development of health and social care services to ensure best use of the hospital site for the residents of Rothbury. • NHCFT and Rothbury practice have confirmed their commitment to use the building to enhance local provision of primary care.
Pros	• Enables better use of health resources due to low occupancy levels. • Nursing resource moved to higher occupancy hospital site making it a better use of resources. • The temporary suspension has tested the capacity within NHCFTs other inpatient services and within community services. No unexpected service pressures have been experienced. • Delivers local health services to the local community which

	was supported by residents within the review. • Enables further services to be delivered and or based at the hospital. • Supports the strategic direction set out in the Five Year Forward View by NHS England. • Primary Care services operating at the hospital provides a long term sustainable service model.
Cons	• Does not provide a local inpatient service for elderly people. • There would be no end of life care beds.
Quality	• Evidence suggests that hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility.
Staffing	• The current staff for the ward would need to be permanently redeployed within NHCFT.
Timeline	• 12 months to conclude the process of Primary Care service relocation.

Option Discussions

Two key groups to supported the decision making process that selected the preferred option to JLEB.

Review Steering Group

A Steering Group (which include clinicians from the CCG and NHCFT) review of the options set out above (and expanded upon in Appendix 1) took place 7 December 2016. The Group considered the options against the following parameters:

- Feedback from residents
- Patient choice
- Staffing
- Quality
- Cost effectiveness
- Additional resources
- Timeline
- Strategic fit

After discussing each option at length the group proposed the rejection of options 1, 2, 3 and 4 and recommended that option 5 was considered for public consultation.

Member practices

As part of the decision-making process, the CCG had updated all member practices through locality meetings and has specifically targeted the North locality on 7 December 2016 for further consideration on the five proposed options. The locality group were asked to review the options as well as identify any other workable alternative options not previously considered. The North locality supported option 5 to be considered for public consultation.

Views from Rothbury practice

On the 13 December 2016, the CCG discussed the future options with Rothbury practice. The practice supported option 5.

Preferred Option

Given the information outlined above Options 1 to 4 have been initially discounted and option 5 chosen as the preferred option. The main reasons are:

- Enables better use of health resources due to low occupancy levels.
- Nursing resource moved to higher occupancy hospital site making it a better use of resources.
- The temporary suspension has tested the capacity within NHCFT's other inpatient services and within community services. No unexpected service pressures have been experienced.
- Delivers local health services (which was supported by residents in the review) and provides the opportunity for suggestions to shape future provision by the local community.
- Enables further services to be delivered and or based at the hospital.
- Supports the strategic direction set out in the Five Year Forward View by NHS England.
- Primary Care services operating at the hospital provides a long term sustainable service model.

Consultation timeline

If Option 5 is chosen it is proposed that a 12 week public consultation would be conducted from 30 January to 17 April 2017. A comprehensive consultation programme including a public meeting, focus groups and online and printed surveys will be developed and scoping discussions have already been undertaken with Rothbury campaign group representatives. JLEB should note that Purdah for the Local Council elections starts 23 March 2017 with the new council expected to meet 24 May 2017. While the consultation can continue through Purdah no formal announcement can be made in this period; it will however provide the opportunity for the consultation results to be fully considered ahead of any formal announcement on the way ahead. It is anticipated that any announcement will be no earlier therefore than June 2017.

Assurance

The four tests against which major service changes are judged against are set out in the government mandate and the CCG has a statutory duty to exercise their commissioning functions consistently with the objectives in the mandate. The four tests are:

- Strong public and patient engagement
- Consistency with current prospective need for patient choice
- A clear clinical evidence base
- Support for proposals from clinical commissioners

All service change proposals are subject to NHSE assurance prior to consultation. Initial discussions with NHSE have resulted in approval for the CCG to self-assure the change process and consultation plans. A full self-assurance of the four tests will be submitted to NHSE together with the option appraisal, consultation plan and document and additional background information requested.

Conclusion

The reviews key findings showed a continued low bed usage and an increase in community services referrals. The temporary suspension did not impact on patient care across health and social care services. Local residents expressed concerns about a loss in service provision and made several suggestions regarding future care options and how currently based services need to remain responsive to local needs.

The fact that in-patient beds have experienced low usage, for evidenced good reason simply cannot be ignored and indicates an inpatient bed model is not sustainable for the future.

All options have been reviewed by the steering group and north locality member practices and both groups supported option 5 being taken forward. Options 1 – 3 were unsupported due in the main to the low bed usage associated with these options and the inability to offer a cost effective sustainable model. Option 4 discounts further debate concerning other services that could be delivered in the hospital. The local community were keen to engage further in this area and it has therefore been discounted.

Recommendation

JLEB are asked to approve that Option 5 is taken forward to public consultation.

Appendix 1 – Rothbury Community Hospital Future Options.

Meeting title	JLEB	Date 21.12.16
Report title	Rothbury Community Hospital Options appraisal	**Agenda item 2**
Report author	Head of Commissioning	
Sponsor	North Locality Director and Director of Community Based Care	
Private agenda X **Public agenda** ☐	Subject to future publication within the consultation document.	
NHS classification	Official-Sensitive: Commercial X Official-Sensitive: Personal ☐	
Purpose (tick one only)	**Information only** ☐ **Development/ Discussion** ☐ **Decision/ Action** X	
Which of the CCG's Corporate objectives does this report link to?	X *Assure delivery of safety, quality and performance* ☐ *Create joined up pathways across organisations to deliver seamless care* ☐ *Deliver clinically led health services that are focused on the patient and based on evidence*	
FRP/QIPP	*Reablement FRP programme*	
Northumberland CCG/external meetings this paper has been discussed at:	*Locality meetings as part of key points, specially within North Locality meeting, Rothbury practice meeting and community hospital steering group*	
Identified Risks	*Strategic risk 9.6 refers to financial balance.*	
Resource implications	*Communications and engagement resources and costs associated with consultation.*	
Include details of any consultation/engagement with regard to the content of the report	*Feedback and comments from 3 engagement sessions with the Rothbury community have been included.*	
Equality impact assessment completed X	*This is being completed as part of the preparation for a public consultation.*	
Quality impact assessment completed Y	*Yes*	
Research	*No*	
Legal implications	Potential judicial review if the process challenged.	
Impact on carers	Carers needs are assessed through primary and community	

	services and supported as needed. A group already identified for further comment within the public consultation process.
Sustainability implications	*The current service provision is not cost effective and data supports the low use of the beds over a period of three years. The preferred options provide a sustainable model for the future.*
Checklist sign off	 ***Sponsor*** ___ _____ ***Corporate Affairs Manager:***  _____

Rothbury Community Hospital Future Options

	Areas to be considered	Option 1 – Do Nothing – Re open the 12 inpatient beds and do not change the inpatient service provision.	Option 2 – Develop a combined use of the beds sharing the use across health and social care. (including end of life beds)	Option 3 – Develop the 12 beds as Long Term Nursing and/or residential care beds.	Option 4– Permanent closure of the 12 inpatient beds	Option 5 – Permanent closure of the 12 inpatient beds and further development of health and social care services at the hospital site.
1	**Feedback from residents**	Residents do not want to lose resources within Rothbury and suggested the ward should be used to alleviate bed blocking elsewhere within the system. Concerns were also raised about rurality and transport.	Following a review, residents suggested the consideration of combined or dual use health and social care beds in Rothbury community hospital. Residents also expression concerns regarding end of life care.	Residents suggested that social care beds should be explored as an option. There are currently no nursing or residential homes in Rothbury, other than some registered beds in Rothbury House for former service personnel.	Residents expressed concerns about a loss of resources within Rothbury and what it would mean for the overall future of the building.	Residents supported the extension of current services for example, relocation the Rothbury GP practice or increasing the physiotherapy services, podiatry and diabetes clinics.
2	**Patient Choice**	Residents of Rothbury would continue to be given choice of Rothbury community Hospital	Residents of Rothbury would continue to be given choice of Rothbury community hospital for an inpatient bed or social care short break bed.	Residents would be able to stay within Rothbury if they required long term nursing / or residential care. For NHS inpatient step up/step down care Alnwick infirmary would be the choice.	For NHS inpatient step up/step down care Alnwick infirmary would be the choice. Other choices would be community based services where care would be provided within peoples own homes.	Residents would still be able to use the hospital to receive appropriate health and social care services
3	**Staffing**	Nursing staff remain at Rothbury and any vacancies would require a recruitment process. Recruitment of nurses is currently difficult across Northumberland, and recruitment if successful would reduce the pool of nurses available in other hospitals with more pressing needs.	Nursing staff remain at Rothbury and additional staff would be needed for the social care beds. As with Option 1, difficulties in recruiting nurses would be an issue.	The provider would recruit care staff and possibly nurses to meet the needs of the service provided. If a nursing service was provided, recruitment could be an issue.	Staff would continue to work in the higher occupancy sites within the trust.	Nursing staff able to be dispersed to areas of need within the health economy.
4	**Quality**	Evidence suggests that avoidable hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility. No issues with quality of patient care prior to the service suspension.	Evidence suggests that avoidable hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility.	The service would be required to meet Northumberland County Council contract standards & register with CQC. Small care homes are in general more likely than larger homes to be of high quality, but they are also more financially vulnerable because of limited ability to cope with fluctuations in demand.	Evidence suggests that avoidable hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility.	Evidence suggests that hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility.

5	**Cost effectiveness**	Current utilisation is not cost effective due to the low bed usage.	A provider from social care would be required to be identified to operate this service. Bed occupancy would remain lows and this would therefore not be cost effective or sustainable. The national policy is also to provide greater focus on out of hospital care.	The review highlighted the limited demand for social care beds from Rothbury residents over the last 3 years. If all those people from the Rothbury area who are currently living in care homes with support from the County Council were living in the hospital building, only around two thirds of the current capacity would be in use.	The closure of beds would release a cost saving is service provision although would leave the building half empty and the full lease would need to be paid.	Developing health and social care services would ensure the long term lease would deliver value for money.
6	**Additional resources / cost**	No additional resource required.	In order to have dual use of beds, Care Quality Commission (CQC) has confirmed the need to have physical separation between the NHS inpatient beds and the social care accommodation, and each would need to be registered separately to meet the individual requirements. The building would require alterations to enable this.	Capital investment required to remodel interior to meet registration requirements and attract residents. It would be likely to take a number of years for a newly opened care home to reach maximum occupancy level.	No additional costs identified.	Capital cost requirements A £600k NHS England Estates and Transformation Fund bid have been submitted to convert Rothbury community hospital to accommodate the Rothbury practice.
7	**Timeline**	3- 6 months due to the nursing resource being distributed to support demand elsewhere within the Trust, a recruitment process may also be needed.	12-18 months	12-18 months	6-9 months	12 months to conclude the process of primary care service relocation.
8	**Strategic fit**	This options does not support the strategic direction set out by NHS England's Five Year Forward View, October 2014, stating that "out of hospital care needs to become a much larger part of what the NHS does" This is the strategic direction supporting more patients at home by providing therapy and care through community services and reducing the reliance upon bed	Northumberland has approximately 2800 care home beds and utilisation is currently below capacity. Creating additional capacity is not a strategic priority..	The local authority strategic direction is to invest in services to support people to stay within their own homes. Investment in care home accommodation is not the current strategic direction and is not preferred model of care for most older people.	The options supports NHS E five year forward plan around increasing out of hospital services. The low utilisation of the ward beds is a positive reflection to the significant investment to developing integrated community teams who can keep people well and safely looked after at home.	The low utilisation of the ward beds is a positive reflection to the significant investment to developing integrated community teams who can keep people well and safely looked after at home. In order to further support and develop out of hospital services a local office base and increase in outpatient activity as appropriate would enhance the community based offer to the people

		based care.				of Rothbury.

Joint Locality Executive Board
13 January 2017
Rothbury Community Hospital inpatient beds
Additional appraisal information
Sponsor: Locality Director - North

Members of the Joint Locality Executive Board are asked to:

1. **Consider the further analysis of options in relation to Rothbury Community Hospital.**
2. **Approve option five to be taken forward for public consultation.**
3. **Approve the draft consultation document and the associated Communication and Engagement Plan.**

Purpose

The purpose of this report is to outline additional information to support the decision making process for the option/s to be taken forward for public consultation concerning the future of Rothbury Community Hospital inpatient beds.

Introduction

This report provides additional information to that previously presented to the Joint Locality Executive Board (JLEB) in November and December 2016 and should therefore be considered alongside this information. The two previous papers include full details of the inpatient beds service provision, occupancy, activity levels in community services and community engagement feedback.

Appendix 1 provides a further high-level option summary using a three E evaluation methodology and considers the options against effective, efficient and economic headings. Each option has been RAG rated to help JLEB further understand the background and reason for each option.

Evaluation methodology

Northumberland Clinical Commissioning group (CCG's) constitution states:

1.1.1. Act ***effectively, efficiently and economically***[1] by:

a) Delegating approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the CCG, to the Governing Body;
b) Holding the Chief Clinical Officer to account for ensuring that the CCG discharges this duty and providing assurance to the Governing Body;
c) Requiring the Governing Body to give assurance that the CCG is acting consistently with this duty.

The National Audit Office (NAO) uses three criteria to assess the value for money of government spending i.e. the optimal use of resources to achieve the intended outcomes:

[1] See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act

- **Economy**: minimising the cost of resources used or required (inputs) – **spending less**;
- **Efficiency**: the relationship between the output from goods or services and the resources to produce them – **spending well**; and
- **Effectiveness**: the relationship between the intended and actual results of public spending (outcomes) – **spending wisely**.

Appendix 1 applies the definitions to the 5 options. While Appendix 1 contains outline and strategic financial information, Appendix 2 provides additional financial delivery detail and both should be considered together.

Discussion

Options

Evaluation against the three E methodology highlights that Options 1 – 3 are clearly sub-optimal solutions. Bed usage is likely to remain low and continued operation of the inpatient beds would not demonstrate value for money. Option 3 describes the beds as social care led beds, which although moves the costs away from the CCG and the block contract arrangements, would potentially shift costs to other areas.

Options 4 – 5 more positively align with the chosen methodology and both recommend permanent bed closure. Option 4 however does not allow for any reshaping of current services and would leave un-utilised space. Option 4 also fails to take into local engagement feedback that highlighted a wish for local provision of broader health and wellbeing services. Option 5 takes local feedback into account and affords local people the opportunity to propose ideas to reshape current services under the banner of a Health and Wellbeing Centre on the hospital site. Option 5 would appear to be therefore the most appropriate option to be taken to public consultation.

While there was some debate in the December 2016 JLEB about taking Options 4 and 5 to consultation, the Steering group felt that the options were too similar and may cause confusion if both were described within the consultation document. The group also expressed concern that Option 4 failed to take into account the engagement session feedback.

Consultation

The timescales associated with meeting the previously announced consultation start date have necessitated the concurrent production of the draft consultation document at Appendix 3 and the draft communication and engagement plan at Appendix 4. In order to meet the current timeline there is a requirement that the CCG submit the document (together with other self-assessment assurance evidence) by 18 January 2017 to NHS England. It is anticipated that NHS England will be able to provide assurance by 23 January 2017 and that, should an option be selected that requires public consultation, it could still start on 30/31 January. Work continues on the

consultation document (including the production of the associated survey which will be taken forward with Explain (the independent research company being used)) on 16 January 2016. Given the timescales JLEB are asked however to highlight any immediate concerns and approve the draft document, subject to no further material changes (beyond consideration being given to the potential inclusion of some of the detailed financial information at Appendix 2 – which was received 12 January 2017).

End of Life data

The December 2016 JLEB expressed concerns about the veracity of the end of life data for Rothbury Community Hospital as there were discrepancies when reading across between NHCFT coded figures for patients receiving end of life or palliative care and actual deaths in the hospital. NHCFT have subsequently confirmed that the figures included in the attached consultation document (ie the coded numbers) are the most reliable and reflective of those who have received end of life or palliative care (which is the important issue for local residents) and not those who were admitted for other reasons and unfortunately died during their stay.

Recommendation

JLEB are asked to approve Option 5 to be taken forward to public consultation and the associated consultation document (subject to no material changes being made).

Appendix 1 – Option Appraisal against the three Es.
Appendix 2 – Detailed financial information.
Appendix 3 – Draft consultation document.
Appendix 4 – Draft consultation communication and engagement plan.

Appendix 1 – Option Appraisal against the three E's

	Areas to be considered	Option 1 – Do Nothing – Re open the 12 inpatient beds and do not change the inpatient service provision.	RAG	Option 2 – Develop a combined use of the beds sharing the use across health and social care. (including end of life beds)	RAG	Option 3 – Develop the 12 beds as Long Term Nursing and/or residential care beds.	RAG	Option 4– Permanent closure of the 12 inpatient beds	RAG	Option 5 – Permanent closure of the 12 inpatient beds and shape existing health and care services around a Health and Wellbeing Centre on the hospital site in Rothbury.	RAG
1	**Efficient**	• Nursing staff remain at Rothbury and any vacancies would require a recruitment process. Recruitment of nurses is currently difficult across Northumberland, and recruitment if successful would reduce the pool of nurses available in other hospitals with more pressing needs. • Bed usage will remain low therefore beds likely to be over staffed.		• Nursing staff remain at Rothbury and additional staff would be needed for the social care beds. As with Option 1, difficulties in recruiting nurses would be an issue. • Bed usage will remain low therefore beds likely to be over staffed.		• The provider would recruit care staff and possibly nurses to meet the needs of the service provided. If a nursing service was provided, recruitment could be an issue. • Bed usage will remain low therefore beds likely to be over staffed.		• Staff would continue to work in the higher occupancy sites within the trust.		• Nursing staff able to be dispersed to areas of need within the health economy.	
2	**Effective**	• Evidence suggests that avoidable hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility. • No issues with quality of patient care prior to the service suspension. • This options does not support the strategic direction set out by NHS England's Five Year Forward View, October 2014, stating that "out of hospital care needs to become a much larger part of what the NHS does" This is the strategic direction supporting more patients at home by providing therapy and care through community services and reducing the reliance upon bed based care.		• Evidence suggests that avoidable hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility. • No issues with quality of patient care prior to the service suspension. • Northumberland has approximately 2800 care home beds and utilisation is currently below capacity. Creating additional capacity is not a strategic priority.		• The service would be required to meet Northumberland County Council contract standards & register with CQC. • Small care homes are in general more likely than larger homes to be of high quality. • The local authority strategic direction is to invest in services to support people to stay within their own homes. • Investment in care home accommodation is not the current strategic direction and is not preferred model of care for most older people.		• Evidence suggests that avoidable hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility. • The options supports NHS E five year forward plan around increasing out of hospital services. • The significant investment to developing integrated community teams who can keep people well and safely looked after at home has adversely impacted on the low bed usage.		• Evidence suggests that hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility. • The low utilisation of the ward beds is a positive reflection to the significant investment to developing integrated community teams who can keep people well and safely looked after at home. In order to further support and develop out of hospital services a local office base and increase in outpatient activity as appropriate would enhance the community based offer to the people of Rothbury.	

3	**Economic**	• Current utilisation is not cost effective due to the low bed usage. • The full cost of running the service is known to NHCFT as the provider of the care. The cost to the CCG is through the block contract which in total is £10.5 M per year.		• In order to have dual use of beds, Care Quality Commission (CQC) has confirmed the need to have physical separation between the NHS inpatient beds and the social care accommodation, and each would need to be registered separately to meet the individual requirements. The building would require alterations to enable this. • The review highlighted the limited demand for social care beds from Rothbury residents over the last 3 years. If all those people from the Rothbury area who are currently living in care homes with support from the County Council were living in the hospital building, only around two thirds of the current capacity would be in use. Capital investment required to remodel interior to meet registration requirements and attract residents. • The full cost of running the service is known to NHCFT as the provider of the care. The cost to the CCG is through the block contract which in total is £10.5 M per year.		• The review highlighted the limited demand for social care beds from Rothbury residents over the last 3 years. If all those people from the Rothbury area who are currently living in care homes with support from the County Council were living in the hospital building, only around two thirds of the current capacity would be in use. Capital investment required to remodel interior to meet registration requirements and attract residents. • It would be likely to take a number of years for a newly opened care home to reach maximum occupancy level. • Small care homes are more financially vulnerable because of limited ability to cope with fluctuations in demand. • The CCG would make an annual saving of £500K which NHCFT have calculated as the staffing costs for running the 12 inpatient beds.		• The closure of beds would release a cost saving in service provision although would leave the building half empty and the full lease would need to be paid. • The CCG would make an annual saving of £500K which NHCFT have calculated as the staffing costs for running the 12 inpatient beds. • Any increase in activity within community services would be cost neutral due to the contractual framework in place.		• The closure of beds would release a cost saving • Shape existing health and social care services around a health and wellbeing centre would ensure the long term lease would deliver value for money. • Capital cost requirements A £600k NHS England Estates and Transformation Fund bid have been submitted to convert Rothbury community hospital to accommodate the Rothbury practice. • The CCG would make an annual saving of £500K which NHCFT have calculated as the staffing costs for running the 12 inpatient beds. • Any increase in activity within community services would be cost neutral due to the contractual framework in place.	

Appendix 2

Option 1

Continuing operation as a 12 bed hospital ward

Costs to the NHS are:

Capital Building costs – these are consistent on all options so not relevant to the calculations

£680K staffing and other running costs

Total variable cost £680k

Option 2

Half of the beds used to provide palliative nursing care, half to provide social care.

NB: this option would raise complicated regulatory issues, potentially requiring physical modifications to the building and additional staffing. These have not been taken into account in the costing, but would be likely to add to the costs, possibly significantly.

Costs to the NHS (or other provider) would be:

Capital Building costs – these are consistent on all options so not relevant to the calculations

£680K staffing and other running costs

Total gross variable cost £680k

£200K **maximum** income from social care/NHS continuing health care residents (but see notes below)

Minimum net variable cost £480k

Notes:

The income figure is based on rates paid by the council and the NHS for social care or continuing healthcare beds for older people who need care home accommodation with nursing for reasons other than dementia. Residents who were not assessed as having nursing needs would attract fees 25% less than this.

Examination of records over the past three years for people originating in the Rothbury area who have been funded in care homes by the council or the

NHS shows that the majority of these have required specialist dementia care, which could not be acceptably be provided in a small unit which also provided palliative care. Even if everyone from the service would in principle be suitable chose to live in the building, the number of publicly funded residents would therefore be likely to be very small, almost certainly using on average less than half of the six available beds. It is possible that there are also some people from Rothbury who have made private arrangements to move into care homes; we do not hold data about this. However across Northumberland as a whole the majority of care home residents are publicly funded, so it is unlikely that numbers would be large enough for six beds to be fully used. A realistic estimate might be that the income attracted could be no more than half of the maximum £200K figure shown. There would be further questions about how many potential residents would choose to live for an extended period in an establishment with a small number of other long-term residents, and a focus on end of life care.

Option 3

All 12 rooms operated as a residential social care service for people in need of specialist dementia care

Costs to the NHS (or other provider) would be:

Capital Building costs – these are consistent on all options so not relevant to the calculations

£550K staffing and other running costs

£87k cost of supporting in other ways 6 people who would have been inpatients at Rothbury over a year (see details under Option 4)

Total gross variable cost £550K + £87k

Maximum income £315K (but see notes below)

Minimum net variable cost £322k

Notes:

The income figure is based on rates paid by the Council and the NHS for specialist residential care for people with dementia, and the staffing costs are also based on providing specialist dementia care, since most people from the Rothbury area who have been supported by the Council or the NHS in care homes elsewhere in the past three years have required specialist dementia care.

Based on experience over the last three years, there are no more than half a dozen older people from Rothbury area at any one time in need of care home accommodation funded by the Council or the NHS, some of whom require nursing care which would not be available on this option. There might be

some additional residents making private arrangements, but a reasonable estimate is that at most half of the 12 beds would be in use on average, reducing the income figure in proportion.

Option 4

Inpatient beds closed, and no other use made of the space vacated.

Costs to the NHS are:

Capital Building costs – these are consistent on all options so not relevant to the calculations

£25K rates

£87k cost of supporting in other ways 6 people who would have been inpatients at Rothbury (see notes below)

Total variable cost £112k

Notes:

On average, the inpatient beds at Rothbury have accommodated six people. If there were inpatient beds were available, alternative forms of support would therefore need to be provided for this number of people.

In practice, it is likely that this support would be provided in a mixture of ways. A small number of people would be likely to require hospital accommodation elsewhere. Based on experience during the temporary closure of the inpatient service, this group of people could be accommodated within existing community hospital capacity, with minimal additional cost.

Other people in this group could be supported in their own homes, through enhanced community health services and through social care support. Care needs would be individually assessed, and would vary; our estimate based on professional judgement is that an average cost of £278 per week per person would be a reasonable planning assumption.

Option 5

Inpatient beds closed, but current inpatient accommodation used to provide a range of non-bed-based health and well-being services for people in Rothbury.

Minimum costs to the NHS would be:

Capital Building costs – these are consistent on all options so not relevant to the calculations

£25K rates

£87k cost of supporting in other ways 6 people who would have been inpatients at Rothbury (see notes to Option 4)

Total variable cost £??? (see below)

Notes:

This option has not been costed in detail, since it will need to be worked up in consultation with people in Rothbury. There may be some additional costs; there may also be some savings, for instance by reducing the cost of supporting at home people who would otherwise have been in hospital beds.

Ten year view	Default				
	Option 1	Option 2	Option 3	Option 4	Option 5
	£m	£m	£m	£m	£m
Base Savings	0	0	5	5	5
Extra income from council		2	3.15		
Extra costs			-6.37	-1.3	-1.3
Capital bid					-0.6
Benefit to CCG total savings over 10 years	Nil	2	1.78	3.7	3.1

Appendix 3

Draft public consultation document – version 8

Proposed changes at Rothbury Community Hospital

Public consultation from x to y 2017

Your views are important

1 Who we are

We are NHS Northumberland Clinical Commissioning Group (CCG). We were set up in 2013 and we commission (plan and buy) the majority of hospital and community health services for people living across the county. We also commission GP services.

We are a GP-led organisation and all 44 practices in Northumberland are members of the CCG. We serve a population of more than 300,000 and have an annual budget of just under £500 million.

2 Introduction

We hope you will take the time to read this booklet to share your views with us about proposed changes at Rothbury Community Hospital and about how we might make the best use of the building going forward to better shape existing services around the needs of local people.

From discussions with local people during autumn 2016 we know how much the hospital is valued.

We want to make sure that the hospital continues to provide care for people living in Rothbury and the surrounding area but we must also take into account the ways that both healthcare and the needs of the local population are changing.

There have been many advances in healthcare over the years which mean people are spending much less time in hospital, for example, following joint replacements and those having stroke, cardiac and respiratory care.

People are living longer, often with more than one long term health condition and we now aim to support them in their own homes so that they are able to stay well and independent. This means they only go into hospital when they need care from a

specialist team of consultants and other doctors and nurses that could not be provided at home.

In Rothbury over the past three years use of beds in the hospital has fallen and during 2015/16 on average only half of the beds were occupied at any one time. Over the same time we have seen an increase in the support provided by community nursing, the Short Term Support Service and the home care service.

We know that the development of services in the community is making a real difference to the lives of a lot of local people and going forward we want to build on this type of support. It is important that we meet the needs of the majority of people and at the same time make the best possible use of the money and staff available to us. This is particularly so given the financial challenges facing the NHS both nationally and locally.

You will see in section x that we have spent some time looking at different ways for Rothbury Community Hospital to be used going forward. After much consideration we have decided to consult on only one proposal. This is because we want to be honest with local people and not consult on options that would not be viable.

The proposal would result in the permanent closure of the inpatient ward at Rothbury Community Hospital but it includes continuing discussions with local people about how we can shape existing health and care services around a Health and Wellbeing Centre on the hospital site.

Developing such a centre is something that local people have talked to us about. There have been discussions for some time about the GP practice relocating there. We also feel there are great opportunities to provide more physiotherapy and outpatient clinics which could include patients having an appointment at the hospital but talking to a specialist through a video link.

We also acknowledge that some people feel strongly that there should be some provision for respite and end of life care in Rothbury and that they have already described potential models. As the consultation progresses we would be very keen to hear more from people about how they think a community based service could be developed which would provide this type of care.

We recognise that change is never easy and we want to reassure you that we are committed to making sure that Rothbury Community Hospital continues to provide services for local people and to working with the community to explore how some of the current services may be better delivered going forward.

This booklet sets out the changes being proposed, the reasons why, which other options were considered and discounted and why. It also sets out how you can make your views known.

Please be assured, your views are very important to us and we look forward to hearing from you.

3 About Rothbury Community Hospital

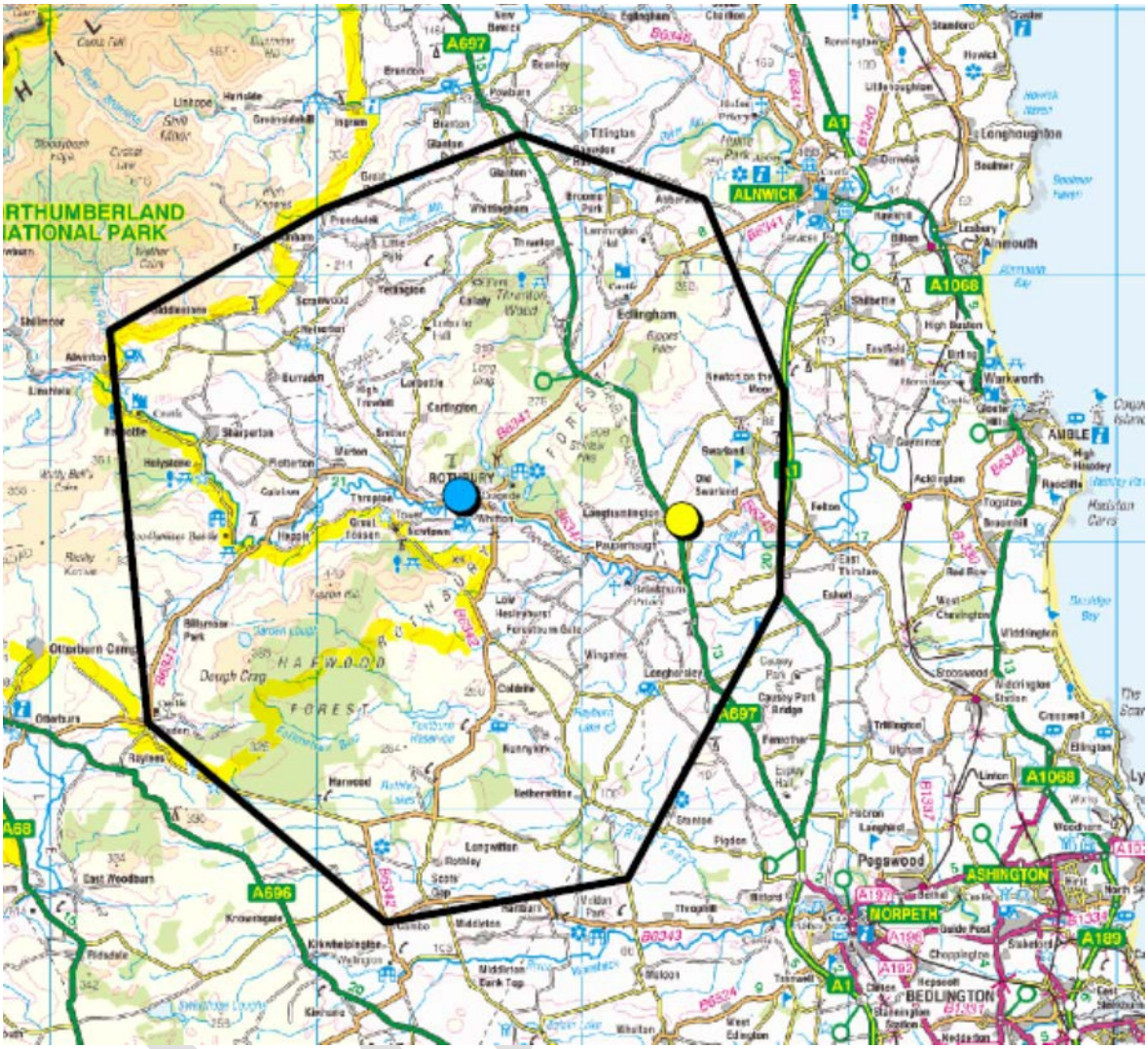


Figure 1 - Map showing area covered by Rothbury Community Hospital

Rothbury Cottage Hospital provides a small range of services for people living in the town and surrounding area. It is managed by Northumbria Healthcare NHS Foundation Trust (the Trust) which provides hospital and community health services across Northumberland and North Tyneside.

There is an inpatient ward and it also provides physiotherapy, occupational therapy, and a limited range of outpatient and child health clinics. It provides a base for community health and care staff who support people in their own homes and community paramedics also work out of the hospital.

3a Inpatient ward

The inpatient ward has 12 beds mainly for frail older patients who need ‘step up’ or ‘step down’ care. (This service has been suspended temporarily since September 2016 for operational reasons.)

Step up care is used for people, usually with an existing health condition, who become unwell (although they are not critically ill) and need hospital care to reduce the risk of further deterioration resulting in an emergency admission for specialist care.

Step down care is used for people who have been in hospital receiving specialist care for an illness or injury and are recovering but are not well enough or able to go home.

A small number of those using step up and step down care have been patients with terminal illnesses who were nearing the end of their lives.

The ward is not intended for respite care. While there have been some occasions when the beds have been used in this way, patients requiring respite care, for example, to give their carers a break, can have short breaks in a residential or nursing care home organised through adult social care at Northumberland County Council.

The care at Rothbury Community Hospital is led by nurses with medical care provided from 8am to 6pm through a contract between the Trust and local GPs. Under this contract a local GP visits the hospital daily to review the needs of the patients and can also be asked to visit if a patient’s needs change during the day. Overnight (from 6pm to 8am) if medical care is needed this is provided through a contract with the out of hours GP service, Northern Doctors Urgent Care.

Patients are admitted to Rothbury Community Hospital following assessment by a hospital consultant or a GP. This level of assessment is important given that the ward is nurse-led and that a doctor is only available on site for the daily review and then called in as required at other times.

The following patients would not be considered suitable for admission to the hospital:

- ☐ unstable patients who need daily treatment changes
- ☐ patients with a stroke are transferred to designated stroke ward elsewhere in the Trust, for example, Wansbeck General Hospital, so that they can receive specialist care
- ☐ patients needing physiotherapy three or more times a week and/or where two or more staff members are needed for interventions
- ☐ severely overweight (bariatric) patients as the inpatient ward is on the first floor
- confused patients with challenging/aggressive behaviour due to the risk of staff assaults and the ward not being equipped to manage the patients’ needs safely.

3b Other services provided at or from Rothbury Community Hospital

Other services operating at or out of the hospital have been unaffected by the temporary suspension, including:

- **Occupational therapy and physiotherapy** – this service is provided in the hospital and in people's own homes.
- **Outpatient clinics** – a number of such clinics take place with specialist staff from the Trust to provide greater convenience and reduce travelling for patients and carers.
- **Child health clinics** – these are clinics with specialist staff from the Trust to provide greater convenience and reduce travelling for patients, families and carers.
- **Community paramedics** – these staff work for North East Ambulance Service NHS Foundation Trust and are able to provide a very quick response to local people following a call to the ambulance service. Sometimes they are able to provide advice and support to patients in their own homes so that they don't need to be taken to hospital.
- **Community services –** these involve staff from health and social care who work together, in close liaison with local GPs, to support people to stay well and independent at home, such as:
    - Community nursing staff…….
    - Short term support service which provides urgent care and rehabilitation at home for up to six weeks following discharge from an acute hospital, such as the Northumbria Specialist Emergency Care Hospital or Wansbeck General Hospital……. The care element is provided by trained support staff who……this enables them to build up their strength and increase their confidence with daily living in their own homes. Where therapy is needed this is provided by the support staff following a plan produced by occupational therapists and physiotherapists who have assessed the patient's needs. Please note – more info awaited from Trust.

4 Why the inpatient ward was temporarily suspended

As the organisation responsible for planning and purchasing the majority of hospital and community health services for people living across the county, it is vital that we make the very best use of all available resources, staff, facilities and finances.

During summer 2016 we set up a steering group to look at how beds are being used in community hospitals across Northumberland. It included health and care professionals from the CCG and the Trust. There has also been support from Northumberland County Council. Between them these organisations provide a range of hospital and community services.

The group considered community hospital use against a background of:

- medical advances which are reducing the length of time that people stay in hospital
- the national and local drive to provide more care out of hospital, in people's own homes, therefore reducing avoidable admissions to hospital and making sure that if they do need to go into hospital they can be discharged home as soon as they are medically fit with the right support if needed
- the considerable financial and operational pressures facing the whole system.

The group noted that from September 2015 to August 2016 there was a total of 123 admissions to Rothbury Community Hospital from the town and surrounding area (see map on page x) plus a further 45 involving people from outside the catchment area. On average, the figures equate to half of the beds being occupied at any one time during that year.

Given the initial findings of the steering group, in September 2016, working with the Trust, we decided that there should be a temporary suspension of inpatient care at the hospital while a thorough review was carried out.

Since then, staff who previously worked on the inpatient ward have been supporting colleagues in the Trust busier units.

The report following the review was shared with the local community at a public meeting in November 2016 (include link).

5 Why change is being proposed

5a Changes to the way that hospital services are provided

There have been many medical advances over the years which mean that patients are spending much less time in hospital after operations or serious illnesses, for example, following joint replacements and those having stroke, cardiac and respiratory care. These changes will have impacted on bed usage at Rothbury.

There have also been improvements to the care provided for Northumberland residents since the opening of the new Northumbria Specialist Emergency Care

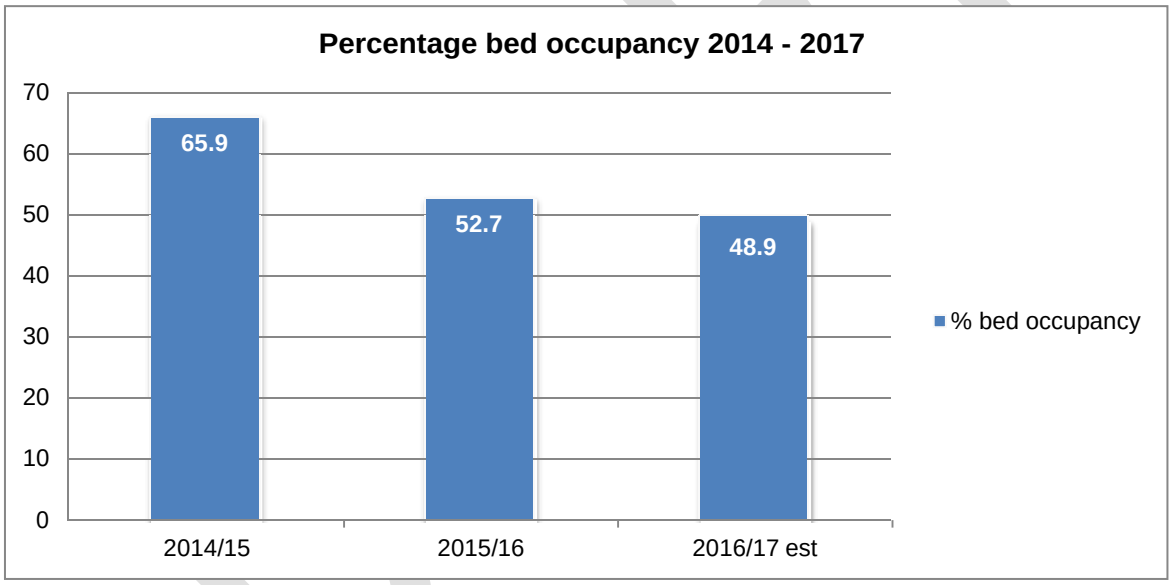
Hospital at Cramlington in June 2015. This has meant that very sick and seriously injured patients are seen very quickly by the right specialist, have a much faster diagnosis with treatment beginning much more quickly than was previously the case. An increasing number of patients are discharged home after a very short stay there.

Note to designer – para below in box

In its first year, more than half (54%) of the emergency attendances at the Northumbria did not result in an admission. Out of all patients who were admitted, around three quarters (76%) were discharged directly home and 22% were transferred to another hospital – mainly at Wansbeck, North Tyneside or Hexham – for ongoing medical care and rehabilitation.

Note to designer – in a side panel include the following:

The review of bed occupancy at Rothbury Community Hospital, during autumn 2016 showed this has reduced from around 66 per cent in 2014/15 to just under 49 per cent in 2016/17.



5b Implementing national and local policy

There is very clear national policy around the development of much more care outside of hospital.

NHS England's Five Year Forward View, which was published in 2014 set out a new vision for the NHS based around new models of care. It stated that:

"out of hospital care needs to become a much larger part of what the NHS does".

To deliver this plan, every health and care system in England has been required to produce a long term plan, called a Sustainable Transformation Plan (STP) which

must ensure that health and care services are built around the needs of local populations to achieve better health, better patient care and improved NHS efficiency.

A summary of the STP has been published and is available at www.northumberlandccg.nhs.uk/get-involved/stp/

The STP shows that out of hospital care is a priority in Northumberland to improve the care and quality of services provided for local people and also address a financial gap.

5c Greater uptake of services provided in people's own homes

The review of Rothbury Community Hospital carried out during autumn 2016 showed that more and more care is already being safely delivered outside of hospital and in the comfort of people's own homes.

This includes an increase since 2013 in uptake of community services, such as those provided by community nurses and the Short Term Support Team which together or separately provide critical support to help older people to live as independently as possible at home. Both work closely with GP services to make sure patients have the care and support needed to stay at home.

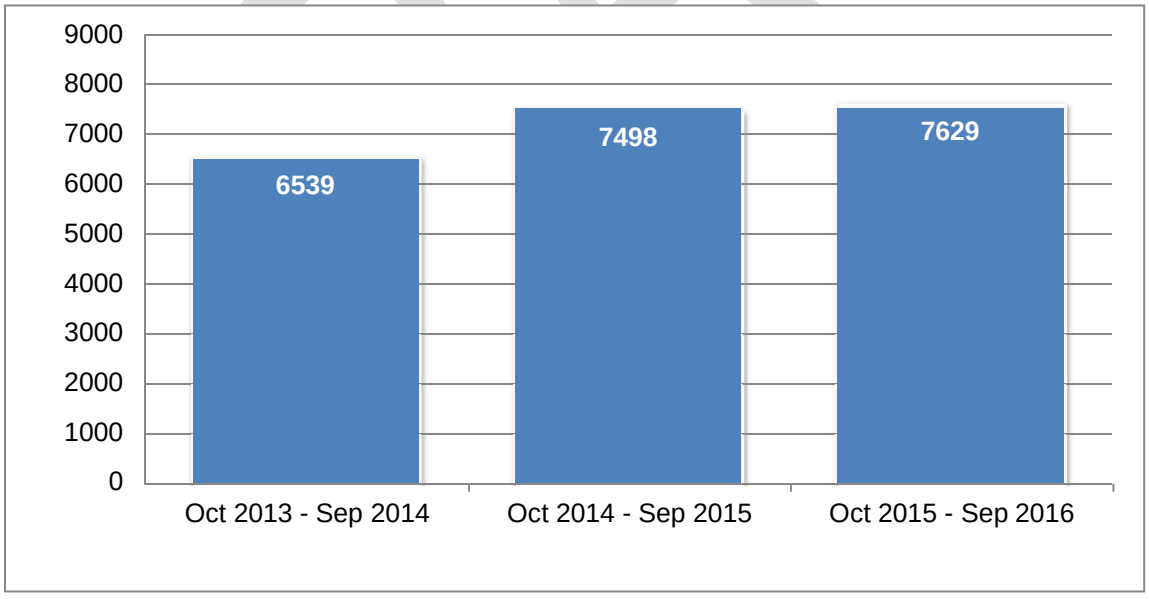


Figure x – Number of face to face community nursing contacts from 2013 – 2016

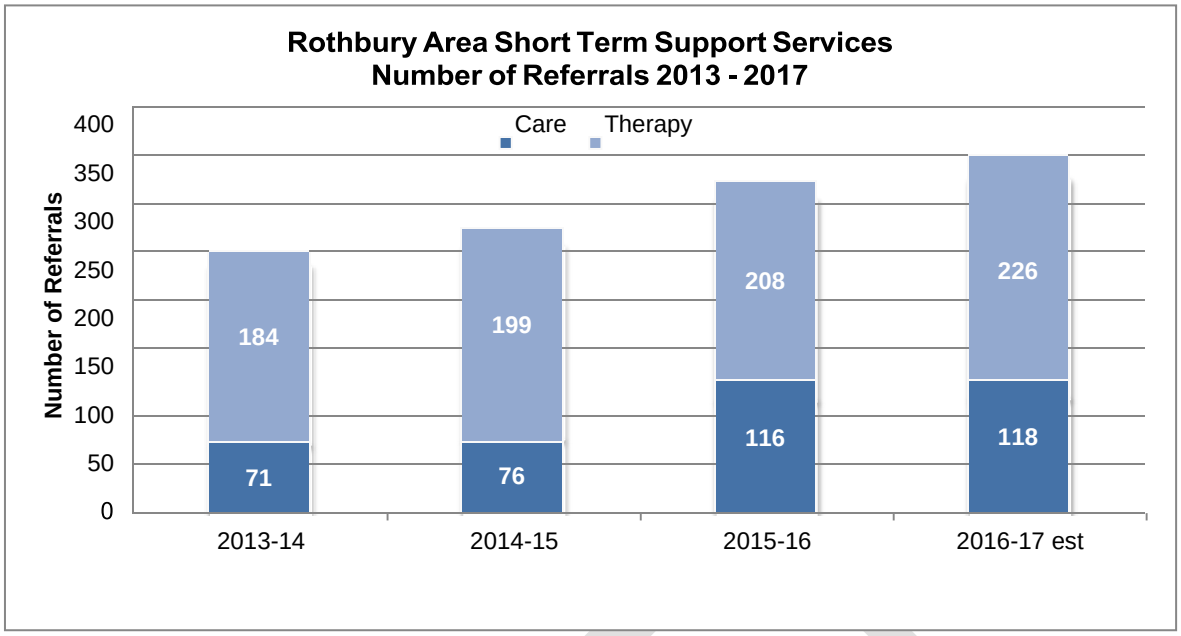


Figure x - Referrals to the Short Term Support Service from 2013 to 2017

Over the same period there has also been an increase in the number of people receiving home care services, which is longer term care provided to people in their own homes. Depending on their needs, it is either funded through adult social care at Northumberland County Council or by the CCG as NHS continuing healthcare.

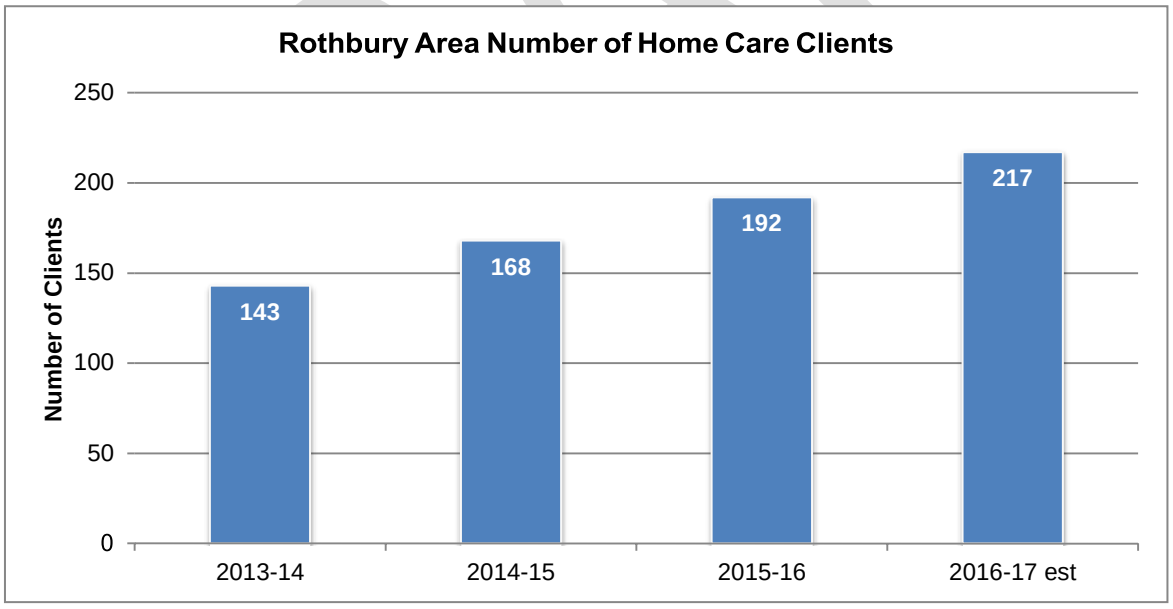


Figure x – Number of people receiving home care from 2013 to 2017

Note to designer – following to be in a side panel

Benefits of care at home

Care at home helps frail older people to stay well and independent in their own environment for longer and there is evidence to show that care in hospital carries more risk. For example:

- ☐ older people are at greater risk of getting an infection while in hospital
- ☐ being immobile can also lead to problems for older people and they may be able to maintain greater mobility at home (Hopkins et al 2012*)[1]
- ☐ ten days in a hospital bed leads to the equivalent of 10 years ageing in the muscles of people over 80 (Gill et all 2004*)[2]
- extended hospital stays can affect older people's confidence about their ability to live independently and can be confusing or distressing for patients with dementia.

By staying at home, with the right support, older people can continue to be socially engaged with local family and friends, can continue with activities that give their life meaning, can continue to be caregivers and can maintain their independence, dignity and choice (Oliver et al 2014*).[3]

5d Support for people at the end of their lives

Although Rothbury Community Hospital has provided care for people with terminal illness, the number of such patients who were receiving care in the hospital at the end of their lives has remained small over a number of years.

The table below shows that from 1 April 2013 to 30 November 2016 there was a total of 62 patients admitted or transferred to Rothbury Community Hospital where end of life care was included in the care required i.e. and not just the main reason for admission.

[1] Hopkins S, Shaw K, Simpson L (May 2012) English National Point Prevalence Survey on Healthcare-associated Infections and Antimicrobial Use, 2011, Health Protection Agency.
[2] Gill L, Kortebein P, Symons TB, Ferrando A, et al. Functional impact of 10 days of bed rest in healthy older people. J Gerontol A Biol Sci Med Sci.2008: 63:1079-1081.
[3] Oliver R, Foot C, Humphries R (2014) Making our health and care systems fit for an ageing population. The King's Fund.

Year	Direct admission	Transfer in	Total
2013/14	13	6	19
2014/15	12	8	20
2015/16	5	9	14
2016/17*	5	4	9
Total	35	27	62

*Data available until 30 November 2016

There will be a number of reasons for the declining numbers, including the way palliative care is now provided for Northumberland patients which reflects a national drive to provide more individualised end of life care for people, so that if they wish to die at home they are supported to do so.

The Trust's palliative care pathway was considered to be outstanding following an assessment during 2015 by the Care Quality Commission (CQC).

The CQC report, published in May 2016, said that end of life care services were well resourced and they had seen a 'truly holistic approach to the assessment, planning and delivery of care and treatment to patients'

There was evidence of more patients dying at home. Specialist support was available seven days a week from palliative care consultants and specialist nursing services. The Trust had introduced a rapid discharge service within the palliative care service to provide a comprehensive, joined up service to patients and their families in all settings.

Services were flexible, focused on individual patient choice and ensured continuity of care.

The report continued that feedback from people who used the service and those who were close to them was extremely positive about the care received by patients nearing the end of life. Results from the 2014 cancer patient experience survey showed the Trust to be in the top ten best performance trusts.

Note to designer – following info to be in box

CQC report May 2016
" There was a clear vision and strategy that focused on the early identification of patients at the end of life, patients being cared for in their preferred place of care and the use of partnership working to develop services."

5e Meeting current and future population needs

An analysis of population data from the Office of National Statistics (ONS) shows:

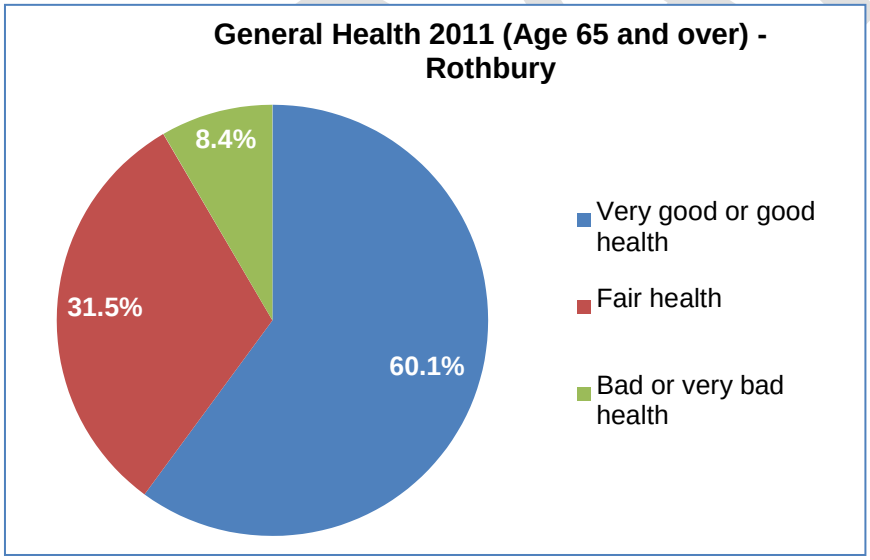
- just under a third (30.4%) of people living in Rothbury are aged 65 and over
- this is significantly more than other parts of Northumberland (23.1%), the North East (19%) and England 17.7%)
- over the next 10 years, the number of people living in Rothbury aged 65 and over is expected to increase by 22.8% and over the next 20 years by 44.8% over the next.

People in Rothbury are healthier than elsewhere:

- only 8.4% stated they had bad or very bad health compared to 15.4% in Northumberland overall and 19.5% in the North East
- people living in Northumberland are expected to live longer than men and women in the North East and women in England.

Figure x below shows how people aged 65 and over describe their health.

Figure x



In addition, the number of people aged 65 years and over who have access to a car or a van is much higher in Rothbury (85%) when compared to Northumberland overall (72.6%) or the North East (61.2%).

A report including this demographic information is available on www……

5f Impact on capacity across the system

Following the temporary suspension of inpatient admissions, the Trust has not experienced any unexpected service pressures and no patients from Rothbury and the surrounding area have had to wait for care. A small number of people from Rothbury who have been admitted to hospital following an injury or illness have been transferred to Alnwick Infirmary or the Whalton Unit at Morpeth for a period of further care and reablement, which is support to help them cope once they get home, but this has caused no bed management issues.

The total community hospital bed occupancy across Northumberland was reviewed in September 2016 and is shown in the table below:

September	2015/16	2016/17
Rothbury Community Hosp	38.90%	
Alnwick Infirmary	89.80%	95.30%
Berwick Infirmary	74.90%	65.00%
Whalton Unit (Morpeth)	67.60%	72.70%

While occupancy was high at Alnwick Infirmary, beds remained available at the time they were needed. Other sites had capacity throughout.

5g Best use of available staff

The number of staff available for the 12 inpatient beds was 6.77 whole time equivalent (WTE) qualified nurses, 6.27 WTE healthcare assistants and 0.56 nutrition assistant WTE.

On a temporary basis, these resources are now being used on other sites within the Trust to cover existing staff vacancies so that bed capacity can be maximised.

6 Listening to feedback received from local people

Following the temporary suspension of inpatient beds, working with the Trust, we began a six week period of engagement in Rothbury. Three drop in sessions were held to provide an opportunity for people to share their concerns and each one was well attended.

It was clear during these sessions how much people have valued the care provided at the hospital and there were many comments about the compassion shown by staff.

We also received a number of letters, emails and posts on social media which included comments.

There were a number of overall themes:

Referral process
There was some confusion about the referral process into the hospital and anecdotal reports that people were either not being referred or, in some cases, being refused hospital care. There were also different perceptions about the type of care provided at the hospital. Some questions were raised about bed blocking and the bed management process, and many people suggested using the ward to alleviate bed blocking elsewhere in the system.

Care in the community
Many people said that people did not want care at home and queried the quality of care that would be given and level of resource required to deliver it. There was a sense that care in the community is inadequate and also intrusive, and makes it more difficult for friends and family to visit those receiving care.

Rurality and travel
A significant number of comments concerned the area's rurality. Many people felt that this was not taken into account in the county's healthcare decision making process. There was an overall sense that people are treated unfairly in rural areas. There was also concern about the lack of public transport serving the village and the associated difficulties in visiting loved ones admitted to other hospitals.

Future use of the building
Many people feared that the hospital would close. Others supported the extension of current services, for example relocating the Rothbury GP or increasing physiotherapy services, podiatry and diabetes clinics. Some wanted a small general hospital in place with urgent and emergency care facilities as well as inpatient and outpatient services.

Combined use
An overarching theme was the need to consider a combination of health and social care beds. The use of the ward for convalescing, respite, end of life and palliative care was valued enormously, particularly because of the lack of a local nursing home.

7 Options considered

Taking into consideration the strong feelings expressed about retaining the inpatient ward, the steering group which carried out the review of Rothbury Community Hospital explored five different options. The following criteria were used to assess each one:

- ☐ feedback from residents
- ☐ patient choice
- ☐ staffing
- ☐ quality
- ☐ cost effectiveness
- ☐ additional resources required/cost
- ☐ timeline i.e. the time it would take to implement

- ☐ strategic fit i.e. how it fitted against national policy and the longer term plans for the local NHS.

In addition, a second assessment was also carried out, focused specifically on the requirement for CCGs to ensure efficient, effective and economic use of resources.

The tables showing the showing the assessment of the five options against the above criteria and also against how efficient, effective and economic they would be are available on www……

Option 1: Re-open the 12 inpatient beds and do not change the inpatient services provided

This would ensure inpatient beds for the local community and would be in line with public feedback. However, use of beds would be likely to remain low which means nurse to patient ratios would be high even when minimum staffing was in place. This would not represent the most efficient use of nursing resources.

It would not support the national policy drive to provide a greater focus on out of hospital care. Also, there is evidence that avoidable hospital care carries more risk than care at home and could therefore be less effective.

The full cost of providing the inpatient service is included in a £10.5m block contract agreed between the CCG and the Trust.

Option 2: Develop a combined use of the beds, sharing use across health and social care, including end of life beds

This would ensure a local NHS and social care service for the community, including step up, step down, short break care and end of life care. Therefore it would be in line with public feedback. However, there would need to be physical separation of the NHS and social care beds which would require some building alterations. There would also need to be separate registration of the two different services by the Care Quality Commission.

A social care provider would need to be identified to operate services within the hospital. However, bed occupancy is likely to remain low and this option would not be cost effective.

A local social care provider has estimated that the estimated cost of providing a social care bed service would be far greater than the existing cost in a residential care home of around £600 per bed per week. In addition, Northumberland has approximately 2,800 care home beds and these are under-used, so creating additional capacity is not a strategic priority.

It would not support the national policy drive to provide a greater focus on out of hospital care. Also, there is evidence that avoidable hospital care carries more risk than care at home and could therefore be less effective.

Option 3: Develop the 12 beds as long term nursing and/or residential care beds

This would ensure a local service for the community and would be in line with public feedback.

A provider would need to be identified to turn the current inpatient service into residential or nursing home accommodation, which would then need to be registered with the Care Quality Commission. The service would also have to register with Northumberland County Council contract standards. Capital investment would be needed to remodel the interior to meet registration requirements and attract residents.

However, the social care market has not identified the need or demand for social care beds in this location and the service would be limited by small bed numbers. A 12 bed care home for older people would be considerably smaller than the size usually regarded as viable. Small care homes are more financially vulnerable because they are less able to cope with fluctuations in demand. Also, they are more expensive to run because minimum staffing levels are needed at all times, regardless of how few residents there are.

If all those people from the Rothbury area who are currently living in care homes supported by the County Council or the NHS were living in the hospital building, only half of the current beds would be used. It is unlikely that older people living outside the Rothbury catchment area would choose to move to a care home in the village. In addition, the majority of residents in this category require a specialist dementia service.

Under this option the CCG would make a saving of £500,000 which is the Trust's calculation of the staffing costs for running the 12 inpatient beds.

Option 4: Permanent closure of the 12 inpatient beds

This would not provide a local inpatient service for older people and would mean the hospital would offer only a limited range of services. It is therefore is unlikely to be supported by local people.

However, it would ensure more efficient use of resources with nursing staff moved permanently to busier hospitals.

It would also be in line with the national policy drive to provide a greater focus on out of hospital care and would take into account the evidence that suggests avoidable hospital care carries more risk than care at home.

Under this option the CCG would save £500,000 which is the Trust's calculation of the staffing costs for running the 12 inpatient beds.

Any increase in activity within community services would be cost neutral due to the contractual framework in place.

Option 5: Permanent closure of the 12 inpatient beds and shape existing health and care services around a Health and Wellbeing Centre on the hospital site in Rothbury.

This would not provide a local inpatient service. However, it would enable better use of resources given the low bed occupancy levels with more efficient use of nursing staff in the busier hospital sites. It would also be in line with the national policy drive to provide a greater focus on out of hospital care and take into account the evidence that suggests avoidable hospital care carries more risk than care at home.

The Trust and the Rothbury Practice have each confirmed their commitment to use the building to provide better primary care services. A bid has already been made to NHS England for funding for building adaptations that would be necessary to accommodate the practice.

This option would also offer the opportunity of more outpatient appointments at Rothbury and to enhance the community based services. We feel there are great opportunities to provide more physiotherapy and outpatient clinics which could include patients having an appointment at the hospital but talking to a specialist through a video link.

The CCG would save £500,000 which is the Trust's calculation of the staffing costs for running the 12 inpatient beds.

Any increase in activity within community services would be cost neutral due to the contractual framework in place.

Selecting a preferred option

Views were also sought from all GP member practices and in particular, from those in the north locality which includes Rothbury and the surrounding area. The North locality supported Option 5.

The next step was a discussion at our Joint Locality Executive Board, which includes GP representatives from each of the Northumberland localities. This board agreed that consultation should take place on Option 5 as the preferred option.

The main reasons were:

- ☐ it enables better use of existing health resources due to low occupancy levels and allows nursing resource to be moved to higher occupancy hospital site
- the temporary suspension has tested the capacity within the Trust's other inpatient services and within community services and no unexpected service pressures have been experienced
- ☐ it delivers local health services (which was supported by residents during the review) and provides the opportunity to work with the local community to better shape current provision
- ☐ it enables further services to be delivered in and or based at the hospital

- ☐ it supports the strategic direction set out in the Five Year Forward View by NHS England
- ☐ primary care services operating at the hospital provides a long term sustainable service model.

8 Proposal for consultation

We are consulting on one proposal:

- ☐ **Permanent closure of the 12 inpatient beds and shape existing health and care services around a Health and Wellbeing Centre on the hospital site.**

So there would no longer be an inpatient ward at the hospital. If a local resident needed step up or step down care within an NHS facility, the nearest place for this to be provided would be at Alnwick Infirmary, around 12 miles away. This would result in greater travelling for visiting for family and friends living in the Rothbury area.

However, the proposal provides an opportunity to consider the further development of health and social care services at the hospital site, including the possible relocation of the Rothbury Practice, more physiotherapy and more outpatient services. The latter could include patients having an appointment at the hospital but talking to a specialist through a video link.

Note to designer – please highlight the following:

During the consultation, we would like to understand more about:

- ☐ any concerns or views you may have
- ☐ and how you think we could **shape existing health and care services around a Health and Wellbeing Centre on the hospital site.**

(See page x for how you can comment).

We also acknowledge that some people feel strongly that there should be some provision for respite and end of life care in Rothbury and that they have already described potential models. As the consultation progresses we would be very keen to hear more from people about how they think we a community based service could be developed which would provide beds for patients requiring this type of care.

9 Impact of proposals on other services

Given the small number of people who have been using the inpatient ward at Rothbury Community Hospital it is unlikely that the permanent closure of the 12 inpatient beds would have any significant impact on other services.

As outlined on page x should an inpatient bed be required, for example, because a patient from Rothbury needs a longer stay in hospital after an acute illness or injury, there is adequate capacity in the Trust's other community hospitals, including at Alnwick Infirmary and the Whalton Unit in Morpeth.

As section x (pages x to y) outlines, the direction of travel is to provide much more care in people's own homes and in fact the analysis of bed usage and use of community based services shows that this is already happening. The longer term plans across the health and care system are to build on this and develop more out of hospital services.

Also, given the small numbers involved and the fact that any ambulance journeys related to this change would not be made as emergencies, there should be very little impact on North East Ambulance Service NHS Foundation Trust.

10 Implementation

Staff who worked on the inpatient ward at Rothbury Community Hospital are already supporting colleagues in the Trust's busier hospitals on a temporary basis.

In terms of developing more services within the hospital building, there is already commitment from the Rothbury Practice to relocate there and a bid for funding to allow any necessary structural changes for this to happen is currently with NHS England.

For other services that could be provided at the hospital, such as additional outpatient clinics, these could be accommodated within the building.

Implementation would be overseen by……add two lines

11 How people can make their views known

We are sharing the consultation document to a wide range of local groups, organisations and interested parties.

Copies of the document will be available in the GP practice and the hospital and we will be asking if we can leave them in other public venues such as the post office, library, leisure centre and Jubilee Hall.

There is an online survey which has been prepared by an independent research company which will host and evaluate it. Hard copies of the survey will also be made available and these too will be independently evaluated.

There is a dedicated page about the consultation on our website www….. This includes the consultation document, a link to the online survey and any other relevant information.

Social media, such as Facebook and Twitter will be used to direct people to our website to find out more and to promote public meetings.

There will be articles in local newspapers and information will be shared with local radio and regional television stations.

We will send information for inclusion in any existing community newsletters such as Over the Bridges which is sent to local households by the Rothbury churches.

There will be two public meetings at different times of the day to provide greater convenience.

We will also be writing to local groups and organisations, including Northumberland County Council, the parish and town councils, and community and voluntary sector groups to ask if they would like us to attend their meetings to talk about the consultation.

We have asked Healthwatch Northumberland to conduct some discussion groups to target older people who may not be able to attend the public meetings or access the information in other ways.

People can comment in a number of ways:

- ☐ complete the survey (online or hard copy)
- email…….
- write to…….
- phone……..
- ☐ attend one of the public meetings

We would like to understand more about:

- ☐ any concerns or views you may have
- ☐ **how you think we could shape existing health and care services around a Health and Wellbeing Centre on the hospital site in Rothbury.**

Any comments made in any community or other meetings we attend to discuss the proposal during the consultation period will also be noted and taken into consideration.

The consultation will extend over a 12 week period from x January to x April 2017.

12 Next steps and timescales

During the consultation we will monitor feedback so that we are aware of emerging questions and issues. At the end we will prepare a report outlining all feedback , including an independent report analysing survey responses (online and paper copies).

This report will go to the Joint Locality Executive Board and then to our Governing Body.

Alongside this report we will also need to prepare another report, again to be considered by the Joint Locality Executive Bard and our Governing Body which will include our response to the NHS England assurance process. This will need to show that:

- ☐ our public involvement has been strong
- ☐ we have considered choice for patients
- ☐ there is clear clinical evidence to support any changes
- ☐ there is support from GPs in their role as commissioners of services
- ☐ we have given very careful thought to how changes would be implemented
- ☐ changes are affordable and that we have sound financial plans in place.

This second report will also need to demonstrate that we are using the resources available to us efficiently, effectively and economically.

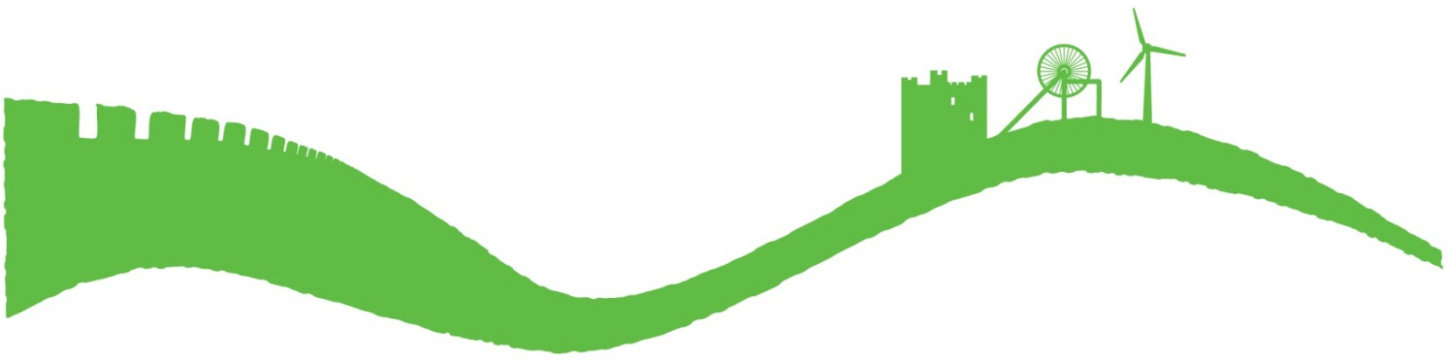
We are planning to be in a position to make a decision on the way forward by ……. The decision will be made in public and both reports will be available on our website. We will make sure that the decision is communicated as widely as possible.

NHS
Northumberland
Clinical Commissioning Group

Communications and engagement plan

Consulting on future arrangements for inpatient services at Rothbury Community Hospital

DRAFT – 13 January 2017



1. Purpose of report

As commissioner of NHS services for its local population, NHS Northumberland Clinical Commissioning Group (CCG) is preparing for a formal public consultation on future arrangements for the inpatient ward at Rothbury Community Hospital in Northumberland.

This report sets out what arrangements will be put in place to ensure that the public consultation process is as robust as possible, in line with statutory requirements and enables the CCG to meet the NHS England Assurance requirements around service reconfiguration.

It builds on a plan that has been in place to support specific engagement activities since September 2016, following the temporary suspension of the inpatient ward at Rothbury Community Hospital.

2. Background

Rothbury Community Hospital is a small rural hospital providing a limited range of services, including 12 inpatient beds. The inpatient services are mainly used by elderly patients who require a period of care and or reablement following an acute illness or injury. The beds are accessed by transfer from one of Northumbria Healthcare NHS Foundation Trust's (the Trust) acute sites or direct admission from home by primary care. The beds are therefore best described as both step up (avoiding an unnecessary emergency admission) and step down (providing additional care or reablement following an acute admission before returning home). The beds have historically also been used as palliative care step up and step down beds.

Although daily management of the inpatient ward is nurse led, under a contract with the Trust medical care at the hospital is provided by local GPs from 8am to 6pm. A doctor visits the hospital daily to review all in-patient care needs. The contract also includes a requirement for a GP to visit at any time in hours if a patient's needs change. If medical care was needed out of hours, Rothbury Community Hospital nurses would contact the out of hours service that provide GP medical cover from 6pm - 8am.

All patients being transferred to the hospital are assessed by a consultant or GP prior to a transfer or admission to ensure that the patients' needs can be met. The list below outlines the admission considerations used to decide if the hospital can provide the required level of care:

- Stability of the patient - Unstable patients who need daily treatment changes would not be a suitable admission.
- Clinical diagnosis - As the hospital is not a designated stroke unit patients with a stroke are transferred to designated stroke wards elsewhere in the Trust.

- Level of therapy needed - Patients needing physiotherapy three or more times a week and/or where two or more staff members are needed for interventions would not be considered suitable admissions.
- The inpatient ward at the hospital is on the first floor so cannot admit bariatric patients.
- Confused patients exhibiting challenging/aggressive behaviour would not be sent to Rothbury due to the risk of staff assaults and the ward not being equipped to manage the patients' needs safely.

In addition to inpatient beds at the hospital the Trust also provides community services to support patients in their own homes. Community services are integrated services across health and social care that provide a range of support to enable patients to maintain and improve their independence at home. The Short Term Support Service in particular provides urgent care and community based rehabilitation for up to six weeks after discharge from an acute hospital and focuses on a patient's active recovery and reablement.

In July 2016 the CCG set up a steering group to consider the use and function of community hospital beds in Northumberland alongside patient pathway changes following the opening of the Northumbria Specialist Emergency Care Hospital (The Northumbria) at Cramlington. The steering group studied relevant activity data, and considered a potential new model of care that reflected the national drive to further promote the use of out of hospital services.

Using a system wide approach, the group agreed that any new model of care should both avoid unnecessary or avoidable hospital admissions and ensure patients are discharged home in a timely manner once medically fit.

When reviewing the activity data the steering group noted the continued extremely low use of the inpatient ward at Rothbury Community Hospital. On average only 50% of the beds were occupied at any one time throughout the whole of 2015/16. Given this statistic, the group took the decision to temporarily suspend the 12 inpatient beds while a more comprehensive review could be carried out.

On 2 September 2016 the CCG and the Trust announced the temporary suspension of services in the 12 bed in patient ward for a period of three months. Staff affected by the change were found alternative work to ensure the very best use of available resources and that vital nursing skills are regularly put into practice to best support other parts of a busy Northumberland healthcare system. All other services that operate from the hospital have been unaffected by this operational measure and physiotherapy, community paramedic services and office accommodation for community based staff services have continued.

Following the announcement of the temporary suspension a full review of activity data was initiated by the CCG and a series of local engagement sessions was arranged. The scope of the review was to:

- Understand why there has been low inpatient bed activity in the hospital.

- Consider comments, questions and ideas received at the recent public engagement sessions.
- Evaluate the impact of the temporary suspension within the local health and social care system.

In November 2016 the findings of the review were discussed at a public meeting in Rothbury. The findings showed low inpatient bed usage and a gradual reduction since 2014/15. It also showed an increase in the number of referrals to community services. The engagement expressed concerns about the loss in resource, rurality and travel issues not fully taken into account, fear that the whole hospital would close and a strong desire to develop services at the hospital. The review also monitored the impact of the temporary suspension across health and social care services and no unexpected pressures were experienced.

The review's key findings confirmed that the operational decision to suspend inpatient services in Rothbury Community Hospital was based on accurate usage data and that patient care has not been compromised as a result. The review also found that there appears to be a continued need for the wider hospital services to serve the local rural community and that consideration should be given to the need to ensure that the other services currently delivered in the hospital remain responsive to local needs.

A comprehensive data analysis and engagement exercise established a firm baseline for further work. Consequently, the review recommended that a formal public consultation should be launched and the temporary suspension of inpatient admissions should be extended until a consultation is complete and the resulting recommendations have been fully considered.

3. Legal and other requirements

The NHS Act 2006 (as amended by the Health and Social Care Act 2012) sets out duties for CCGs around involvement and consultation. Under Section 14Z2 the CCG has a duty to make arrangements to ensure that users of health services it commissions are involved at the different stages of the commissioning process including, in:

- Planning commissioning arrangements
- The development and consideration of proposals for changes to services
- Decisions which would have an impact on the way in which services are delivered or the range of services available; and
- Decisions affecting the operation of commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Health and Social Care Act 2012 also updates Section 244 of the consolidated NHS Act 2006, which requires NHS organisations to consult relevant local authority overview and scrutiny committees on any proposals which may be considered to be a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The CCG must also be mindful of its responsibilities under the Equality Act 2010 which mean that it must take into account the impact of any proposed changes on groups where the following protected characteristics are present to ensure they are not discriminated against:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

As such, an Equality Impact Assessment is being carried out, which will be updated during the consultation process to include evidence of communications and engagement with groups which have protected characteristics.

In addition, the NHS Constitution sets out a number of rights and pledges to patients, including the following:

Right: You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

Pledge: The NHS commits to provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services.
(Section 3a of the NHS Constitution.)

In developing the communications and engagement plan there has also been consideration of the four tests that are part of the NHS England assurance process and which must be met before any service reconfiguration can take place:

- **Strengthened patient and public engagement** (including local authorities) – this means ensuring there is strong evidence of engagement of the public, the council (including overview and scrutiny), Healthwatch, the Health and Wellbeing board and other local organisations. This will include evidence of a variety of methods being used to reach such key groups, taking into account communities of interest, different ways for them to respond (again taking into account the specific needs of communities of interest) and evidence of their responses.

- **The availability of choice for patients** – in reaching a decision, the CCG will need to be mindful of the provision of choice for older people who require health and social care.

- **Clinical evidence supporting change** – the CCG is required to demonstrate a strong evidence base and also that clinicians involved in the delivery of care at the hospital have been properly engaged.

- **Support from GP commissioners** – the process needs to ensure that there evidence of strong involvement of GP commissioners and that they have had the opportunity to give their views on proposals. This will include evidence of the usual business meetings within the CCG as well as opportunities for member practices and also evidence of their feedback.

4. Objectives

The main objective is to run a comprehensive process of public consultation, in line with statutory requirements to ensure a robust process, minimise the risk of a legal challenge and provide sufficient opportunities for the over 65s and their families in Rothbury and the surrounding areas, to make their views known.

The communications and engagement plan must also support the CCG to meet the four tests around service reconfiguration which are a key part of the NHS England Assurance process:

- Strengthened patient and public involvement
- Consideration of current and future choice
- Clinical evidence
- Support of GP commissioners.

Other objectives are to:

- Ensure a high level of awareness about the issues under discussion and an understanding of the proposals.

- Provide a range of opportunities for key stakeholders including the CCG's member practices, Northumberland County Council (including Care and Wellbeing Scrutiny Committee), Healthwatch and members of the public living in Rothbury and the surrounding areas, to make their views known.

- Target patients and future patients and their families who would most likely to be users of the inpatient service.

- Ensure that easy to overlook communities of interest are engaged (including characteristics defined by the Equality Act 2010).

- Ensure that the relevant NHS organisations, especially the Trust and the Ambulance Service are properly engaged so that they can understand any potential impact on the services they provide.

- Ensure that appropriate mechanisms are in place so that the public, key stakeholders and partners feel engaged and informed throughout the process.

- Maintain credibility by being open, honest and transparent throughout the process.

- Monitor and gauge public and stakeholder perception throughout the process and respond appropriately.

- Be clear about what people can and cannot influence throughout the engagement and consultation phases.

- Achieve engagement that is meaningful and proportionate, building on existing intelligence and feedback from previous engagement activities, complaints, compliments etc.

- Provide information and context about the proposals in clear and appropriate formats that is accessible and relevant to target audiences.

- Give opportunities to respond through a formal consultation process.

- Maintain trust between the NHS and the public that action is being taken to ensure high quality NHS services in their local area.

- Demonstrate the NHS is planning for the future.

5. Feedback from Engagement Activity

Following the temporary suspension of inpatient services, the CCG and the Trust entered a six week period of engagement with local people. Three engagement sessions were run as ‘drop-ins’, so that people could call in at any point and share the concerns. All of the sessions were well attended.

In addition to the drop-in sessions, the Trust held a community engagement roadshow in October 2016 as part of a rolling programme of activity in Northumberland which provided a further opportunity to comment. The CCG and the Trust also received a number of letters, emails and social media posts.

The drop-in style of open engagement provided a thorough account of the local people’s past experiences of the hospital and their views on the future of inpatient

services. A number of issues came up repeatedly and are explored in more detail below:

Referral process
There was a little confusion about the referral process into the hospital and anecdotal reports that people were either not being referred or, in some cases, being refused hospital care. There were also different perceptions about the type of care provided at the hospital. Some questions were raised about bed blocking and the bed management process, and many people suggested using the ward to alleviate bed blocking elsewhere in the system.

Care in the community
Many people said that people did not want care at home and queried the quality of care that would be given and level of resource required to deliver it. There was a sense that care in the community is inadequate and also intrusive, and makes it more difficult for friends and family to visit those receiving care.

Rurality and Travel
A significant number of comments concerned the area's rurality. Many people felt that this was not taken into account in the county's healthcare decision making process. There was an overall sense that people are treated unfairly in rural areas. There was also concern about the lack of public transport serving the village and the associated difficulties in visiting loved ones admitted to other hospitals.

Future use of the building
Many people feared that the hospital would close. Others supported the extension of current services, for example relocating the Rothbury GP or increasing physiotherapy services, podiatry and diabetes clinics. In summary, some people wanted a small general hospital in place with urgent and emergency care facilities as well as inpatient and outpatient services.

Combined use
An overarching theme was the need to consider a combination of health and social care beds. The use of the ward for convalescing, respite, end of life and palliative care was valued enormously, particularly because of the lack of a local nursing home.

While there were understandably many comments about the inpatient bed service, the continued use of other services in the hospital also attracted many comments and suggestions. In summary, key engagement issues included the ability to deliver the requisite levels of community care, rural services losing resources, the transport issues associated with rurality and what the future holds for the hospital.

All of this engagement has provided a thorough account of the local communities' past experiences of the hospital and their views on the future of inpatient services. However, while the engagement activity carried out to date has provided a very useful local insight for the, it cannot yet be regarded as providing a full picture. Harder to reach groups, for example older Rothbury residents who will personally be more affected, have yet to be given the opportunity to comment.

The level of communications and engagement set out below to support the consultation builds on that which has been taking place to support earlier engagement activities (and which have informed this process).

6. Key messages

- The decision to temporarily suspend new inpatient admissions to the hospital was announced on 2 September as a result of continuously low usage of the 12 bed facility.

- Figures shows that throughout 2015, average occupancy of the ward was around 50%, with bed usage dropping as low as 35% in July 2016.

- The decline in inpatient activity is due to a number of reasons. The way in which healthcare can be delivered is changing and evolving. There have been great advances in medical knowledge and technology which has enabled more services to be provided outside of hospitals, in GP practices and community-settings, while hospitals increasingly focus on the most seriously ill patients.

- This means people are spending much less time in hospital, for example, following joint replacements and those having stroke, cardiac and respiratory care. Years ago following operations and treatment patients would be in hospital for a couple of weeks but now they are home as soon as they are medically fit, which is often within days.

- In line with national and local policy, figures show that more people in Rothbury and the surrounding, particularly those who are older and have complex conditions, are receiving care in the comfort of their own homes, This means they are supported to stay well and independent and that avoidable hospital admissions can be reduced.

- There is now national evidence to show that older patients are at greater risk from a hospital stay, for example, from infection and the impact on their mobility and confidence to return to independent living.

- Fewer people are dying in hospital. Over recent years resources to support the end of life pathway have been directed to community based teams to support families to enable patients to die in their preferred place. National evidence clearly shows the preferred place of death is at home. Resources to facilitate this include community palliative care consultants, specialist nurses and the development of specialist documentation to support the care needs of a dying patient. Earlier this year, the Care Quality Commission rated the Trust as outstanding for its palliative care services.

- The temporary suspension of inpatient services does not affect other services at the hospital, which includes physiotherapy, occupational therapy, outpatients,

child health clinics and community paramedic services, these are continuing as normal.

- Following this temporary suspension, the CCG undertook a comprehensive review of inpatient activity and presented its findings at a public meeting on 17 November, where it was also announced no final decision on the future of the ward has yet been made.

- No permanent decision will be taken about the future of inpatient services at Rothbury Community Hospital until the formal consultation process has concluded.

- The CCG has been thoroughly committed to listening to the views of local people and its stakeholders following the temporary closure of the inpatient ward, and will continue to do so. Listening to what local people have to say is an important part of looking at the overall picture.

- The public tell us that they want to see more services being provided at home or as close to home as possible

- The CCG's aim is to make sure patients receive the treatment and ongoing care at the most appropriate and safest place for their individual needs, however, it also has to consider the most sustainable ways of delivering this in the future.

- Because of national challenges facing the NHS and local authority financial climate there is an increasing need to use resources effectively and efficiently.

- We must achieve the best outcomes for our patients within the available budget.

- The CCG has to ensure that it continually reviews services and, in doing so, makes sure it delivers the very best quality care for patients and make the very best use of taxpayers' money and our finite resources.

- The CCG recognises the high level of public interest in this issue and wants to work with the local community to ensure that this asset is being used to its full potential.

- The consultation is an opportunity for everyone to have their say and ensure the best option for the future use of the hospital building is achieved.

7. Key audiences

NHS

- CCG Governing Body

- CCG Joint Locality Executive Board (JLEB)
- CCG GP North Locality Group
- Member practices
- Northumberland Local Medical Committee
- CCG staff
- Northumbria Healthcare NHS Foundation Trust (including local governors, public members and staff working within the hospital and in the community)
- North East Ambulance Service NHS Foundation Trust (including community paramedic staff based at the hospital)
- NHS England (Cumbria, Northumberland and Tyne & Wear)
- North of England Commissioning Support (NECS)

Local authority

- Chief executive
- Care and Wellbeing Scrutiny Committee
- Rothbury ward councillor – Steven Bridgett
- Parish councils (Brinkburn, Callaly, Cartington, Elsdon, Harbottle, Hepple, Hesleyhurst, Hollinghill, Longframlington, Netherton, Netherwitton, Nunnykirk, Rothbury, Rothley, Snitter, Thropton and Whitton & Tosson)

Health and Wellbeing Board

- Officers and members of the board

MP

- Anne Marie Trevelyan

Healthwatch Northumberland

- Chair, lead officers and members of the Healthwatch board

Community and voluntary sector

- Northumberland Community Voluntary Action (CVA)
- Community Action Northumberland (CAN) – including Friends of Rural Northumberland
- Carers Northumberland
- Age UK Northumberland
- Community Groups including Coquetdale League of Friends, Upper Coquetdale Churches Together and Upper Coquetdale Bereavement Visiting Service
- Residents groups
- Groups which support older people their families and carers
- BME groups
- Disability groups

Public

- Key users of the service, especially men and women residing in Rothbury and surrounding area of retirement age (over 65)
- Older men and women with chronic health conditions
- Rothbury Practice patient participation group
- Public generally

Third sector

- HospiceCare North Northumberland

Media

- Journal and Chronicle
- Northumberland Gazette
- Over the Bridges – Church magazine
- Regional TV and radio

8. Understanding key audiences

The practice patient population of Rothbury is 5,700 with 1,800 patients over the age of 65 which make up 32% of the Rothbury practice list. This compares to a Northumberland average of 23% over the age of 65.

It is clear from the engagement activities how much people value the care they have received in Rothbury and the very high standards and compassion experienced by patients from the staff looking after them. The public meeting on 17 November was extremely well attended (approximately 300 residents) which demonstrated the strong sense of feeling amongst the local people who fear the ward may close permanently.

The proposed permanent closure of the ward is likely to result in an adverse reaction from the public, as it will be seen as much needed service being lost. Following the temporary closure, a campaign group was set up, called Save Rothbury Cottage Hospital. The membership of the group consists of local residents, former and current Rothbury practice GPs, and the local councillor, Steven Bridgett.

The campaign group are collating views from the community and have made proposals about the future use of the hospital. These include expanding the existing services, particularly physiotherapy and using the hospital more intelligently to incorporate social and palliative care.

In Berwick, the MP (with whom the CCG has regular discussions to ensure she is well briefed about issues/challenges etc) has raised the importance of retaining local services, particularly for respite and palliative care and is now actively engaging with the campaign group.

In Rothbury and the surrounding area, there are many parish councils who take a very keen interest in any proposals or plans to modify health and social care services

in the area, so it is the intention during this consultation to work very closely with all of these councils.

It is also recognised that some of the nurses and other staff working in the hospital will have spent many years there and that any proposed change could be difficult for them. While, from the discussions with the Trust it seems that the staff understand that the numbers are now low and that a new model is needed, care will need to be taken to ensure that there is good and ongoing communication with them – and importantly, that they feel included in the consultation.

Communications and engagement with key audiences will be as follows:

***NHS audiences**, such as:*

- The Northumberland CCG North locality group, which has representatives of every GP practice in the North locality including the Rothbury Practice, so that they are able to contribute and also respond to queries from their patients and staff and can also help to promote the consultation.
- The CCG's North Locality Directors, to ensure they are up to date and to seek their support in raising awareness.
- North locality practice patient participation groups so that their members have the opportunity to contribute to the consultation.
- NHCFT (so that their nurses and other staff working within the hospital, local governors and public members are able to respond to queries and that they have the opportunity to contribute)
- North East Ambulance service so that local community paramedics are aware of the consultation and are able to respond to any queries from patients and also so that the Trust can respond to the consultation.
- NHS England Cumbria, Northumberland and Tyne & Wear (so that NHS England is made aware of the work so that any necessary parliamentary briefings can be made and the Department of Health kept updated).
- NECS so that the communications and engagement leads aware of the consultation plan so that they can deal with any queries they may receive during their day to day work and to avoid any clashes of dates over events.

Northumberland County Council, including:

- Ensuring that members and key officers have the opportunity to contribute and enough information to be able to respond to any inquiries they may receive.
- Ensuring that the overview and scrutiny committee is updated throughout the consultation so they are fully aware of the process, have the opportunity to comment on the process and also comment on the proposals.

Health and Wellbeing Board so that members are aware of the consultation and have the opportunity to consider who it relates to the joint health and well-being strategy and also to comment on the proposals

MP for Berwick so she is aware of the proposals, are able to respond to any queries she may receive from constituents and also to respond to the consultation.

Healthwatch Northumberland to seek their advice on and involvement in the consultation process, to ensure they have sufficient information to be able to involve their membership and to respond to the consultation.

Community and voluntary sector groups, residents groups etc – to ensure they have information about the consultation and the opportunity to comment (this will include groups with relevant protected characteristics and also any local groups such as those for older people).

Public so that they are aware of the consultation, understand the proposals and how they can comment. This will include targeting older people, their families and carers via residents and community groups as indicated above etc.

Editors/health correspondents of local and regional newspapers so that they have a good understanding of the proposals and opportunities for people to comment and hopefully to minimise the risk of inaccurate coverage.

9. Methodology

It is recognised that any consultation about the inpatient service at the hospital is likely to attract significant interest with the public and the media and it is therefore vital that a robust consultation process is carried out.

Activity

- **Leading up to the launch and during consultation**

The CCG has been committed to ensuring robust communication and engagement. Key stakeholders have been made aware of the engagement activities to find out what is important to the local community about the hospital. They have been advised that feedback has been used to help shape future commissioning intentions.

It will be a priority to ensure these key partners, particularly those who may receive calls from members of the public, continue to receive timely information and updates. At launch, the consultation document will be shared widely and existing tried and tested internal and external channels of communication will be optimised wherever possible to share information.

- **Distribution of posters**

To ensure high levels of awareness there will also be widespread distribution of leaflets and posters. Information needs to be targeted to the over 65s (and their families), therefore the distribution list includes venues where they are likely to go

(i.e. community centres, village halls, local shops, post offices and the libraries etc). Information will be provided in different formats and languages on request.

- **Public events**

In relation to seeking feedback, there will be two planned consultation events in Rothbury to give the public the opportunity to find out more and also to make their comments known. There will also be three or four drop-in sessions. These will be led by the CCG and supported by Healthwatch Northumberland. To ensure high levels of attendance there will be paid-for advertising in the local press (including on local media websites) and on social media to promote these events.

- **Attending community groups**

Given that the key target audience is older people, their families and carers, the opportunity will be being taken to attend community groups in Rothbury and the surrounding area. Healthwatch Northumberland is being commissioned to undertake the engagement with these local groups, which will include targeting those with protected characteristics.

- **Support from healthcare and local authority colleagues to reach target audience**

The advice of the local GP practice will be sought to reach people using the service and to seek advice about any groups or mechanisms that might exist to reach service users.

Additional support will be sought from the practice, for example, by asking them to attach information about the consultation to prescriptions and generally make information available in their surgeries.

- **Stakeholder and community meetings**

It will also be important to take the opportunity to attend meetings that are already scheduled, such as Healthwatch meetings, Care and Wellbeing Committee (overview and scrutiny) and the Health and Wellbeing Board and to proactively offer to meet with other local and community and voluntary sector organisations, including parish councils. In doing so, it will be important to ensure that the level of engagement is in line with that set out in the latest guidance from NHS England, *'Transforming Participation in Health and Care'* particularly in terms of reaching those groups which have the worst health status.

- **Independent survey**

An independent survey will be available to target older people, their families and carers and others with an interest in inpatient services at the hospital. This will be available online and hard copies will be made available in libraries, post offices, local shops etc. The survey will be independently evaluated.

- **Digital media**

The CCG's webpage will have a dedicated page for the consultation which will include a short video and digital media will be used including social media. We will use the Northumberland Gazette press website to advertise details of the consultation and public meetings. Activity on Facebook via the NHS Northumberland CCG page and posts will be boosted at key intervals during the consultation. There will also be concerted efforts to target specific groups via social media, in particular the Save Rothbury Cottage Hospital campaign group.

- **Feedback monitoring**

To ensure all feedback is properly logged and responded to, there is one central coordinating office (Northumberland CCG communications team) to monitor and respond to emails, letters and telephone calls etc. Following attendance at any meetings there will be a requirement to complete a pro-forma to ensure consistent information is collected about key issues raised and levels of attendance. .

A schedule of key activity based on the above can be found in appendix 1.

10. Risks and mitigating actions

Loss of public confidence in local NHS
The strength of feeling in Rothbury about changes to the services provided at the hospital is clear. People have valued the inpatient care and are feeling a sense of loss since the temporary suspension. The engagement process showed that some are not clear about what patients are suitable for care on the inpatient ward or indeed about other services provided from the hospital.

The communications and engagement plan supporting the consultation is robust and ensures high levels of awareness raising about the proposal, the opportunity to develop new services at the hospital and to build on existing community services, the case for change and how people can make their views known.

The CCG is also willing to attend meetings with all key stakeholders, including the MP, local councillors and local community groups during the consultation and maintain in close contact with the campaign group to respond to emerging concerns, questions etc.

There will also be good and timely communications with staff who work at the hospital, including those who have been relocated as a result of the temporary suspension of the inpatient ward. Some of them will live locally and should be able to answer questions from neighbours and family members about the process and also to be able to provide them with accurate information about what is happening (and why).

People will be reassured that their views are being listened to and that they will be taken into account at the end of the process.

In the event of any misinformation about the proposals, there will be immediate action to correct this and to provide any clarification that may be necessary.

Key stakeholders do not feel that they have been properly engaged
As outlined above, the strength of feeling about changes to the services at the hospital is clear.

In addition to communicating with and engaging specific groups and individuals as indicated above, the CCG has plans to ensure that it takes all reasonable and appropriate steps to reach those most likely to use services such as those provided by the inpatient ward i.e. older people and their carers.

Level of public concern about the consultation becomes a major distraction and detracts from the process
As above – there is a robust communications and engagement plan underpinning the consultation with involvement of all key stakeholders, including concerted efforts to reach the potential users of the inpatient ward and their carers. In the event of high profile campaigning, steps will be taken to meet with lead individuals and to ensure two way channels of communications to ensure they have the correct information and to provide any clarification that might be needed.

The consultation results in a referral to the Secretary of State or a legal challenge
As above – there is a robust communications and engagement plan underpinning the consultation to ensure it is in line with all statutory requirements and best practice. This includes maintaining regular contact with the health scrutiny committee about the process. Should the committee raise any concerns that more communications and engagement activity is required, these will be promptly addressed. Steps will also be undertaken to ensure that the committee understands the case for change and opportunities to develop more services at the hospital.

The decision making will be in line with the NHS England assurance process around service reconfiguration.

11. Timescales

The consultation process will need to extend over 12 weeks and it is proposed it would be conducted from 30 January to 17 April 2017.

A comprehensive consultation programme including a public meeting, focus groups and online and printed surveys will be carried out as outlined above. It will be important to have a mid-consultation review, involving Healthwatch and other key partners to check if messages are reaching people and if any additional activity is needed etc.

It should be noted that Purdah for the Local Council elections starts 23 March 2017 with the new council expected to meet 24 May 2017. While the consultation can continue through Purdah no formal announcement can be made in this period; it will however provide the opportunity for the consultation results to be fully considered ahead of any formal announcement on the way ahead. It is anticipated that any announcement will be no earlier therefore than June 2017.

An outline of key dates and activities can be found in appendix 2.

12. Budget/resources

Communication and engagement will be managed by the CCG with support from the North of England Commissioning Support (NECS) communications and engagement team and will take place through routine day-to-day activities using existing mechanisms.

However, there will be costs for the following:

Item	Estimated cost
Development, management and evaluation of online survey (with monthly updates during consultation process)	£4,500.00
Design of consultation document, posters and leaflets	Incorporated within current arrangements
Printing x 500 copies of consultation document	£362.00
Printing x 1,000 copies of consultation summary document	£460.00
Printing flyers for prescriptions x 5,000	Awaiting quote
Printing A4 posters x 15	£15.00
Postage costs for targeted distribution of consultation document	Awaiting quote
Promotion of consultation and public events via Facebook (inc management fee)	£940.00
Advertising on newspaper websites (Northumberland Gazette)	Awaiting quote
3 x Newspaper advertisements about public events	£483.12
Hire of venues for public meetings/events	Awaiting quote
Commissioning Healthwatch Northumberland to carry out discussions at local groups	Awaiting quote
Contingency (10%)	

TOTAL	

13. Evaluation

NECS communications and engagement team are providing support to the CCG with media and digital communications. They will provide a month by month update on the communications elements during the consultation. This will include:

Activity	**Metric**	**Success criteria**
Website updates	Analytics showing unique visits and click throughs	Increase in traffic driven to dedicated website page
Digital (video)	Number of views of video	Significant contribution to reach
Digital (Facebook)	Number of likes for dedicated campaign page Number of community/social interest groups interacted with Reach of boosted posts	Significant engagement and interaction with voluntary and community groups. Conversations around key messages. Myth busting
Digital (Twitter)	Likes and retweets Increase in followers Impressions and reach of tweets	Significant engagement and interaction other stakeholders.
Digital (MY NHS email)	Open rates Click through rates	Increase in traffic to website and/or survey
Media relations	Coverage achieved including sentiment, inclusion of key messages and reach	Significant contribution to reach

There will also be close working with partner organisations who will be asked for their views on the process i.e. so that consideration can be given to whether more needs to be done to raise awareness etc. Also, there will be a mid-consultation review to check that the messages are reaching people and to explore whether any additional activity is needed.

Appendix 1: Activity Schedule (still to be added)

	JANUARY					FEBRUARY				MARCH				APRIL				MAY		
Activity	02/01	09/01	16/01	23/01	30/01	06/02	13/02	20/02	27/02	06/03	13/03	20/03	27/03	03/04	10/04	17/04	24/04	01/05	08/05	15/05
CCG JLEB				X				X				X				X			X	
North Locality meetings	X				X				X					X				X		
Brief key stakeholders NHCFT, GPs, LA, MP, Staff, Media				X	X	X				X										
Consultation document design proof /sign off and printing				X																
Survey delivery / online / feedback				X																
Launch consultation					**X**															
CCG webpage live					X															
Distribute consultation document					X															
Distribute posters					X															
Press releases					X		X		X		X		X		X					
Newspaper adverts						X				X				X						
Facebook paid for posts						X		X		X		X								
Public meetings						X					X									
Drop-in Sessions							X		X		X		X							
Info in GP surgeries					X	X	X	X	X	X	X	X	X	X	X					
Community group meetings						X	X	X	X	X	X	X	X	X	X					
Mid-point review										**X**										
CCG Governing Body							X									X				
CCG Members' Meeting										X										
CCG Wide Patient Forum								X												
NHCFT Board Meeting				X			X					X					X			
NHCFT Governors' Meeting				X			X					X					X			
OSC Care & Wellbeing Meeting					X								X							
Health & Wellbeing Board						X									X					
End of 14 week consultation																**X**				

Appendix 2: Outline of key dates and activities

Date	Activity	Communication	Lead
DECEMBER			
07/12/16	Meeting with Cllr Bridgett		
07/12/16	North Locality Meeting		
08/12/16	Overview and assurance steering group		Rachel Mitcheson
08/12/16	NCC Health & Wellbeing Board		
15/12/16	Meeting with Save Rothbury Hospital group to discuss co-design		Stephen Young
TBC	Meeting with NECS to scope consultation document design and printed materials		Emma Robertson
TBC	Meeting with Explain to scope consultation survey and analysis		Emma Robertson
21/12/16	CCG JLEB		
JANUARY			
04/01/17	North Locality Meeting		
TBC	Submit draft consultation document to NHS England		
TBC	Explain to deliver final survey		
TBC	Final consultation document to NECS for printing		
25/01/17	Meeting with Save Rothbury Hospital group		Stephen Young
25/01/17	CCG JLEB		
25/01/17	NHCFT Council of Governors Meeting		
26/01/17	NHCFT Board Meeting		
30/01/17	**Consultation starts**		
31/01/17	Care & Wellbeing Overview and Scrutiny Committee		
FEBRUARY			
01/02/17	North Locality Meeting		
09/02/17	NCC Health & Wellbeing Board		
15/02/17	CCG Governing Body Meeting		
15/02/17	NHCFT Council of Governors Meeting		

16/02/17	NHCFT Board Meeting		
22/02/17	CCG JLEB		
MARCH			
01/03/17	North Locality Meeting		
08/03/17	CCG Members' Meeting		
22/03/17	CCG JLEB		
22/03/17	NHCFT Council of Governors Meeting		
23/03/17	NHCFT Board Meeting		
23/03/17	Start of purdah		
28/03/17	Care & Wellbeing Overview and Scrutiny Committee		
APRIL			
05/04/17	North Locality Meeting		
13/04/17	NCC Health & Wellbeing Board		
17/04/17	**End of 12 week consultation**		
17/04/17	Analysis of feedback and consultation consideration period		
19/04/17	CCG Governing Body Meeting		
26/04/17	CCG JLEB		
26/04/17	NHCFT Council of Governors Meeting		
27/04/17	NHCFT Board Meeting		
MAY			
04/05/17	Local council elections		
24/05/17	Council re-meets		
TBC	Outcome of the consultation announced		
JUNE			
21/06/17	CCG Governing Body Meeting		

Appendix D

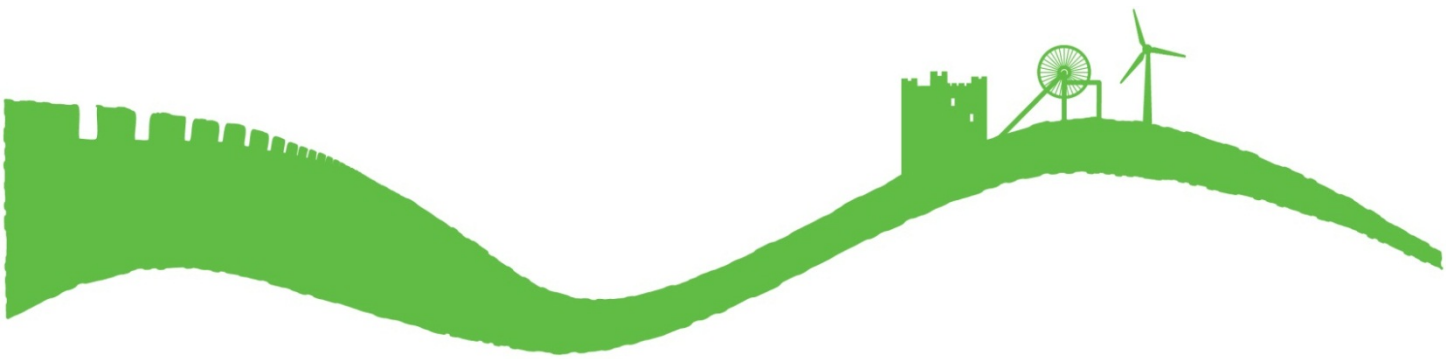
Consultation Feedback Report (incorporating ‘Coquetdale Cares – The Community Vision’)

NHS
Northumberland
Clinical Commissioning Group

Proposed Changes at Rothbury Community Hospital

Feedback Received During Public Consultation

June 2017



1 Purpose of report

To outline feedback received during public consultation about proposed changes at Rothbury Community Hospital and also emerging themes for consideration by the NHS Northumberland Clinical Commissioning Group (CCG) Joint Locality Executive Board.

2 Background

During summer 2016 NHS Northumberland CCG set up a steering group to look at how beds are being used in community hospitals across Northumberland. This included health and care professionals from the CCG and Northumbria Healthcare NHS Foundation Trust. The group considered community hospital use against a background of:

- Medical advances which are reducing the length of time that people stay in hospital
- The national and local drive to provide more care out of hospital
- The considerable financial and operational pressures facing the health and care system in Northumberland.

The group noted that from September 2015 to August 2016 there were a total of 123 admissions to Rothbury Community Hospital from the town and surrounding area plus a further 45 involving people from outside the catchment area. On average these figures equate to half of the beds being used at any one time during that year.

Given these initial findings, working with the Trust, the CCG decided in September 2016 that there should be a temporary suspension of inpatient care at the hospital while a thorough review was carried out.

Public engagement then took place including three drop in sessions when local people were invited to share their views with representatives from the CCG and Trust. A number of overall themes emerged including:

- Referral process – confusion about how people are referred to the hospital, different perceptions about the type of care provided, questions about the management of the beds and suggestions that the beds should be used to alleviate bed blocking elsewhere in the system

- Care in the community – comments that some people did not want care at home and queries about the quality of care and level of resource needed and a sense that this care is inadequate and also intrusive

- Rurality and travel – significant number of comments about the area's rurality, lack of public transport and difficulties in visiting loved ones admitted to other hospitals

- Future use of the building – many feared that the building would close – others supported the extension of current services and some wanted a small general hospital with urgent and emergency care as well as inpatient and outpatient services

- Combined use – the need to consider health and social care beds and comments about how the inpatient ward is valued for convalescing, respite, end of life care and palliative care, particularly because of the lack of a local nursing home or hospice.

The report following the review, which also included feedback from the engagement, was shared with the local community at a public meeting in November 2016. It is available at www.northumberlandccg.nhs.uk/nhs-publish-findings-review-inpatient-services-rothbury-community-hospital

A number of weeks were then spent considering options for the future use of the hospital. The options and the criteria used to evaluate them (which included an assessment against how each would meet the requirement for the CCG to demonstrate efficient, effective and economic use of resources) are available at www.northumberlandccg.nhs.uk/get-involved/RCHconsultation

In terms of identifying a preferred option, views were also sought from all GP member practices and in particular those in the north locality, which includes Rothbury and the surrounding area.

There was then a discussion at the Joint Locality Executive Board which includes GP representatives from each of the Northumberland localities. The Board agreed that the following was the preferred option (this was the same as the preferred option of the north locality):

Permanent closure of the 12 inpatient beds and shape existing health and care services around a health and wellbeing centre on the hospital site.

While there would no longer be an inpatient ward at the hospital the proposal provided an opportunity to consider the further development of health and social care services at the hospital site, including the possible relocation of the Rothbury GP Practice (which was already under discussion) and more outpatient services.

The main reasons for this decision were:

- It enables better use of existing health resources
- The temporary suspension has not resulted in any unexpected service pressures
- It enables further services to be delivered in and/or based at the hospital
- It supports the national strategic direction
- Primary care services operating at the hospital provides a long term sustainable model.

Formal public consultation began on 31 January and extended over 12 weeks until 25 April 2017.

3 Methodology

The consultation document **(Appendix A)** and other consultation materials were shared with a wide range of local groups, organisations and interested parties.

- Copies of the consultation document, summary leaflet and paper copies of the consultation survey were distributed to the GP practice and the hospital and in other public venues such as the library, swimming pool and golf club, as well as local post offices and village halls in neighbouring villages.

- A briefing was sent to key local stakeholders, including representatives of Northumberland County Council, parish councils, Healthwatch and the community and voluntary sector, along with copies of the consultation document, summary leaflet and paper copy of the survey.

- Copies of the documentation were emailed to all those who had attended the pre-consultation public meeting. Copies were also sent to members of My NHS (an electronic database with members of the public who have an interest in local NHS services) with a NE65 postcode.

- Posters to raise awareness of the consultation and to promote the public meetings and drop-in events were distributed around local shops, public houses and the post office in Rothbury.

- Two thousand information cards were distributed via the GP surgeries at Rothbury and Longframlington and at the public meetings and drop-in sessions.

Opportunities were also taken to use digital media to promote the consultation.

- There was a dedicated page about the consultation on the CCG's website: www.northumberlandccg.nhs.uk/get-involved/RCHconsultation. This included the consultation document, a link to an online survey and any other relevant information.

- A short video was produced with information about the consultation and the rationale behind the proposal. This was made available on the CCG's YouTube channel, the CCG's website and social media channels.

- Activity on the CCG's Facebook page was increased at key intervals during the consultation with four dedicated posts. There were also four paid-for posts scheduled for the weeks starting 13 February, 20 February, 6 March and 20 March.

- Fifty dedicated tweets were posted during the consultation period.

Opportunities were also taken to achieve media coverage including through paid-for advertising.

- A whole page of advertisements in the news pages of the Northumberland Gazette website ran for four weeks from 27 February to 26 March. Three advertisements were also printed in the Northumberland Gazette to promote the consultation and public meetings on 9 February, 2 March and 23 March.

- A full page article was included in a health supplement produced by Northumbria Healthcare NHS Foundation Trust and published within the Northumberland Gazette in February. A further 1,000 copies were distributed to GP practices in Rothbury and Alnwick, Rothbury Community Hospital and Alnwick Infirmary and at public meetings and drop-in events.

- The CCG distributed five press releases during the consultation (January 31, February 14, March 7 and 23, 18 April) covering the start of the process, information about the public meetings and drop-in sessions and other ways of making comments known and also to remind people that they still had time to comment.

There was an online survey prepared by an independent research company which hosted and evaluated it. As outlined above hard copies of the survey were also made available including for those who were unable to access it electronically. A total of 376 people participated.

Two articles were prepared to appear in Over the Bridges, a local community newsletter published by the Rothbury churches.

Two public meetings and four drop-in sessions were held as follows:

Public meetings

Thursday 16 February – 2 to 4pm, Jubilee Hall, Bridge Street Rothbury
Thursday 30 March – 6.30 to 8.30pm, Jubilee Hall

Drop-in sessions

Saturday 4 March – 10 to 12noon, Jubilee Hall
Monday 13 March – 4 to 6pm, Rothbury Community Hospital
Tuesday 21 March – 6 to 8pm, Rothbury Community Hospital
Wednesday 5 April – 2 to 4pm, Jubilee Hall

All comments received during the consultation and comments made at public meetings and drop-in sessions were collated by the CCG. The meetings were arranged on different days and at different times to provide as much access as possible.

People were able to comment in a number of ways:

- complete the survey (online or hard copy)
- email, write to or phone the CCG
- attend one of the public meetings or drop-in sessions.

The CCG asked Healthwatch Northumberland to conduct some discussion groups to target older people who may not be able to attend the public meetings or access the information in other ways.

On 16 March representatives from the CCG met with a colleague from Healthwatch to have a mid-point discussion about how the consultation was progressing and whether any additional activity was required. One of the items discussed during this meeting was around Healthwatch following up initial contact made with community groups representing or working with older people to confirm whether or not they wished to meet. It was also agreed to send out further press releases to remind people about the consultation and their opportunities to comment.

Representatives of the Northumberland County Council care and wellbeing committee (the overview and scrutiny committee) and the Health and Wellbeing Board were briefed prior to and during the consultation.

4 Feedback received

A table summarising all feedback received via emails/letters, from the campaign group, community groups, the county councillor for Rothbury, parish councils and the MP for Berwick upon Tweed is available is available at Appendix B.

4.1 Emails/letters from members of the public

There were 15 comments from members of the public, none of whom expressed any support for the proposal. One included a lengthy response that had many of the same points as the report submitted by the Coquetdale League of Friends (see Section 4.3) and two others included a very similar letter (one of which included email correspondence which indicated that the response was based on the campaign group response and that it had been shared within the community for people to use in case they had not completed the online survey or had not had the opportunity to submit comments).

Eight commented on distance and travelling difficulties. Comments included that elderly people would rather stop at a local hospital than be transported to Cramlington and then be ‘kicked out in the middle of the night’ and told to find their own way home, that families struggled to visit their loved ones, lengthy round trips of up to 100 miles for hospital care, infrequent bus services and the time and cost of travelling by public transport.

Six made specific comments about the need for end of life beds, including comments that dying at home is not an option for everyone and that there needs to be someone available 24/7 who is able-bodied, strong, capable and not working.

Five made comments about physiotherapy services at Rothbury Community Hospital, including the need for more provision and that the consultation document indicated that some patients weren’t suitable for admission to Rothbury due to a lack of physiotherapy.

Five made comments about the impact of the interim and proposed permanent bed closure on beds elsewhere, including comments about high levels of bed occupancy at Alnwick Infirmary.

Four made comments about the impact of the interim and proposed permanent bed closure on health and care staff who are caring for patients in the community.

Four made comments about finances including the Private Finance Initiative annual payments and querying the figure of £500,000 that had been included in the consultation document for financial savings.

Three made comments that were critical of the bed management at Rothbury including that the under occupancy had been deliberately managed.

Two commented on the lack of evidence supporting the interim closure of the beds.

Two commented on other facilities that could be included in a health and wellbeing centre, one of whom said that if the CCG was 'hell bent' on closing the beds it should make an effort to truly make the hospital a health and wellbeing centre. She gave a number of suggestions for services that could be in such a centre, including falls clinics, back care, neuro physiotherapy, physiotherapy for women's health, work station assessments, cardiac rehabilitation, drop-in sessions for farmers and young people, carer support groups, dementia cafes, weight management and smoking cessation. She said there could be more musculo-skeletal physiotherapy at the hospital and that some Rothbury people were currently going to Alnwick Infirmary for this service as the waiting lists were shorter there. She also said the gym could be better used with sessions supervised by a health assistant. The second person said that the hospital should also be used as a centre for the frail and elderly, particularly those living in rural locations to come in for chiropody, social care and to combat loneliness.

Other comments included the need for respite care and people giving their personal experiences including one of an unsatisfactory stay in an acute hospital who would have 'leapt' at the chance to go to Rothbury and another of waiting three weeks for a care package to be arranged following hospital discharge.

4.2 Response from the Save Rothbury Community Hospital Campaign Group (including petition)

4.2.1 Petition

When the Save Rothbury Community Hospital Campaign group was started during autumn 2016, it launched a petition, which stated:

> *"We the undersigned, call upon the NHS Northumberland CCG and Northumbria Foundation Trust to safeguard the future of Rothbury Community Hospital and re-open the ward with immediate effect.*
>
> *"Why is this important?*

"The Save Rothbury Hospital Campaign believe that the suspension of inpatient services at Rothbury is having significant adverse consequences for our local population. We want to protect this precious and valuable resource. We ask the NHSCCG and NHS Foundation Trust to think with their hearts – not with their wallets.

"The immediate effects of the sudden closure are:

1. *Patients are not being admitted to a low-tech facility close to home. This will cause a higher rate of acute admissions to the new Cramlington Hospital.*
2. *Patients are unable to return to a low-tech facility for rehabilitation, and discharge planning, close to home after an acute admission elsewhere.*
3. *Most crucially of all – we are left with no facility to provide end of life care for patients close to home, if circumstances, including patient choice, mean they cannot be cared for in their own homes.*

"The people who are suffering (and will continue to suffer) as a result of this heartless decision are our frail and vulnerable residents of Rothbury and Coquetdale. We refuse to allow this to happen – we care about all of our people."

The petition with more than 5,000 signatories was presented to the CCG at the public meeting on 30 March 2017 by retired Rothbury GP, Dr Angus Armstrong on behalf of the campaign group.

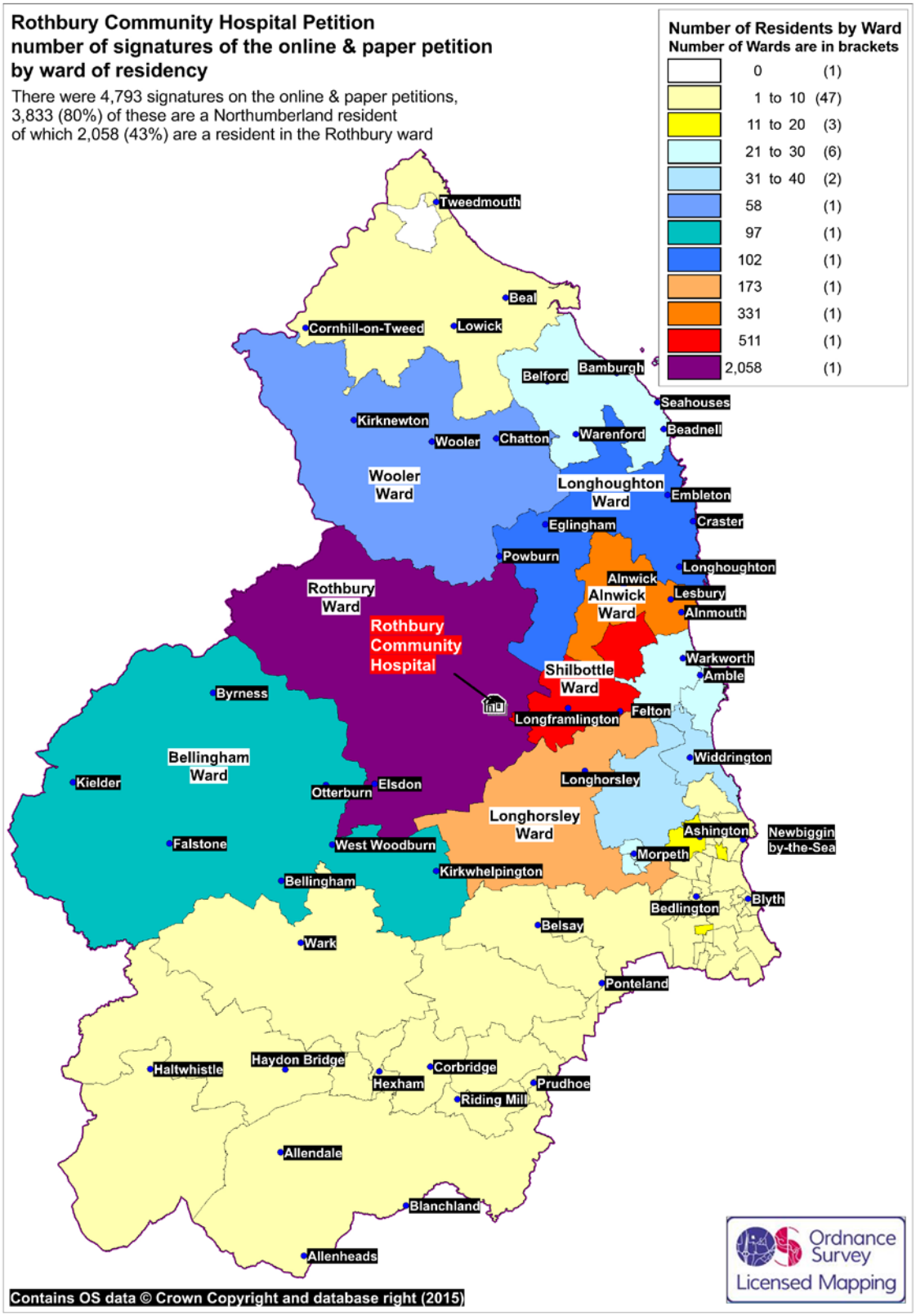
This was subsequently analysed by the North of England Commissioning Support Unit (NECS) on behalf of the CCG.

Analysis focused on 4,793 signatures (online and paper). This total included 326 which were queried as duplicates i.e. same name and same address. However, the analysis excluded 360 where the address was illegible or incomplete.

The analysis showed that 80% (3,833) of the signatories lived in Northumberland, of whom 43% (2,058) were resident in the Rothbury ward (i.e. County Council electoral ward).

To provide an idea of where in Northumberland the 80% of signatories lived, a map was prepared by NECS (see below). This showed that there were a significant number - over 1,000 - signatories from the council wards of Shilbottle, Alnwick, Longhorsley, Longhoughton and Bellingham, some of whom will live nearer to other hospitals.

The 20% who did not live in Northumberland provided postcodes which showed they lived elsewhere in England and in Scotland and Wales.


Rothbury Community Hospital Petition
number of signatures of the online & paper petition
by ward of residency
There were 4,793 signatures on the online & paper petitions,
3,833 (80%) of these are a Northumberland resident
of which 2,058 (43%) are a resident in the Rothbury ward
Number of Residents by Ward
Number of Wards are in brackets
0 (1)
1 to 10 (47)
11 to 20 (3)
21 to 30 (6)
31 to 40 (2)
58 (1)
97 (1)
102 (1)
173 (1)
331 (1)
511 (1)
2,058 (1)
Tweedmouth
Beal
Cornhill-on-Tweed
Lowick
Belford
Bamburgh
Seahouses
Kirknewton
Wooler
Chatton
Warenford
Beadnell
Wooler Ward
Longhoughton Ward
Embleton
Eglingham
Craster
Powburn
Longhoughton
Alnwick
Alnwick Ward
Lesbury
Alnmouth
Rothbury Ward
Rothbury Community Hospital
Warkworth
Amble
Shilbottle Ward
Byrness
Longframlington
Felton
Bellingham Ward
Widdrington
Kielder
Otterburn
Elsdon
Longhorsley
Longhorsley Ward
Ashington
Newbiggin by-the-Sea
Falstone
West Woodburn
Morpeth
Kirkwhelpington
Bellingham
Bedlington
Blyth
Belsay
Wark
Ponteland
Haltwhistle
Haydon Bridge
Corbridge
Hexham
Prudhoe
Riding Mill
Allendale
Blanchland
Allenheads
Ordnance Survey
Licensed Mapping
Contains OS data © Crown Copyright and database right (2015)

4.2.2 Formal response

The Save Rothbury Community Hospital Campaign Group submitted a 54-page response to the CCG outlining its concerns about the proposal and also the points of agreement. The full response is attached as Appendix B(i).

The report is clear that they believe that the suspension of the inpatient beds was having 'significant adverse consequences' for their local population.

Points of agreement included:

- acceptance that Options 1,2,3 and 4 by themselves were not viable and should not be pursued
- acceptance that respite care is not provided by the NHS and has no bearing on the use of the hospital's beds
- public consultation is about Option 5
- the commitment of the Trust and the Rothbury Practice to use part of the building for general practice purposes (which they wholeheartedly supported).

However, their challenges included:

- **questions around the CCG's projected savings of £500,000**, including their own analysis of staffing costs and comments about the financial impact on hospitals where the Rothbury patients are now being transferred to, the financial impact on community nursing, the cost of the relocation of the GP practice to the hospital, the cost of the proposed health and wellbeing centre, financial impact on social care and the Private Finance Initiative costs (including that there was no evidence to show that the CCG had considered whether or not it could buy out this financial arrangement or to re-finance or restructure it).

- **questions around the demographic projections set out in the consultation document**, including their own analysis of projected increases in older people and plans for new house building over the next decade or so across north Northumberland

- **travel implications,** including an analysis outlining the difficulties of travelling by bus, taxi and private car

- **bed usage**, including using Rothbury Community Hospital as step-down care for patients from south east Northumberland (as they had been told used to happen)

- **concern about removal of choice** for Rothbury patients

- **questions about car ownership**, including comments that just because a car may be kept at a patient's home, this does not necessarily mean that his or her spouse can use it and the proportion of women who will be unable to drive

- **perceived discrimination against elderly women**, who would have to care for their partners at home when recovering from an illness or who, when widowed would have no one to care for them at home

- **questions about bed occupancy**, including why other community hospitals had not experienced the same decrease, concerns about high occupancy at Alnwick Infirmary and questions about what action had the CCG taken over low occupancy rates at Rothbury in the months leading up to the interim closure

- **comments about lack of clarity in references to community nursing and short term support service** in the consultation document, including comparisons they have drawn from a 'consultants' report' received by the CCG in March 2017 about community nursing capacity in Hexham

- **comments about services that may or may not be provided in** the proposed health and wellbeing centre

- **questions about a new national test introduced around proposed bed closures** and questions about how this would be applied by the CCG

- **criticisms of the consultation process, including the consultation document and the questionnaire**.

Finally, the document included a solution 'as an amendment to Option 5', referred to as Coquetdale Cares – the Community's Vision, which they said was a combination of Options 1 and 5 – 'this would bring together in one building the Rothbury Practice, the community nurses and services, a paramedic, existing clinics, 12 community hospital beds and staff, and possibly new clinics and a video connection, and links with local authority social services.

It added: 'The Team considers that the CCG should not confirm the closure of the beds in Rothbury Community Hospital, but should establish a broad based working group made up from its officers, from representatives of the Accountable Care Organisation when formed, and, say, four members of the Team, with a view to identifying which of these two Options best optimises the use of the building and satisfies the needs and views of all patients, doctors, the CCG, the ACO and the public of Coquetdale and of its vicinity'.

4.3 Responses from community groups

There were three responses from community groups: the Coquetdale League of Friends, the Upper Coquetdale Churches together and Thropton Women's Institute (WI). None supported Option 5, although the Upper Coquetdale Churches together commented that the development of new facilities would be of great value. Their comments are summarised on the feedback grid at **Appendix B.**

The League of Friends, which included a ten-page report, attached at **Appendix B(ii)**, said it had supported the hospital for over 40 years and the level of funding raised year on year showed the high esteem in which the hospital was held. They

said a way must be found to re-open and reinstate the ward. It would not stand by and see a new, well-equipped ward, which it helped to set up, be dismantled and turned into offices which would be a ‘gross waste of money’.

They said about their report: “In this document we go through some of the CCG’s consultation document, line by line, page by page, to refute some of the arguments and assumptions within.”

Their comments covered:

- under-use of beds at Rothbury Community Hospital – they believed that the situation was actively managed to ensure that the bed occupancy was low so that closure could be justified
- impact on care provided in the community by health and social care services
- impact on finances – they believed the financial problems facing the NHS are so huge that the projected savings would do nothing to help the situation and that the rent on the building would not lessen
- impact on ‘already over-stretched’ community hospitals at Morpeth and Alnwick (including references to bed occupancy of 95-97% at Alnwick Infirmary)
- criteria for admission to Rothbury Community Hospital, including suggestions of how to ensure that more patients were suitable for admission and providing booked or emergency respite care funded from the social care budget, achieved through joint working between the NHS and local authority
- the need to better staff physiotherapy services and use additional space in the hospital for GPs and visiting consultants
- how much the hospital has been missed by many people and their families
- comments about people’s experience of the emergency care hospital at Cramlington and the length of time it takes to put in place a care package once they are discharged home from Cramlington
- comments that the biggest growth in home care has been people funding themselves and families
- reference to the new national test introduced around proposed bed closures
- meeting the needs of the increasing older population, including transport difficulties
- that the local community’s comments had not been taken into account about how important the beds were

- comments on each of the options.

Finally, they said that the local community would be happy with the idea of a health and wellbeing centre as long as it was combined with Option 2, developing a combined use of the beds.

The Upper Coquetdale Churches together said that while they appreciated that the numbers of people using the hospital were small and that the options do have cost implications, they felt that it should be possible to put one of the options into operation to avoid residents having to go somewhere that is inaccessible by public transport. They said the older generation were very concerned about having to travel to places that were impossible to reach by public transport in the evening. Although Getabout runs a hospital care transport scheme this costs 40p per mile and buses are infrequent.

They said many residents remain unconvinced that health facilities provided by the hospital can be provided in the home, particularly for those living alone or with a frail partner.

They were very aware of the financial constraints on the NHS but would argue that the specific situation and needs of rural areas should be taken into account by the CCG when making decisions.

They said many of the concerns centre on the distinction between medical and social care and until this is addressed there will continue to be significant obstacles to providing suitable care for the less able and elderly.

Their informal contacts showed that residents did not yet feel convinced by the idea of a wellbeing centre although proposed facilities would be very welcome and the development of new facilities of great value.

They felt their group was representative of older people.

Thropton WI said it opposed the proposal, which they felt was discriminatory against women. Women live longer than men so more women would be left as single householders. Home care is possible when the person is not a single householder and they felt the lack of beds for widows who will need nursing through their final illnesses was discriminatory.

They commented that Rothbury has higher than county average population of older people, who will need more access to medical services and that the ward would be much needed in the future.

They also commented that they had not seen an Equality Impact Assessment.

4.4 Responses from local councillors/parish councils

There was one comment from Coun Steven Bridgett, Northumberland County councillor for Rothbury and responses from six parish councils: Alwinton, Glanton,

Hepple, Rothbury, Thropton and Netherton and Biddlestone. None supported Option 5. Their comments are included on the feedback grid at **Appendix B.**

Councillor Steven Bridgett, said he could not support the consultation given that the CCG had chosen to consult on only one option.

Each of the parish councils called for the reinstatement of the 12 beds.

Alwinton Parish Council said that the bed statistics were achieved by not allocating them and they are aware of instances where using the hospital as a stepping stone would have been appropriate. Hepple Parish Council also said they felt it was incorrect to say that there is no demand for the beds and people have been told there were no beds available even though this was not true.

Glanton Parish Council said the beds were needed in the interests of rural communities around Rothbury.

Hepple Parish Council said the main hospitals were miles away and with very little public transport, it was almost impossible for elderly friends and families without cars to visit people sent there. Rothbury, Thropton and Netherton and Biddlestone Parish Councils said they believed the beds to be a vital service for the whole of Coquetdale and beyond and that the proposed closure would have adverse consequences for the local population and in particular on frail and elderly patients.

Alwinton Parish Council also said there should be a full review of Rothbury GPs' delivery of services and they commented on some issues relating to the closure of the former Harbottle Practice.

4.5 Comments from MP

Anne-Marie Trevelyan, the MP for Berwick-upon-Tweed which includes the Rothbury area submitted a formal response outlining her concerns about the impact of the proposal on the local people and also the 'knock-on effect' it may create for the wider health system in Northumberland. Her letter is attached at **Appendix B(iii)**.

She commented on the nature of healthcare needs in Rothbury including a community spread over hundreds of miles where 30% of residents were over the age of 65, a figure that will only increase.

While she appreciated the need for the CCG to use its resources effectively, she strongly believed that maintaining the inpatient beds at Rothbury was vital to ensuring the range of palliative and respite care needs were met effectively. Time and again people had told her that the ability to visit a loved one receiving care locally was vital to the morale of both patients and their families.

Mrs Trevelyan said she understood the workforce challenges, in particular commissioning adequate community nursing cover for the most rural populations but that closing the inpatient beds was not the answer and would add pressures elsewhere in the system. This includes additional strain on the community nursing teams.

She was concerned that without the beds at Rothbury, patients will stay later on acute wards, need to be re-admitted due to a lack of appropriate care at home or need to be admitted to an alternative hospital far away from friends and family.

The temporary closure had led to increasing pressures at Alnwick Infirmary which she understood was close to capacity and had been for some time. Some people in the north and east of her constituency were now being forced to remain in urgent care beds at Cramlington for longer than necessary because they could not be discharged to Alnwick. She said any financial savings made by the closure of the 12 beds were being lost elsewhere in the system by these additional pressures.

Mrs Trevelyan commented on the impact of travelling to Alnwick during the winter months when parts of the Coquet Valley could be cut off at times.

Finally, she asked the CCG to pause any plans until the outcome of a study by the University of Leeds into the 'Cost, structure and efficiency in community hospitals in England' was known and to commit to working with the campaign group to develop a palliative and respite care model in Rothbury which took into account available resources and also the incredible benefit that he community beds had on patients' recuperation.

4.5.1 Adjournment debate

During the consultation period, on 9 March 2017 Mrs Trevelyan also secured an adjournment debate when she raised similar issues with Philip Dunne, Minister of State, Department of Health, calling on him to pause the consultation until the outcome of the Leeds study was known.

She also commented that Northumbria Healthcare NHS Foundation Trust was leading the way in establishing an accountable care organisation which offered real opportunities. She said the area should be the beacon for fully integrated care.

The minister responded that it was not for him to direct the CCG how to undertake the consultation and that this was a matter for local determination. He was impressed that as many as 4,500 people had signed a petition and he strongly encouraged as many as possible to participate actively in the consultation so that decision makers were aware of the views of the local population. He encouraged local people to suggest what other services they may find beneficial at Rothbury Community Hospital.

He said in the event that Northumberland became one of the pilot areas for the new type of accountable care organisation it was up to all organisations that were providing care in the area to work with the commissioners to look at all of the options available to them for the future.

Finally, he commented on the 'very high regard' that the Department of Health had for Northumbria Healthcare NHS Foundation Trust. He said its leadership was highly regarded for listening to what local people want.

4.6 Comments made in public meetings and drop-in sessions

4.6.1 Public meetings

Representatives from the CCG took notes of comments made at the two public meetings, both held at the Jubilee Hall, one on 16 February and the second on 30 March. Both meetings were well attended, the first by around 75 people and the second by around 120. Some people who attended the first meeting were also present at the second. Those attending both events were mainly middle aged and older.

BBC TV filmed some of the first meeting and did interviews that were later broadcast with the clinical chair from the CCG and also a representative from the Save Rothbury Community Hospital Campaign Group. A journalist from the Northumberland Gazette was present throughout both meetings.

At both meetings strong views were expressed about the need to retain the 12 inpatient beds and no support was expressed for the proposal. At the second meeting there were comments that the proposed health and wellbeing provision was needed as well as the beds.

At the second meeting, retired Rothbury GP Dr Angus Armstrong handed over a petition on behalf of the campaign group. This had around 5,000 signatures – 3,400 on paper and the rest were online. Dr Armstrong said people who had signed the petition either lived in or had links with Coquetdale. He said they all felt that the beds should be re-opened so that there could be involvement in discussions about long term use (i.e. of the hospital).

At the first meeting there were strong messages that local people found it difficult to access respite care. Some commented that the hospital used to provide private respite care and asked why this could not continue. A feeling was expressed that had more people known about this private provision it would have been better used.

Other comments at the first meeting included:

- boundaries between health and social care provision and finances and about whether the development of an accountable care organisation would result in flexibilities around how health and social care funding was used in the future

- a conversation was needed with the Government about the need for financial changes (i.e. over how health and social care funds are used) and until this happens it won't be possible to solve anything

- there was a model of care in Haltwhistle that worked well and why could not something similar be developed in Rothbury

- the health and wellbeing centre was just repackaging what already existed – the GPs were going into the hospital anyway, there are already outpatient services there and remote consultations just needed a laptop.

At both meetings comments included:

- the model being proposed depended on a lot of care being provided in the community and that social care wasn't adequate now and wouldn't be adequate going forward to meet people's needs

- where would the additional community staff come from

- the empty beds at Rothbury could be filled with people from other parts of Northumberland to ease bed blocking and free up acute hospital beds – at the first meeting a former nurse said that when she worked at the Freeman Hospital in Newcastle, the staff there weren't aware that they could send patients to Rothbury Community Hospital and at the second meeting one woman talked about her own experience of her family having to suggest to staff at another hospital (where she had to wait for a bed to become available) that she be transferred to Rothbury

- for many years Rothbury has always had a hospital where people could go to die and this choice had now been taken away from them

- the beds would be needed in the future given the increasing older population and the growth of new house building in Rothbury and the surrounding area

- Private Finance Initiative (PFI) costs for the hospital were high and this may discourage private providers who might be interested in setting up social care services in the community hospital – at the second meeting the county councillor for Rothbury, Coun Steven Bridgett asked if the PFI costs could be lowered, would the CCG consider re-opening the beds

- difficulties of travelling for people living in isolated rural areas – roads sometimes closed during the winter due to bad weather, lack of public transport and sometimes having to travel for hospital appointments which lasted a few minutes

- suggestions about which services could be included in a health and wellbeing centre such as neuro physiotherapy, cardiac rehabilitation, workplace assessments, women's health physiotherapy, a walk-in service for urgent GP appointments and more services for younger people and those with mental health issues.

At the second public meeting there was a much greater emphasis on questions around the evidence used to temporarily close the beds. There were comments that no evidence had been provided to show how many patients had been in the system who could potentially have been transferred to Rothbury Community Hospital at the time of the interim closure of the beds or about how many patients had chosen to go to Rothbury (i.e. before the interim closure of the beds) but had been sent elsewhere. There was a perception that more transfers (from outside the Rothbury area) could have weakened the argument to temporarily close the beds. Some queried why, if a new hospital in Rothbury was considered to be needed ten years

ago, it was not considered to be needed now. There was a comment that in rural areas, 60% bed occupancy is reasonable.

There was a discussion about an ongoing study by the University of Leeds (also referred to by the MP in Section 4.5) into the effectiveness of community hospitals which was showing that the intermediate care that could be provided in Rothbury Community Hospital was effective and economic.

There were comments about what evidence the CCG would use to respond to a fifth test that had recently been introduced nationally around proposed service change. There was also an emphasis at the second meeting on bed occupancy at Alnwick Infirmary, including comments that this was 'critically high' and that in the run up to the interim closure there were 41 nights when occupancy there was 97%.

Other comments at the second meeting included:

- people had been treated disrespectfully – the beds had closed with no discussion with community

- if there were to be increases in physiotherapy care at Rothbury, where would the physiotherapists come from – already there were long waiting lists for physiotherapy at Rothbury and people were having to go to Alnwick for a quicker appointment

- the proposed bed closure would increase demand on community healthcare staff who would be travelling 20/30 miles and that it was more cost effective to see all patients together in one place (i.e. in hospital beds)

- the consultation questionnaire was complicated and worded to get the right answers.

4.6.2 Drop-in sessions

Four drop-in sessions were held, so that local people could call in at any point and talk to CCG staff about the consultation. The meetings were arranged on different days and at different times to provide as much access as possible. A total of 18 people attended the sessions, with eight attending the first, five the second, and five at the last session. No members of the public attended the third session on the evening of 21 March. At each session, four tables were set up with either a representative from the CCG or adult social care, alongside a note taker.

At each session strong views were expressed about the need to retain the 12 inpatient beds and no support was expressed for the proposal. Many people felt that a health and wellbeing centre would be a good idea but they also wanted the inpatients beds to stay for respite or palliative care and therefore, a mix of health and social care services to be provided at the hospital.

Many attendees expressed doubt around the evidence used to temporarily close the beds and there was a belief that the usage was deliberately run down or the ward was underused because of lack of referrals. There was a belief that patients could

have been transferred from other hospital sites to increase usage or to alleviate bed blocking elsewhere in the system. One person gave an anecdotal report about people wanting to be transferred to Rothbury from other hospitals but who were not given a bed there. Overall, there was a consensus that it is a foregone conclusion that the beds will close permanently.

Although some people expressed confusion about what a health and wellbeing centre is, most were forthcoming with suggestions on what could be included, with almost every attendee requesting more physiotherapy services for outpatients and inpatients. Other suggestions included:

- Chiropody and podiatry
- Dental services
- Opticians
- Audiology services
- Cardiac and respiratory rehabilitation
- Diabetes clinics
- Outpatient aftercare
- Memory clinics or dementia café
- Parkinson's disease support
- Rheumatology and arthritis clinics
- Occupational therapy and mobility clinics
- Back care groups
- Mental health services
- Antenatal clinics and further mother and child sessions
- Youth groups
- Sexual health clinics
- Acupuncture

There were many concerns and questions raised about the provision of community care. At the first session, one attendee gave an account of the bad experience she had received with community care for a relative and another voiced concern about the safeguarding of vulnerable patients, such as those with dementia. There was doubt about the level of support that could realistically be provided, for example if there are sufficient carers to support the ageing population in Rothbury, and whether carers would be able to travel to people's houses in such rural conditions, particularly in winter.

The concerns about travelling were also extended to patients needing to go to other hospitals for treatment and for friends and family to visit loved ones. The rural roads and the lack of public transport make this difficult, especially so in winter. There were also comments that the elderly people of Rothbury would find it challenging accessing the hospital if the health and wellbeing centre and GP practice were to be based there. One person suggested the CCG should look at the option of volunteer transport groups to provide assistance.

4.7 Healthwatch Northumberland feedback from discussions with community groups

The CCG commissioned Healthwatch Northumberland in its role as the local consumer champion for health and social care to make contact specifically with older people in the Rothbury area during the three month consultation period. The purpose was to better understand their feelings about the proposal and to gather ideas for services which could be provided from or in the proposed health and wellbeing centre.

To do this Healthwatch created a community feedback form, available online and in hard copy. The form asked for some demographic information and the first part of the postcode of those responding. It explored how people felt about the proposed permanent closure of the inpatient ward, including any concerns they might have about this, levels of awareness about services now provided in the community, how people felt about more care being provided in the home rather than in hospital and how they felt about the proposed development of a health and wellbeing centre and what services they thought could be provided there.

They received 23 completed forms (17 hard copy and six online). Around two-thirds (16) were from people aged 66 to 80, five between 46 and 65 and two were 80+. All lived in areas with Rothbury and Alnwick postcodes.

They also contacted and offered to meet with 26 community and voluntary sector groups working with or for older people in the Rothbury area. Five took up the offer:

- Rothbury Surgery Patient Participation Group
- Upper Coquetdale Churches Together
- University of the Third Age (U3A)
- Rothbury Women's Institute
- Carers attending the Carers Northumberland Support Group.

Forty-one people attended the meetings and they interviewed one person who was unable to attend by telephone. Discussions at the meetings focused on the questions relating to the proposal on the community feedback form.

The full report is attached as **Appendix C.**

The main issues to emerge were:

Boundaries of social and healthcare – there was a theme of the dividing line between the roles and responsibilities of health service providers and social care providers becoming more blurred. People were worried that care staff were not well trained or supported, which together with logistical concerns raised questions about the quality and efficacy of services. While the availability of care homes in Alnwick was noted, the lack of provision in Rothbury was identified as a serious gap and one which did not give equal access to services.

Equity – being able to access services from Rothbury and the Coquet Valley was seen as an issue of fairness and equity for older people living in rural areas,

particularly those on fixed incomes or who did not drive and where distances and weather could affect the ability of providers to maintain a service. A discussion from a Women's Institute group which was reported highlighted the situation for single, widowed and ageing women which then broadened out to all those without support networks.

Uncertainty – this was related to the detail of the actual services being proposed, where there was a feeling that the current descriptions assumed best case scenarios but what if someone was not the 'perfect patient' i.e. had more complex needs, or their home was unsuitable for adaptations or equipment.

Health and wellbeing centre – in terms of what services could be provided in a health and wellbeing centre, the following were suggested:

- Orthopaedic assessment
- Group therapy – movement to music
- Speech and language therapy
- Rheumatology clinic
- Mental health groups/drop-ins
- Resource for carers – own space and store for equipment and supplies
- Podiatry
- Opticians/eye clinic
- Information and advice – elderly medicine care
- Palliative/end of life care
- Physiotherapy
- Minor injuries/X-ray

4.8 Independent evaluation of survey

A company was commissioned to undertake some independent research as part of the consultation process. This took the form of an online survey (for which hard copies were also made available), developed, hosted and evaluated by the company.

The aims included understanding perceptions around the proposed change and any concerns people might have, gauging levels of support for the proposal and understanding how people felt service provision could be improved.

The survey was live throughout the 12 week consultation process and hard copies were made available at public meetings and drop-in sessions (with pre-paid envelopes so that they could go direct to the independent company for analysis). **A report from the company is available as Appendix D.**

The total number of responses for the online survey was 291 and 85 hard copies were completed, with 376 engaging in the research overall.

Around two thirds (63%) were female and around a third (35%) were male. 81% were aged over 51 (of whom 45% were over 65). 31% had a long term condition or a disability and 13% cared for someone with a long term condition or a disability.

Almost half (49%) lived in the area surrounding Rothbury, 38% in Rothbury and 13% elsewhere (the latter included people in northern Scotland, north west and southern England and New Zealand).

Awareness was high about the inpatient beds at Rothbury Community Hospital (99%) and also about the availability of physiotherapy at the hospital (92%). Lesser known services provided from the hospital were occupational therapy in people's homes (60%), physiotherapy in people's homes (50%) and child health clinics (50%).

In response to a question about use of services at Rothbury Community Hospital over the last 12 months, 12% said they or a family member had been an inpatient, 34% had used other services and 54% had not used any of the services.

Overall, 85% of those surveyed said they had read the consultation document. Evaluation showed 98% were aware of the proposal to permanently close the inpatient beds.

More than three quarters (77%) viewed the proposal to permanently close the beds as very negative, with a further 14% stating they felt negative.

96% said they had concerns about the proposal which included distance, loss of local services, impact on older people, difficulties around travelling and transport including public transport and cost, palliative care and bed blocking.

92% were aware of the proposal to develop a health and wellbeing centre, of whom 52% viewed this as negative or very negative. 20% viewed this as positive or very positive and 29% were neither positive nor negative.

When asked about their view of increasing the availability of physiotherapy services, the majority thought this would be either positive or very positive (40% and 36% respectively). The main comments around this were in relation to travelling and others included increased service availability and the high demand for physiotherapy due to the ageing population.

More than half (54%) expressed either a positive or very positive view on the proposed relocation of the GP practice, with a number of comments that the current facility was not fit for purpose. 32% were neither negative nor positive. The remainder were either negative (10%) or very negative (5%) and comments included access difficulties for older people.

Views were mixed regarding the use of technology to provide care closer to home; 40% were either negative or very negative, 36% were either positive or very positive and 24% were neither negative nor positive. Comments from those who were negative included personal contact being better and that elderly people would have difficulties. Comments from those who were positive included travelling and accessibility.

Overall the evaluation showed that concerns towards the proposal were high, with the majority of respondents perceiving the changes to be negative and of no benefit

to them. However, many respondents had a positive view towards the integration of services in the NHS and thought that the CCG should be making the best use of available resources. The proposed change that received the most support was increasing the availability of physiotherapy services.

Suggestions were also made about how respite or end of life care could be provided. There was a consensus that these two services could be implemented if funding was found from other sources, or if the CCG were to integrate with other local organisations.

Respondents felt it was also important for the CCG to consider how healthcare should be provided locally, particularly given concerns about distance to other hospitals.

The report from the independent company includes a section on sample sizes and statistical error ratings which concludes that the findings of the evaluation can be considered robust and reliable.

4.9 Media and digital media activity

As outlined in Section 3, a variety of communication methods were employed to promote the consultation. The strategies and levels of public reach generated for each are summarised below. The total reach for these methods is 3 million; however, this does not factor in the number of people who may have viewed items more than once.

4.9.1 Media

- Press coverage secured 29 articles about Rothbury Community Hospital in the Northumberland Gazette (14), Evening Chronicle (7) and The Journal (8), with a total reach of 2.7m.
- Two local television interviews and one radio interview with BBC Radio Newcastle.
- In addition, three advertisements were placed in the Northumberland Gazette as well as an online package, which ran for four weeks from 27 February to 26 March.

4.9.2 Digital media

- Twitter: the NHS Northumberland CCG Twitter account has 1,790 followers and the 50 tweets about the consultation reached 262,000 people. This included 6 likes and 29 retweets.
- Facebook: the NHS Northumberland CCG Facebook page has a total of 348 likes. The combination of four organic and four boosted posts reached 19,500 people. This included 37 shares and 29 interactions.
- Video: a short video was created and posted online on sites such as Facebook, obtaining a total of 6,720 views.

4.9.3 Other promotional activity

- There was a dedicated page about the consultation on the CCG's website. This included the consultation document, a link to the online survey and any other relevant information. A total of 226 people visited the Rothbury consultation page.
- The electronic database, My NHS was also used to email members of the public with NE65 postcodes, copies of the consultation document. These emails received an open rate of 59%.

4.9.4 Statistics in detail

Media:

Coverage achieved:	29 articles Northumberland Gazette x 14 Evening Chronicle x 7 The Journal x 8
Reach:	2,735,658

Digital – Facebook:

Page likes:	348
Organic posts	Reach - 751 Shares - 4 shares Link clicks - 211 Engagement - 8
Boosted posts	Reach - 18,749 Shares - 33 Link-clicks - 595 Engagement - 21

Digital – Twitter:

Tweets:	50
Likes:	6
Retweets:	29
Reach:	262k

Digital – Video:

Number of views:	6,720

Website (consultation page):

Page views:	226
Users:	198
Sources:	Facebook - 188 Direct - 16

	Google - 14 Other - 8

Digital – My NHS:

Recipients:	17
Open rates:	59%
Click through:	0

5 Emerging themes

5.1 Concern about travel and distance

There were a lot of comments and concern expressed about the impact of travelling to Alnwick Infirmary – people said the road can be affected by weather conditions and is sometimes blocked in winter.

It was pointed out that Rothbury may have a high car ownership but this does not mean that an older person can drive.

There were many comments that public transport is infrequent and the cost of taxis high.

These issues result in adverse impact on the community – people aren't able to visit their loved ones in hospital – this has an impact on both patients and families.

Some of the comments about distance and travel referred to inpatient stays at the Northumbria Specialist Emergency Care Hospital at Cramlington.

5.2 Lack of local palliative care beds

There were consistent comments that the interim closure has taken away choice over place of death.

People commented that it is not always possible for someone to die at home – sometimes it is not enough to have community staff attending for short periods and 24 hour care is necessary. Carers (i.e. partners and family) need to be well, able-bodied and available 24/7.

5.3 Lack of evidence to temporarily close beds

There were comments that inpatient beds were obviously considered necessary ten years ago when the new hospital opened, so why not now.

There were comments that local people have been denied transfers to Rothbury Community Hospital or have had to demand a transfer. There were some comments that healthcare professionals at both Northumbria and Newcastle Trusts were unaware of the availability of beds.

Strong feelings were expressed that the bed usage was deliberately wound down – this includes cynicism over application of admission criteria. Some asked if it is not just a case of providing more training for nursing staff.

There were questions around why the beds at Rothbury Community Hospital were affected by medical advances etc. and not the beds at the other community hospitals.

There were calls for CCG to pause the process and await the outcome of the Leeds University review re effectiveness and efficiency of intermediate care.

5.4 Closure of the beds is resulting in 'significant adverse consequences' for the local population

The wording on the campaign group's petition included: 'the Save Rothbury Hospital Campaign believe that the suspension of in-patient services at Rothbury is having significant adverse consequences for our local population……..'

The campaign group's response included reference to a statement which it said was issued by the Rothbury GP Practice on 7 September 2016: '…….We believe the suspension of in-patient services at Rothbury will have significant adverse consequences for our local population…….'The suspension ……will mainly impact a frail and vulnerable group of patients'…..

Other feedback also alluded to adverse consequences. For example, the MP said she was concerned that without the beds at Rothbury, patients will stay later on acute wards, need to be re-admitted due to a lack of appropriate care at home or need to be admitted to an alternative hospital far from friends and family support.

5.5 Better management of beds across community and acute hospitals would help maintain a need for inpatient ward at Rothbury Community Hospital.

There were comments that Alnwick Infirmary in particular is often full and operating at levels not considered to be safe and also comments that some residents who would previously have gone to Alnwick are now being denied access.

There were comments that other community hospitals are also very busy – strong views were expressed that patients from other parts of the county should be sent to Rothbury Community Hospital to help make better use of bed capacity – it was suggested that a couple of patients from each of the hospitals would help fill the ward at Rothbury.

Some felt that people were just not being offered the opportunity of an inpatient stay in Rothbury.

5.6 Scepticism around financial savings

There were comments that the information provided about savings of £500,000 are not credible, with some saying that once the cost of providing more care at home or

in other hospitals for patients who may otherwise have spent time in Rothbury Community Hospital is taken into consideration, savings wouldn't be as much as £500,000.

There were comments around the cost of the PFI – if it was possible to reduce these costs for rent etc. the savings could be used to offset the cost of the beds.

Some asked if it was possible to buy out the Hexham PFI, why not just do the same with Rothbury?

5.7 Capacity and quality of health and care services provided to people in their own homes

There were some comments that there was not sufficient capacity in health and care services to cope with additional patients needing care in their own homes. Some people also suggested that the quality of care provided to people in their own homes is not as good as that provided in Rothbury Community Hospital.

5.8 Adverse impact on GP, community nursing and social care services

There were comments that it is easier to see patients all in one place i.e. community hospital**.** A permanent closure of the inpatient beds would result in health and care staff travelling miles across large rural area.

5.9 The need to future proof

There were comments that the predicted increase in older people means and the growth of new housing in Rothbury and across wider area means that in the future the beds will be needed.

5.10 Lack of local respite beds

While some people generally accept that respite care is not funded by the NHS, there was feeling expressed that it should be possible for health and social care to work together i.e. via the freedoms that will exist as an Accountable Care Organisation.

There were some comments that people would have been prepared to pay for respite care in Rothbury Community Hospital.

Some said that people (including some of those working locally in the NHS) hadn't been aware of the private respite beds provided for a time by Northumbria Healthcare NHS Foundation Trust.

5.11 Equity for people living in rural areas

There were comments that people living in rural areas should have equity around access to services.

There were also comments that the proposed permanent closure of the beds would result in discrimination against older women. This was because women live longer, they care for their partners and then when they are widowed they live alone and have no one to care for them.

5.12 Criticism of the consultation process

Some, including the campaign group were critical of the consultation process, including some criticisms about the consultation document and questions asked in the independent survey.

6 Conclusion

A comprehensive process of public consultation was carried from 31 January to 25 April 2017 which provided numerous opportunities for people to comment on the proposal to permanently close the inpatient beds and develop a health and wellbeing centre at Rothbury Community Hospital.

The CCG made concerted efforts to ensure that local people were aware of the consultation and how they could comment, including through several press releases and paid-for advertising to supplement the local distribution of consultation documents, summary leaflets and posters.

The public meetings were well attended, with attendances of around 75 at the first and around 120 at the second. Some people attended both meetings.

A total of 376 people completed the survey which was independently evaluated. Written comments were submitted by 15 members of the public, three community groups, the MP for Berwick upon Tweed, the county councillor for Rothbury and six parish councils. In addition, Healthwatch submitted a report outlining themes from discussions with five community groups which either work with or represent older people.

Evaluation of the survey showed a high level of awareness (98%) about the proposal with 85% saying that they had read the consultation document. The evaluation also showed that the issue was of greater interest to older people, with 81% of those responding being over the age of 51, of whom 45% were 65+. This was also evident in the attendance at the public meetings.

The Save the Rothbury Community Hospital Campaign Group was very active throughout the consultation period and their petition to re-open the beds was signed by more than 5,000. The wording on the petition included that the campaign group believes that the interim closure of the beds is having ‘significant adverse consequences’ on the local population. Although more than half of the signatures were from people who live outside the Rothbury electoral ward, including other parts of Northumberland and elsewhere in the country, the number who signed from Rothbury and the surrounding villages shows the local strength of feeling about the availability of inpatient beds.

The campaign group also submitted a 54-page response following consultation covering a range of concerns which were also articulated in the public meetings and in other responses received.

It is clear that local people have valued the availability of the inpatient beds and those who responded feel strongly that these should be reinstated. Independent analysis of the survey showed that 91% viewed the proposed permanent closure of the inpatient beds as very negative or negative. This feeling was also apparent in responses received and in comments made at the public meetings.

Throughout the consultation consistent concerns raised were about distance and travelling difficulties to other community hospitals in Alnwick and Morpeth, including the lack of public transport for people wishing to visit loved ones and poor road conditions during the winter months. Some of the comments were also about travelling to Cramlington.

There were strong views consistently expressed about the lack of inpatient end of life care and a feeling that this was taking away choice for people who were not able to or did not wish to die at home.

There were comments that the use of the beds could have been better managed and in meetings some asked about the evidence behind the interim closure. Some said they believed that a solution would have been to increase use of the beds by transferring patients to Rothbury from other parts of Northumberland, outside the hospital's catchment area. Some said that if Rothbury patients had to travel outside their area for a community hospital bed, there was no reason why patients living outside of Rothbury should also have to travel further.

Some suggested that the beds had been deliberately managed down and some said they knew of people who could have been patients at Rothbury but were not offered the chance to go there.

At the first public meeting there were a lot of comments about the need for respite care at the hospital but as the consultation progressed, people understood that this is not funded by the NHS.

There were comments about the boundaries around health and social care, with some suggesting that partner organisations should be working more closely. The report from Healthwatch included a theme around the dividing line between the roles and responsibilities of health service providers and social care providers becoming more blurred. People were worried that care staff were not well trained or supported and raised questions about the quality and efficacy of services.

People were cynical about the savings that would be made from the permanent closure of the beds and there were some suggestions that the Trust should explore whether the PFI lease could be bought out or rental costs reduced to offset the cost of maintaining the beds.

Concerns were raised about the impact of the interim and proposed permanent closure of the beds on other community hospitals, particularly Alnwick Infirmary and

on health and care staff working in the community, who people said would have even more travelling to do as part of their day to day jobs.

There were comments about equity of care for people living in rural areas and some also suggested that the proposed permanent closure of the inpatient beds would be discriminatory against older women who had been widowed after caring for their partners and who lived alone.

There were mixed responses about the development of a health and wellbeing centre. Some were sceptical about it but others, including the campaign group supported it but said that the beds should also remain in place. Some provided helpful suggestions about the range of services that could be included in a health and wellbeing centre. However, the focus was much more on the loss of the inpatient beds.

Comments about the proposed development of a health and wellbeing centre included a focus on physiotherapy, including that people were having to travel to Alnwick for physiotherapy appointments due to lack of capacity at Rothbury Community Hospital. Some queried whether it would be possible to recruit the additional physiotherapists who would be required if these services were to be expanded. Also, the evaluation of the survey showed less awareness about the current availability of physiotherapy services in people's own homes.

People queried why with an increasing older population and housebuilding in Rothbury and across the wider area, steps were not being taken to sustain the beds for future use.

Some, including the campaign group, were critical of the consultation process including the some of the questions in the survey, which had been developed by a company specialising in research of this nature.

Finally, the MP for Berwick upon Tweed asked the CCG to pause any plans pending a report by Leeds University until the outcome of a study by the University of Leeds into the 'Cost, structure and efficiency in community hospitals in England' was known and to commit to working with the campaign group to develop a palliative and respite care model in Rothbury which took into account available resources and also the 'incredible benefit' that the community beds had on patients' recuperation.

Appendices

Appendix A – Consultation document

Appendix B – Feedback table

Appendix B(i) – Report from Rothbury Community Hospital Campaign Group

Appendix B(ii) – Report from Coquetdale League of Friends

Appendix B(iii) – Response from MP for Berwick upon Tweed

Appendix C – Report from Healthwatch Northumberland

Appendix D – Report with outcome of independent research

NHS
Northumberland
Clinical Commissioning Group

Proposed changes at

Rothbury Community Hospital

Public consultation

Your views are important

31 January - 25 April 2017

Who we are

We are NHS Northumberland Clinical Commissioning Group (CCG). We were set up in 2013 and we commission (plan and buy) the majority of hospital and community health services for people living across the county. We also commission GP services.

We are a GP-led organisation and all 44 practices in Northumberland are members of the CCG. We serve a population of more than 300,000 and have an annual budget of just under £500 million to provide NHS services.

Contents

1. Introduction

We hope you will take the time to read this booklet and share your views with us about proposed changes at Rothbury Community Hospital and about how we might make the best use of the building going forward to better shape existing services around the needs of local people.

From discussions with local people during autumn 2016 we know how much the hospital is valued.

We want to make sure that the hospital continues to provide care for people living in Rothbury and the surrounding area but we must also take into account the ways that both healthcare and the needs of the local population are changing.

There have been many advances in healthcare over the years which mean people are spending much less time in hospital, for example, following joint replacements and for those having stroke, cardiac and respiratory care.

People are living longer, often with more than one long term health condition and we now aim to support them in their own homes so that they are able to stay well and independent. This means they only go into hospital when they need care from a specialist team of consultants and other doctors and nurses that could not be provided at home.

In Rothbury over the past three years use of hospital beds has fallen and during 2015/16 on average only half of the beds were occupied at any one time. Over the same time we have seen an increase in the support provided by community nursing, the short term support service and the home care service.

We know that the development of services in the community is making a real difference to the lives of a lot of local people and going forward we want to build on this type of support. It is important that we meet the needs of the majority of people and at the same time make the best possible use of the NHS skilled staff and money available to us. This is particularly so given the financial challenges facing the NHS both nationally and locally.

You will see in section 6 that we have spent some time looking at different ways for Rothbury Community Hospital to be used going forward. After much consideration we have decided to consult on only one proposal (Option 5). This is because we want to be honest with local people and not consult on options that would not be viable or sustainable in the long term.

The proposal would result in the permanent closure of the inpatient ward at Rothbury Community Hospital but it includes continuing discussions with local people about how we can shape existing health and care services around a Health and Wellbeing Centre on the hospital site.

Developing such a centre is something that local people have talked to us about.

There have been discussions for some time about the GP practice relocating there. We also feel there are opportunities to provide more physiotherapy and outpatient clinics which could include patients having an appointment at the hospital but talking to a specialist through a video link.

We also acknowledge that some people feel strongly that there should be some provision for respite and end of life care in Rothbury and that they have already described potential models.

As the consultation progresses we would be very keen to hear more about how local people think we could develop a community based service which would provide these types of care.

We recognise that change is never easy and we want to reassure you that we are committed to making sure that Rothbury Community Hospital continues to provide services for local people and to working with the community to explore how current services may be further improved.

This booklet sets out the changes being proposed, the reasons why, which other options were considered and discounted and why. It also sets out how you can make your views known.

In the early stages of the consultation, we will carry out a travel analysis to further assess the impact of the proposal on local people. The results of this will be made public as soon as they are available.

Please be assured, your views are very important to us and we look forward to hearing from you.

The public consultation will run over 12 weeks, ending on 25 April 2017.

Dr Alistair Blair
Clinical Chair
NHS Northumberland Clinical Commissioning Group

2. About Rothbury Community Hospital

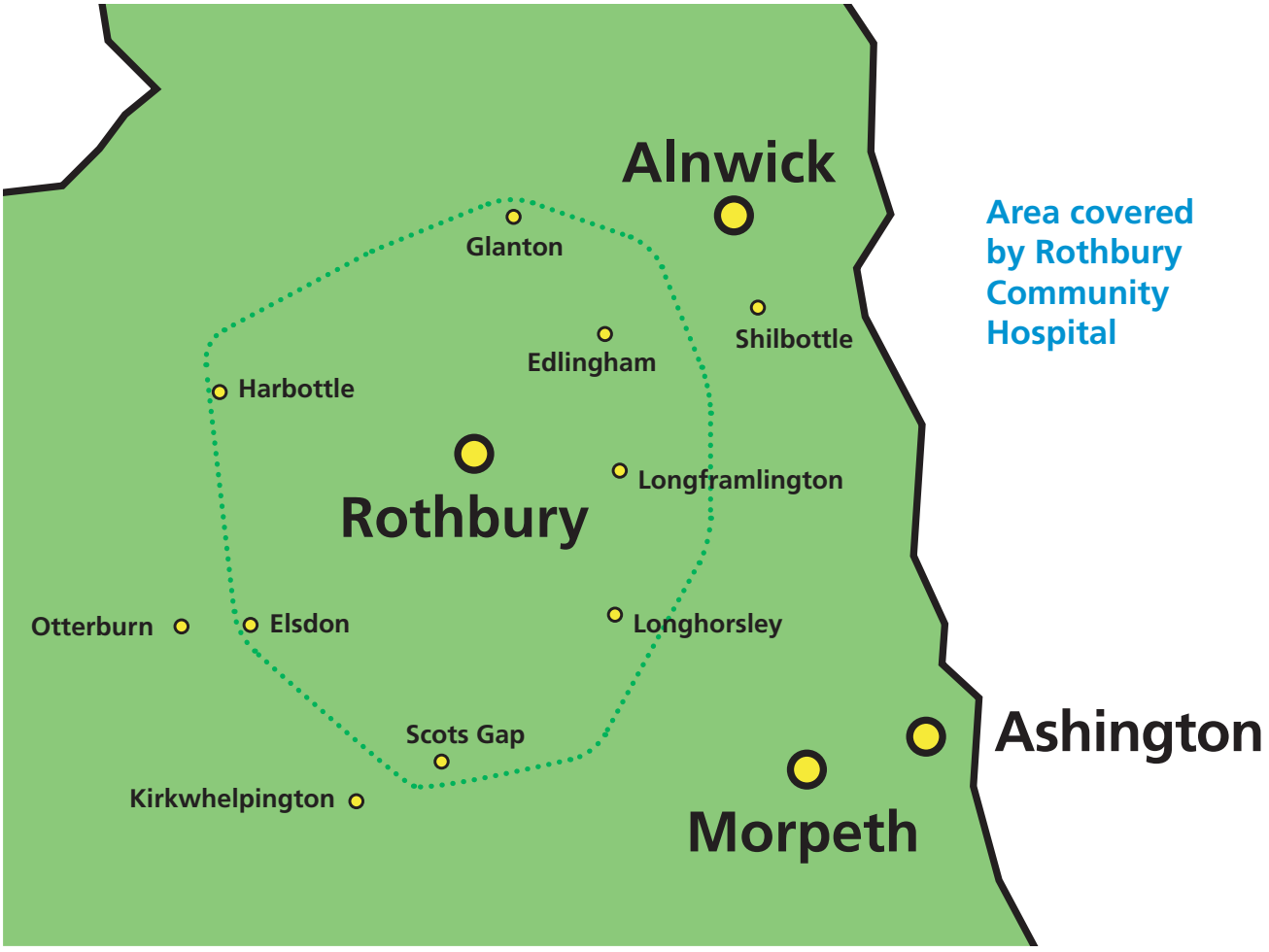
Rothbury Community Hospital provides a small range of services for people living in the town and surrounding area. It is managed by Northumbria Healthcare NHS Foundation Trust (the Trust) which provides hospital and community health services across Northumberland and North Tyneside.

There is an inpatient ward and it also provides physiotherapy, occupational therapy, and a limited range of outpatient and child health clinics. It provides a base for community health and care staff who support people in their own homes and community paramedics also work out of the hospital.

Inpatient ward

The inpatient ward has 12 beds mainly for frail older patients who need 'step up' or 'step down' care. (This service has been suspended temporarily since September 2016 for operational reasons - see section 3 for further details.)

Step up care is used for people, usually with an existing health condition, who become unwell (although they are not critically ill) and need hospital care to reduce the risk of further deterioration which could result in an emergency admission for specialist care at the Northumbria Specialist Emergency Care Hospital or another specialist site.



Step down care is used for people who have already been in another hospital receiving specialist care for an illness or injury and are recovering but are not well enough or able to go home.

A small number of those using step up and step down care at Rothbury Community Hospital are patients with terminal illnesses who are nearing the end of their lives.

The inpatient care on the ward at Rothbury Community Hospital is led by nurses with medical care provided from 8am to 6pm through a contract between the Trust and local GPs. Under this contract a local GP visits the hospital daily to review the needs of the patients and can also be asked to visit if a patient's needs change during the day. If medical care is needed overnight, from 6pm to 8am, this is provided through a contract with the out of hours GP service, Northern Doctors Urgent Care.

Patients are admitted to Rothbury Community Hospital following assessment by a hospital consultant or a GP. This level of assessment is important given that the ward is nurse-led and that a doctor is only available on site for the daily review and then called in as required at other times.

The following patients would not be considered suitable for admission to the hospital:

- Unstable patients who need daily treatment changes
- Patients who have suffered a stroke who are transferred to designated stroke rehabilitation units elsewhere in the Trust, for example, Wansbeck General Hospital, so that they can receive ongoing specialist acute care and rehabilitation following their initial emergency treatment
- Patients needing physiotherapy three or more times a week and/or where two or more staff members are needed for interventions
- Severely overweight (bariatric) patients as there is no specialist equipment or appropriately adapted environment
- Confused patients with challenging/ aggressive behaviour due to the risk of staff assaults and the ward not being equipped to manage the patients' needs safely

It is important to note that the inpatient ward at Rothbury Community Hospital is not funded or intended to provide respite care. Patients requiring respite care, for example, to give their carers a break, can have short breaks in a residential or nursing care home which is organised and funded through adult social care at Northumberland County Council.

Other services provided at or from Rothbury Community Hospital

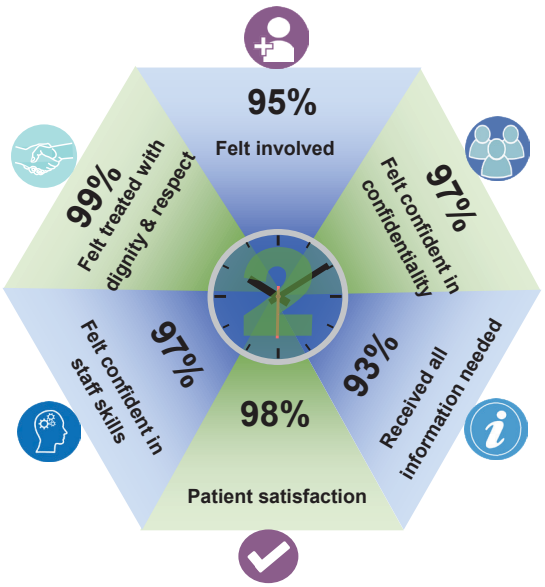
Other services operating at or out of the hospital have been unaffected by the temporary suspension, including:

- **Occupational therapy and physiotherapy** – these services are provided in the hospital and in people's own homes
- **Outpatient clinics** – a number of such clinics take place with specialist staff from the Trust to provide greater convenience and reduce travelling for patients and carers
- **Child health clinics** – these are clinics with specialist staff from the Trust to provide greater convenience and reduce travelling for patients, families and carers
- **Community paramedics** – these staff work for North East Ambulance Service NHS Foundation Trust and are able to provide a very quick response to local people following a call to the ambulance service. Sometimes they are able to provide advice and support to patients in their own homes so that they don't need to be taken to hospital. They also provide support to the local GP practice

- **Community services** – these involve staff from health and social care who work together, in close liaison with local GPs, to support people to stay well and independent at home, such as:
  - The community/district nursing service which provides skilled nursing care and advice in a variety of healthcare settings, including at GP premises, in residential/care homes and at home for those who are housebound. It is available out of hours over a 24 hour period, 365 days a year. The range of expert and specialist care provided by district nurses includes:
    - Nursing care for the acutely ill
    - Palliative care for patients close to the end of their life
    - Care and advice for people with chronic diseases who are housebound
    - Leg ulcer care
    - Advice and support in managing continence issues
    - Advice about healthy living
    - Assessment and referral for pressure relief equipment and other aids
    - Referral to other services
  - The short term support service (STSS) which provides urgent care and community based rehabilitation to adults at home for up to six weeks following discharge from an acute hospital, such as the Northumbria Specialist Emergency Care Hospital or Wansbeck General Hospital. It aims to support patients to stay at home and live independently after a serious accident or illness. The service also provides a short period of personal care and practical support for patients living with cancer or another life limiting illness, and their families. All STSS care is provided in the home and GPs may also refer into this service when they feel a person's health has suddenly deteriorated, or if a patient's carer becomes unwell. When patients are referred to the STSS they are assigned a key worker who will help develop a care plan which could include one of the following:
    - Personal care and support to help patients to be more independent
    - Rehabilitation following a serious accident or illness including physiotherapy, speech therapy and occupational therapy
    - Equipment including walking aids and adaptations to the home, such as stair lifts, shower seats, alarm and door entry systems
    - End of life care, including nursing care at home
    - Emotional and psychological support for patients, carers and families

    The service is available for up to six weeks but patients may sometimes only need a single visit, for example, from an occupational therapist to organise getting equipment.

STSS North patient survey feedback October – December 2016



3. Why the inpatient ward was temporarily suspended

As the organisation responsible for planning and purchasing the majority of hospital and community health services for people living across the county, it is vital that we make the very best use of all available resources, staff, facilities and finances.

During summer 2016 we set up a steering group to look at how beds are being used in community hospitals across Northumberland. It included health and care professionals from the CCG and the Trust. Between them these organisations provide a range of hospital and community services.

The group considered community hospital use against a background of:

- Medical advances which are reducing the length of time that people stay in hospital
- The national and local drive to provide more care out of hospital, in people's own homes, therefore reducing avoidable admissions to hospital and making sure that if they do need to go into hospital they can be discharged home as soon as they are medically fit with the right support if needed
- The considerable financial and operational pressures facing the health and care system in Northumberland

The group noted that from September 2015 to August 2016 there was a total of 123 admissions to Rothbury Community Hospital from the town and surrounding area (see map on page 6) plus a further 45 involving people from outside the catchment area. On average, the figures equate to half of the beds being occupied at any one time during that year.

Given the initial findings of the steering group, in September 2016, working with the Trust, we decided that there should be a temporary suspension of inpatient care at the hospital while a thorough review was carried out.

Since then, staff who previously worked on the inpatient ward have been supporting colleagues in the Trust's busier units.

The report following the review was shared with the local community at a public meeting in November 2016. It is available at: **www.northumberlandccg.nhs.uk/nhs-publish-findings-review-inpatient-services-rothbury-community-hospital**

4. Why change is being proposed

Changes to the way that hospital services are provided

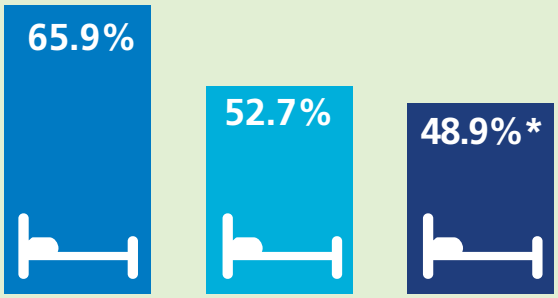
There have been many medical advances over the years which mean that patients are spending much less time in hospital after planned operations or serious illnesses, for example, following joint replacements and those having stroke, cardiac and respiratory care. These changes will have impacted on use of beds at Rothbury.

There have also been improvements to the care provided for Northumberland residents since the opening of the new Northumbria Specialist Emergency Care Hospital at Cramlington in June 2015. This has meant that very sick and seriously injured patients are seen quickly by the right specialist and have a much faster diagnosis with treatment beginning much earlier than before.

An increasing number of patients are discharged straight home after a very short stay there, with any necessary ongoing support provided in the community.

In its first year, more than half (54%) of the emergency attendances at the Northumbria Specialist Emergency Care Hospital did not result in an admission. This is a result of the fast diagnostics which are available 24/7 alongside expert interpretation of tests and scans by specialist doctors which mean treatment can begin much sooner for those who are seriously ill or injured. Out of all emergency patients who were admitted, around three quarters (76%) were discharged directly home with any necessary support in place and 22% were transferred to another hospital – mainly at Wansbeck, North Tyneside or Hexham – for ongoing medical care and rehabilitation.

Percentage bed occupancy 2014-17



The review of bed occupancy at Rothbury Community Hospital, during autumn 2016 showed this has reduced from around 66% in 2014-15 to just under 49%* in 2016-17.

This low bed occupancy rate means that the skills and expertise of nursing staff are not maximised.

Implementing national and local policy

There is very clear national policy around the development of much more care outside of hospital.

NHS England's 'Five Year Forward View', which was published in 2014, set out a new vision for the NHS based around new models of care which aim to help improve health and wellbeing, quality of care and the financial efficiency of services. It stated that:

"Out of hospital care needs to become a much larger part of what the NHS does."

In March 2015, the health and care system in Northumberland was awarded 'vanguard' status by NHS England and became one of only eight pioneer sites across the country chosen to develop an integrated 'primary and acute care system' which focuses on much more care outside of hospital.

In addition, every health and care system in England has been required to produce a long term plan, called a Sustainability and Transformation Plan (STP) which must ensure that health and care services are built around the needs of local populations to achieve better health, patient care and improved NHS efficiency.

A draft STP has been published and is available at: **www.northumberlandccg.nhs.uk/get-involved/stp**

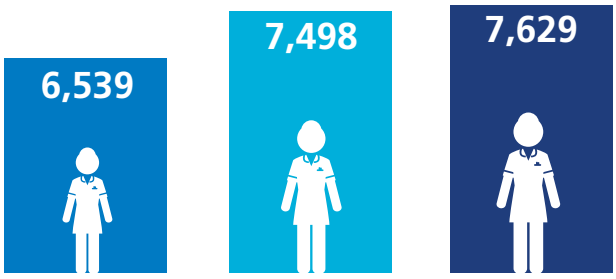
The STP also shows that out of hospital care is a priority in Northumberland to improve the care and quality of services provided for local people and to address a financial gap.

Greater uptake of services provided in people's own homes

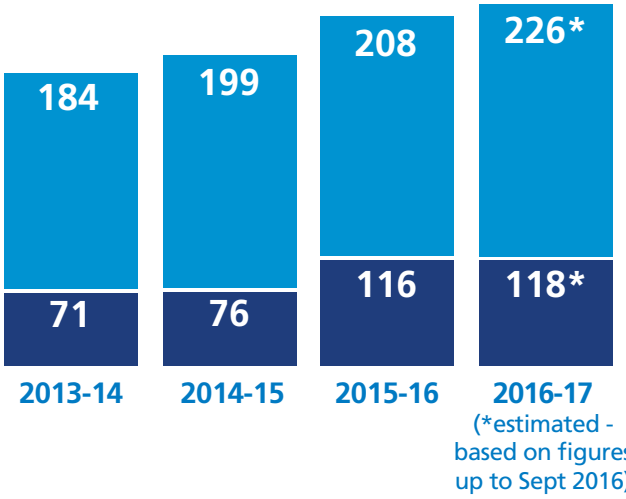
The review of Rothbury Community Hospital carried out during autumn 2016 showed that more and more care is already being safely delivered outside of hospital and in the comfort of people's own homes.

This includes an increase since 2013 in the uptake of community services, such as those provided by community nurses and the short term support service which together or separately provide critical support to help older people to live as independently as possible at home. Both work closely with GP services to make sure patients have the care and support needed to stay at home.

Number of face to face community nursing contacts from 2013 – 2016



Rothbury area short term support service number of referrals 2013 – 2017



Benefits of care at home

Care at home helps frail older people to stay well and independent in their own environment for longer and there is evidence to show that care in hospital can carry more risk. For example:

- Older people are at greater risk of getting an infection while in hospital
- Being immobile can also lead to problems for older people and they may be able to maintain greater mobility at home (Hopkins et al 2012)[1]
- Ten days in a hospital bed leads to the equivalent of 10 years ageing in the muscles of people over 80 (Gill et al 2004)[2]
- Extended hospital stays can affect older people's confidence about their ability to live independently and can be confusing or distressing for patients with dementia.

By staying at home, with the right support, older people can continue to be socially engaged with local family and friends, can continue with activities that give their life meaning, can continue to be caregivers and can maintain their independence, dignity and choice (Oliver et al 2014)[3].

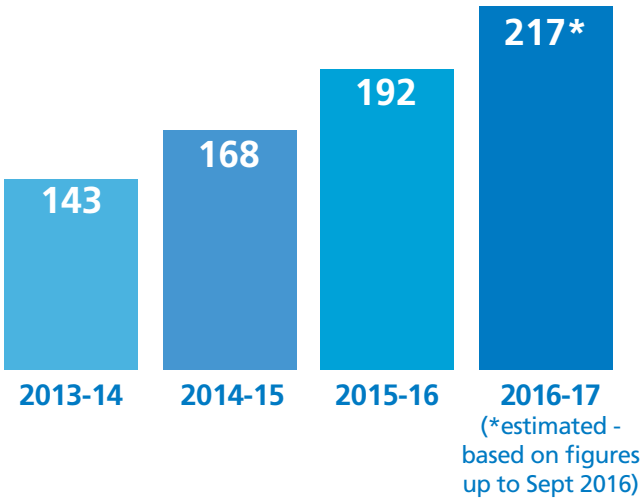
[1] Hopkins S, Shaw K, Simpson L (May 2012) English National Point Prevalence Survey on Healthcare-associated Infections and Antimicrobial Use, 2011, Health Protection Agency.

[2] Gill L, Kortebein P, Symons TB, Ferrando A, et al. Functional impact of 10 days of bed rest in healthy older people. J Gerontol A Biol Sci Med Sci. 2008: 63:1079-1081.

[3] Oliver R, Foot C, Humphries R (2014) Making our health and care systems fit for an ageing population. The King's Fund.

Over the same period there has also been an increase in the number of people receiving home care services, which is longer term care provided to people in their own homes. Depending on their needs, it is either funded through adult social care at Northumberland County Council or by the CCG as NHS continuing healthcare.

Rothbury area number of people receiving home care from 2013 – 2017



The Care Quality Commission rated the Trust's community services for adults as outstanding following its inspection in 2015:

"We found that patients could access all professionals relevant to their care through a system of truly integrated multi-disciplinary teams; and that patients' care was coordinated and managed.

"... Patients and carers we spoke with were overwhelmingly positive about their experience of care and treatment, and feedback gathered by the organisation showed high levels of satisfaction."

Support for people at the end of their lives

Although Rothbury Community Hospital has provided care for people with terminal illness, the number of patients who were receiving care in the hospital at the end of their lives has remained small over a number of years.

The table below shows that over three and a half years, from 1 April 2013 to 31 August 2016, there was a total of 62 patients admitted or transferred to Rothbury Community Hospital where end of life care was included in the care required and not just the main reason for admission.

Year	Direct admission	Transfer in	Total
2013-14	13	6	19
2014-15	12	8	20
2015-16	5	9	14
2016-17*	5	4	9
Total	35	27	62

*Data available until 31 August 2016

There will be a number of reasons for the declining numbers, including the way palliative care is now provided for Northumberland patients which reflects a national drive to provide more individualised end of life care for people, so that if they wish to die at home they are supported to do so.

The Trust's palliative care pathway was considered to be outstanding following an assessment during 2015 by the Care Quality Commission (CQC).

The CQC report, published in May 2016, said that end of life care services were well resourced and they had seen a 'truly holistic approach to the assessment, planning and delivery of care and treatment to patients'.

There was evidence of more patients dying at home. The Trust had introduced a rapid discharge service within the palliative care service to provide a comprehensive, joined up service to patients and their families in all settings. Services were flexible, focused on individual patient choice and ensured continuity of care.

The report also said that feedback from people who used the service and those who were close to them was extremely positive about the care received by patients nearing the end of life.

"Rothbury has a fully staffed and experienced primary healthcare team, and many end of life episodes are managed in conjunction with the Macmillan nursing service, who act as an important link to specialised palliative care services. We miss the availability of local beds in some situations, but we have recently seen an improvement in the amount of 'hands on' care available for those who chose to die at home, available via the Day Hospice and Marie Curie. This can take the form of overnight 'sitting' to enable family to rest, and also support workers spending spells of several hours in the home for support, in addition to the more traditional visits from clinical staff and carers."

Dr Billy Hunt, GP partner,
The Rothbury Practice

Meeting current and future population needs

An analysis of population data from the Office of National Statistics (ONS) shows:

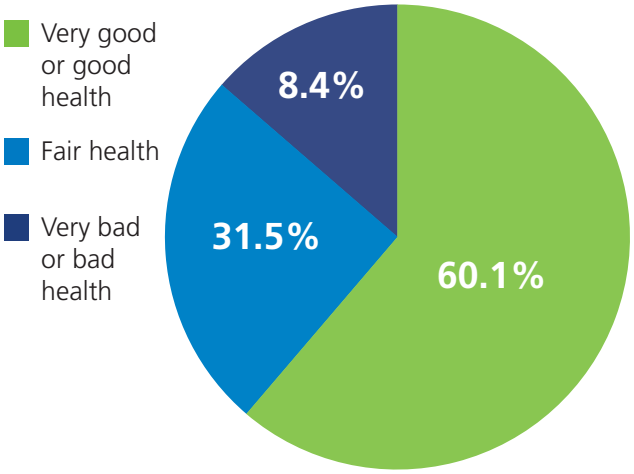
- Just under a third (30.4%) of people living in Rothbury are aged 65 and over
- This is significantly more than other parts of Northumberland (23.1%), the North East (19%) and England (17.7%)
- Over the next 10 years, the number of people living in Rothbury aged 65 and over is expected to increase by 22.8% and over the next 20 years by 44.8%

People in Rothbury are healthier than elsewhere:

- Only 8.4% stated they had bad or very bad health compared to 15.4% in Northumberland overall and 19.5% in the North East
- People living in Northumberland are expected to live longer than men and women in the North East and women in England

The chart below shows how people aged 65 and over describe their health.

General health 2011 (age 65 and over) Rothbury



In addition, the number of people aged 65 years and over who have access to a car or van is much higher in Rothbury (85%) when compared to Northumberland overall (72.6%) or the North East (61.2%).

Impact on capacity across the system

Following the temporary suspension of inpatient admissions, the Trust has not experienced any unexpected service pressures and no patients from Rothbury and the surrounding area have had to wait for care. A small number of people from Rothbury who have been admitted to hospital following an injury or illness have been transferred to Alnwick Infirmary or the Whalton Unit at Morpeth for a period of further care and reablement, which is support to help them cope once they get home, but this has caused no bed management issues.

The total community hospital bed occupancy across Northumberland was reviewed in September 2016 and compared to the previous year. The data is shown in the table below:

September	2015	2016
Rothbury Comm. Hosp	38.9%	
Alnwick Infirmary	89.8%	95.3%
Berwick Infirmary	74.9%	65.0%
Whalton Unit (Morpeth)	67.6%	72.7%

Best use of available staff

The number of staff available for the 12 inpatient beds is 6.77 whole time equivalent (WTE) qualified nurses, 6.27 WTE healthcare assistants and 0.56 WTE nutrition assistant.

On a temporary basis, these resources are now being used on other sites within the Trust to cover existing staff vacancies.

5. Listening to feedback received from local people

Following the temporary suspension of inpatient beds, working with the Trust, we began a period of engagement in Rothbury. Three drop in sessions were held to provide an opportunity for people to share their concerns and each one was well attended.

It was clear during these sessions how much people have valued the care provided at the hospital and there were many comments about the compassion shown by staff.

We also received a number of letters, emails and posts on social media.

There were a number of overall themes:

Referral process

There was some confusion about the referral process into the hospital and anecdotal reports that people were either not being referred or, in some cases, being refused hospital care. There were also different perceptions about the type of care provided at the hospital. Some questions were raised about bed blocking and the bed management process, and many people suggested using the ward to alleviate bed blocking elsewhere in the system.

Care in the community

Many people said that people did not want care at home and queried the quality of care that would be given and level of resource required to deliver it. There was a sense that care in the community is inadequate and also intrusive, and makes it more difficult for friends and family to visit those receiving care.

Rurality and travel

A significant number of comments concerned the area's rurality. Many people felt that this was not taken into account in the county's healthcare decision making process. There was an overall sense that people are treated unfairly in rural areas. There was also concern about the lack of public transport serving the village and the associated difficulties in visiting loved ones admitted to other hospitals.

Future use of the building

Many people feared that the hospital would close. Others supported the extension of current services, for example, the potential for Rothbury GP Practice to relocate onto the site or increasing physiotherapy services, podiatry and diabetes clinics. Some wanted a small general hospital in place with urgent and emergency care facilities as well as inpatient and outpatient services.

Combined use

An overarching theme was the need to consider a combination of health and social care beds. The use of the ward for convalescing, respite, end of life and palliative care was valued enormously, particularly because of the lack of a local nursing home or hospice.

6. Options considered

Taking into consideration the strong feelings expressed about retaining the inpatient ward, the CCG explored five options.

The following criteria were used to assess each one:

- Feedback from residents
- Patient choice
- Staffing/resource implications
- Quality
- Cost effectiveness
- Additional resources required/cost
- Timeline i.e. the time it would take to implement
- Strategic fit i.e. how it fitted against national policy and the longer term plans for the local NHS

In addition, a second assessment was also carried out, focused specifically on the requirement for CCGs to ensure efficient, effective and economic use of resources.

The tables showing the assessment of the five options against the above criteria and also against how efficient, effective and economic they would be are available at: **www.northumberlandccg.nhs.uk/get-involved/RCHconsultation**

Option 1: Re-open the 12 inpatient beds and do not change the inpatient services provided

This would ensure inpatient beds for the local community and would be in line with public feedback. However, use of beds would be likely to remain low which means nurse to patient ratios would be high even when minimum staffing was in place. This would not represent the most efficient use of nursing resources or provide adequate opportunity for nursing staff to regularly practice their skills.

It would not support the national policy drive to provide a greater focus on out of hospital care. Also, there is evidence that hospital care can carry more risk than care at home and could therefore be less effective. The full cost of providing the inpatient service is included in a £10.5m block contract agreed between the CCG and the Trust.

Option 2: Develop a combined use of the beds, sharing use across health and social care, including end of life beds

This would ensure a local NHS and social care service for the community, including step up, step down, short break/respite care and end of life care. Therefore it would be in line with public feedback. However, there would need to be physical separation of the NHS and social care beds which would require some building alterations. There would also need to be separate registration of the two different services by the Care Quality Commission.

In addition, experience shows that the majority of people from Rothbury and the surrounding area who have been funded in care homes by the County Council or the NHS over the past three years have required specialist dementia care. It would not be appropriate to have a mix of patients including those with dementia and those requiring palliative care in such a small unit.

A social care provider would need to be identified to operate services within the hospital. Bed occupancy is likely to remain low and this option would be neither cost effective or sustainable (as outlined below under Option 3).

Northumberland has approximately 2,800 care home beds which is sufficient, so creating additional capacity is not a strategic priority.

The option would not support the national policy drive to provide a greater focus on out of hospital care. Also, there is evidence that hospital care can carry more risk than care at home and could therefore be less effective.

This would not result in any savings for the CCG and some funding would need to be identified to subsidise the social care beds as it would not be possible to cover their costs with income received i.e. given the predicted small numbers.

Option 3: Develop the 12 beds as long term nursing and/or residential care beds

This would ensure a local service for the community and would be in line with public feedback.

A provider would need to be identified to turn the current inpatient service into residential or nursing home accommodation, which would then need to be registered with the Care Quality Commission. Capital investment would be needed to remodel the interior to meet registration requirements and attract residents.

Northumberland has approximately 2,800 care home beds which is sufficient, so creating additional capacity is not a strategic priority. The social care market has not identified the need or demand for social care beds in this location and the service would be limited by small bed numbers. A 12 bed care home for older people would be considerably smaller than the size usually regarded as viable. Small care homes are more financially vulnerable because they are less able to cope with fluctuations in demand. Also, they are more expensive to run because minimum staffing levels are needed at all times, regardless of how few residents there are.

If all those people from the Rothbury area who are currently living in care homes supported by the County Council or the NHS were living in the hospital building, only half of the current beds would be used. It is unlikely that older people living outside the Rothbury catchment area would choose to move to a care home in the village. In addition, the majority of residents in this category require a specialist dementia service.

Under the CCG's contractual arrangements with the Trust this option would result in a saving of £500,000. However, some funding would need to be identified to subsidise the social care beds as it would not be possible to cover their costs with income received i.e. given the predicted small numbers.

Option 4: Permanent closure of the 12 inpatient beds

This would not provide a local inpatient service for older people and would mean the hospital would offer only a limited range of services. It is therefore unlikely to be supported by local people.

However, it would ensure more efficient use of resources with nursing staff moved permanently to busier hospitals. It would also be in line with the national policy drive to provide a greater focus on out of hospital care and would take into account the evidence that suggests hospital care can carry more risk than care at home.

Under the CCG's contractual arrangements with the Trust this option would result in a saving of £500,000.

Any increase in activity within community services would be cost neutral due to the contractual framework in place.

Option 5: Permanent closure of the 12 inpatient beds and shape existing health and care services around a Health and Wellbeing Centre on the hospital site in Rothbury

This would not provide a local inpatient service. However, it would enable better use of available resources given the low bed occupancy levels with more efficient use of nursing staff in the busier hospital sites. It would also be in line with the national and local policy drive to provide a greater focus on out of hospital care and take into account the evidence that suggests hospital care can carry more risk than care at home.

The Trust and the Rothbury Practice have each confirmed their commitment to use the building to provide better primary care services. A bid has already been made to NHS England for funding for building adaptations that would be necessary to accommodate the practice.

This option would also offer the opportunity of more outpatient appointments at Rothbury and to enhance the community based services. We feel there are opportunities to provide more physiotherapy and outpatient clinics which could include patients having an appointment at the hospital but talking to a specialist through a video link.

The CCG would save £500,000 which is the Trust's calculation of the staffing costs for running the 12 inpatient beds.

Any increase in activity within community services would be cost neutral due to the contractual framework in place.

Selecting a preferred option

Views were also sought from all GP member practices and in particular, from those in the north locality which includes Rothbury and the surrounding area. The north locality supported Option 5.

The next step was a discussion at our Joint Locality Executive Board, which includes GP representatives from each of the Northumberland localities. The board agreed that consultation should take place on Option 5 as the preferred option.

The main reasons were:

- It enables better use of existing health resources due to low occupancy levels and allows the nursing resource to be moved to higher occupancy hospital sites
- The temporary suspension has tested the capacity within the Trust's other inpatient services and within community services and no unexpected service pressures have been experienced
- It delivers local health services and provides the opportunity to work with the local community to better shape current provision
- It enables further services to be delivered in and/or based at the hospital
- It supports the strategic direction set out in the 'Five Year Forward View' by NHS England
- Primary care services operating at the hospital provides a long term sustainable service model

Finally, while Option 5 would reduce choice over community hospital sites, other choices for patients do exist with the range of community based health and care services that are now in place. We hope that during discussions with local residents we will be able to explore opportunities that will provide other choices such as providing outpatient clinics at Rothbury Community Hospital where patients have access to a consultant via a video link.

7. Proposal for consultation

We are consulting on one proposal (Option 5):

Permanent closure of the 12 inpatient beds and shape existing health and care services around a Health and Wellbeing Centre on the hospital site.

So there would no longer be an inpatient ward at the hospital. If a local resident needed step up or step down care within an NHS facility, the nearest place for this to be provided would be at Alnwick Infirmary, around 12 miles away. This would result in greater travelling for visiting for family and friends living in the Rothbury area.

However, the proposal provides an opportunity to consider the further development of health and social care services at the hospital site, including the possible relocation of the Rothbury Practice and more outpatient services.

During the consultation, we would like to understand more about:

- **Any concerns or views you may have**
- **And how you think we could shape existing health and care services around a Health and Wellbeing Centre on the hospital site**

See page 21 for how you can comment.

We also acknowledge that some people feel strongly that there should be some provision for respite and end of life care in Rothbury and that they have already described potential models. Respite care is not provided or funded by the NHS and experience shows that very few end of life care beds would be needed. However, as the consultation progresses, we would be very keen to hear more from people about how they think we could develop a community based service which would provide beds for patients requiring these types of care.

8. Impact of proposal on other services

As explained earlier in this document, the proposed change to inpatient beds does not impact on other services provided at or from Rothbury Community Hospital.

Also, given the small number of people who have been using the inpatient ward at Rothbury Community Hospital it is unlikely that the proposed permanent closure of the 12 inpatient beds would have any significant impact on other hospital services in Northumberland.

As outlined on page 14, should an inpatient bed be required, for example, because a patient from Rothbury needs a longer stay in hospital after an acute illness or injury, there is adequate capacity in the Trust's other community hospitals, including at Alnwick Infirmary.

As section 4 (pages 10 to 14) outlines, the direction of travel is to provide much more care in people's own homes and in fact the analysis of bed usage and use of community based services shows that this is already happening. The longer term plans across the health and care system are to build on this and develop more out of hospital services.

9. Implementation

Staff who worked on the inpatient ward at Rothbury Community Hospital are already supporting colleagues in the Trust's busier hospitals on a temporary basis.

In terms of developing more services within the hospital building, there is already commitment from the Rothbury Practice to relocate there and a bid for funding to allow any necessary structural changes for this to happen is currently with NHS England.

The other services that could be provided at the hospital, such as additional outpatient clinics, could be accommodated within the building.

Implementation would be overseen by the steering group which has been considering use of community hospital beds.

This group would also monitor service delivery and patient feedback to make sure that local people continue to receive a high level of care at home and in a community hospital should this be needed.

10. How people can make their views known

We are sharing the consultation document with a wide range of local groups, organisations and interested parties.

Copies of the document and a summary leaflet will be available in the GP practice and the hospital and we will be asking if we can leave them in other public venues such as the post office, library, Jubilee Hall, swimming pool and gym.

There is an online survey at: **www.surveygizmo.eu/s3/90024914/RCHconsultation** which has been prepared by an independent research company which will host and evaluate it. Hard copies of the survey will also be made available and these too will be independently evaluated.

There is a dedicated page about the consultation on our website: **www.northumberlandccg.nhs.uk/get-involved/RCHconsultation**

This includes the consultation document, a link to the online survey and any other relevant information.

There will be articles in local newspapers and information will be shared with local radio and regional television news programmes.

We will send information for inclusion in any existing community newsletters such as 'Over the Bridges' which is sent to local households by the Rothbury churches.

Social media, such as Facebook and Twitter will be used to direct people to our website to find out more and to promote public events.

There will be two public meetings at different times of the day to provide greater convenience and four drop-in sessions.

We will also be writing to local groups and organisations, including Northumberland County Council, the town and parish councils, and community and voluntary sector groups to ask if they would like us to attend their meetings to talk about the consultation.

We have asked Healthwatch Northumberland to facilitate some discussion groups to target older people who may not be able to attend the public events or access the information in other ways.

People can comment in a number of ways:

- **Complete the survey** (online or hard copy)
- **Email:** norccg.enquiries@nhs.net
- **Write to:** Rothbury Community Hospital Consultation, NHS Northumberland Clinical Commissioning Group, County Hall, Morpeth, Northumberland, NE61 2EF
- **01670 335178**
- **Attend** one of the public events shown at the back of this document

Any comments made in any community or other meetings we attend to discuss the proposal during the consultation period will also be noted and taken into consideration.

The consultation will extend over a 12 week period from 31 January to 25 April 2017.

11. Next steps and timescales

During the consultation we will monitor feedback so that we are aware of emerging questions and issues. At the end we will prepare a report outlining all feedback, including an independent report analysing survey responses and the outcome of the travel analysis.

This report will go to the Joint Locality Executive Board and then to our Governing Body.

Alongside this report we will also need to prepare another report, again to be considered by the Joint Locality Executive Board and our Governing Body which will include our response to the NHS England assurance process. This will need to show that:

- Our public involvement has been strong
- We have considered choice for patients
- There is clear clinical evidence to support any changes
- There is support from GPs in their role as commissioners of services
- We have given very careful thought to how changes would be implemented
- Changes are affordable and that we have sound financial plans in place

This second report will also need to demonstrate that we are using the resources available to us efficiently, effectively and economically.

We are planning to be in a position to make a decision on the way forward by summer 2017.

The decision will be made in public and both reports will be available on our website. We will make sure that the decision is communicated as widely as possible.

Public events

Public meetings:

Thursday 16 February: Public Meeting, 2.00pm – 4.00pm
Jubilee Hall, Bridge Street, Rothbury NE65 7SD

Thursday 30 March: Public Meeting, 6.30pm – 8.30pm
Jubilee Hall

Drop-in sessions:

Saturday 4 March: Drop-in Session, 10.00am – 12.00pm
Simonside Room, Jubilee Hall

Monday 13 March: Drop-in Session, 4.00pm – 6.00pm
The Group Room, Rothbury Community Hospital,
Whitton Bank Road, Rothbury, NE65 7RW

Tuesday 21 March: Drop-in Session, 6.00pm – 8.00pm
The Group Room, Rothbury Community Hospital

Wednesday 5 April: Drop-in Session, 2.00pm – 4.00pm
Simonside Room, Jubilee Hall

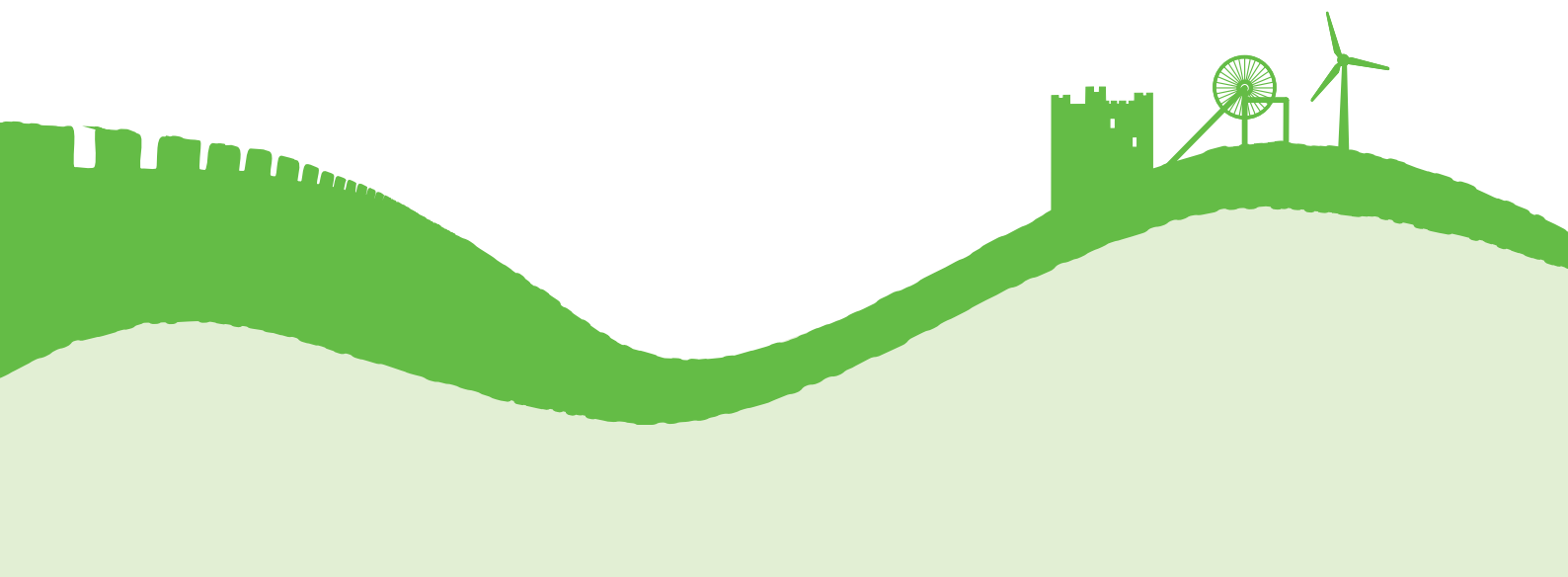
NHS Northumberland
Clinical Commissioning Group
County Hall
Morpeth
Northumberland
NE61 2EF

Tel: **01670 335178**

Email: **norccg.enquiries@nhs.net**

Web: **www.northumberlandccg.nhs.uk**

This document is available in large print, other formats and languages on request. Telephone: **01670 335178**



Appendix B: Consultation about proposed changes at Rothbury Community Hospital – summary of formal responses received by letter or email

No	Members of the public	
1	Member of public	Closure of cottage hospitals is one of main reasons why major trauma units are being overcome with bed blocking. If patients could be moved more quickly to recover closer to home it would free quite a number of beds in the operating hospitals for these to become more effective. Is a political move to make the NHS appear inefficient and become privatised. First-aid should be taught at school so that people do not attend A&E with minor injuries. Small hospitals could quite easily cope with minor cases instead of piling all of the funds into overworked massive units. Elderly people would rather stop at a local hospital than be transported to Cramlington and then be kicked out in the middle of the night and told to find their own way home. Know of two elderly people who this has happened to. Means long journeys for families and friends. Paramedics should be able to discern whether a person requires a local hospital or a trauma unit.
2	Member of public	A number of contacts were made with the CCG. In his first letter, the information sought included: • clarification of the patients who would be suitable for Rothbury Community Hospital and also for Alnwick and Berwick Infirmaries and the Whalton Unit at Morpeth • clarification about references in the consultation document to community nursing contacts • why bed occupancy rates at Alnwick and Rothbury are different • information about people with dementia, including how many requiring end of life care also had dementia and of those who do not, what was the average length of time that they received end of life care in a home or hospital. Comments in a letter responding to the response he received from the CCG included: • Patients considered unsuitable for admission to Rothbury Community Hospital include those requiring extensive physiotherapy – there is a very well equipped physiotherapy unit at the hospital which is only currently open two days a week. If physiotherapy is extended as proposed in Option 5, presumably a patient requiring extensive physiotherapy would then be suitable for admission. Similarly when the GP practice is relocated would this not provide opportunity for greater cover by doctors. Also, if the hospital had access to a consultant, then would additional categories of patients be admitted? • It is possible that only a small number of community referrals would involve people who would

Appendix B: Consultation about proposed changes at Rothbury Community Hospital – summary of formal responses received by letter or email

		otherwise have been admitted to Rothbury Community Hospital – so this is not a principle cause of low bed occupancy. Also the CCG has not given comparative figures for the areas covered by the other community hospitals. • The 12 beds were considered necessary for the size of the population in 2007 – why can't the number of beds be reduced to match current need rather than close the ward? • Can assume that the 62 patients who did receive end of life care did not suffer from dementia, therefore there is a demand for end of life care from patients who do not have dementia – to withdraw this provision would be a significant loss to the community. • If Option 5 is rejected, will the CCG revisit the other options, including those retaining the 12 beds? • £600,000 pa PFI costs seems like a large sum for 'what would be little more than a glorified GP surgery' – surely this expenditure would be more easily justified for a community hospital with inpatient beds and a combined GP surgery together with other services proposed in Option 5. Would it not be a better use of resources to adopt the Alnwick model of bed occupancy?
3	Member of public	• Use the facility for hospice care – Hospice Care North Northumberland does a great job supporting people in the community but there are no hospice beds in this area. • Dying at home is not an option for everyone – needs to be someone available 24/7, able-bodied, strong, capable, not working. Comments based on experience within the close family of the pressures around caring for someone who had chosen to die at home. Everyone needs somewhere to die with dignity. Sad that the ward at Rothbury Community Hospital is being closed when there is a need for hospice care. Please ask GPs not to sign up people to die at home without understanding what it really means.
4	Member of public	As a resident of Rothbury, consider that removing all the beds in an up-to-date, newly built hospital when beds are in such short supply makes no sense.
5	Member of public	Don't close the hospital but give it another year to see how it is used. Make sure that the facility is known to be available to hospital departments as a stepping stone to returning to living independently at home. Use it as end of life care for those in the area – the only facilities are a long way away and mean that families struggle to visit their loved ones. Quoted personal experience of caring for an older person who spent seven weeks in Alnwick because there are no facilities nearer.
6	Member of public	Writes in response to the decision by the CCG to put forward only one option for the permanent closure of the beds. CCG knows the level of concern in Rothbury and despite words of assurance

Appendix B: Consultation about proposed changes at Rothbury Community Hospital – summary of formal responses received by letter or email

		given in public meetings this decision reveals there may never have been any other intention on the part of the CCG. Without the beds people will have to travel miles for hospital care – a round trip of close to 100 miles for many. Rehabilitation in the home is not the best care for everyone. There are many elderly people living on their own and a shortage of carers. Not necessarily the case that closing the ward will save money – evidence suggests that recovery can be better and quicker in intermediate care, with fewer readmissions. There is a need for end of life beds. Were told that some of the reasons why people couldn't be admitted to Rothbury were down to lack of physiotherapy – why not have a visiting physiotherapist? Generally people are supportive of the GP moving to the hospital – with GPs in the building it was hoped that there would be support for the maintenance of the beds. People do want to retain end of life care at the hospital – even though there are many who wish to die at home. Why should very elderly people have to travel miles to visit their dying loved ones. People living in rural areas should not be penalised for doing so. Community of Coquetdale understand that their care might be more expensive than in an urban area but they deserve that care. Community nurse time could be used more effectively when patients are all in one location. The large part of costs for PFI payments, running costs, maintenance costs will still exist with or without beds.
7	Member of public	Following a stroke several years ago received care at Rothbury Community Hospital (after initial care at Ashington and then Alnwick). Many in Rothbury and immediate surrounds do not drive, bus services are infrequent and to get by public transport to Ashington/Cramlington/Newcastle is difficult and time-consuming. The Save Rothbury Cottage Hospital proposals have much to commend them.
8	Member of public	Letter was sent by someone who was on an email distribution list in case they hadn't yet had time to write or complete the questionnaire – 'this is an email based around the action group response'. Same

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		comments as letter summarised in No 6 above.
9	Member of public	There are a number of ways that Rothbury could become a true health and well-being centre by having occasional sessions in the following areas: • Falls clinics • Back care sessions • Neuro-physiotherapy 'MOT' sessions • Physiotherapy for women's heath • Work station assessments • Cardiac rehab sessions • Drop-in sessions for farmers – physical checks and discussion time for mental health problems • Carer support groups • Dementia cafes • Young people's drop-in sessions for mental health and sexual health • Weight management sessions • Smoking cessation sessions. These could be offered periodically and advertised in the Over the Bridges magazine which has wide coverage in the valley. There could also be more MSK physiotherapy in Rothbury – currently waiting lists shorter at Alnwick so patients choose to get there somehow. Public transport to Alnwick is poor. There could also be better use of the gym which is well equipped. Patients could be assessed for a rehab programme and then a health assistant could supervise sessions. With the GPs being based at hospital there would not be a problem with lone working or access to a doctor in an emergency. If the Trust is hell-bent on closing the beds please make an effort to truly make the hospital a health and well-being centre.
10	Member of public	Cares for husband with long term illness and has experience of hospitals at Cramlington, Wansbeck, Alnwick and Rothbury. She and husband also have experience of being discharged from hospital with no care package in place and waiting three weeks of sleepless nights before a package was put in place. She raised many points about the detail in the consultation document and comments made by NHS representatives at public meetings. These are included below: • Stressed that the hospital beds are valued which she said was the consistent, over-riding

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		message at every public meeting • people do spend less time in hospital but the Rothbury beds are still needed because other beds have been lost due to ward or hospital closures and Alnwick Infirmary is operating at an unsafe level – people are often sent home and then have to return to hospital • the aim to support people at home is fine when it is appropriate but there are times when it is not • under-use of beds at Rothbury Community Hospital – was due to choices made by the CCG and the situation was actively managed to ensure that the bed occupancy was low so that closure could be justified • impact on care provided in the community by health and social care services – these services will have to be built up • impact on finances – the financial problems facing the NHS are so huge that the projected savings would do nothing to help the situation and that the rent on the building would not lessen • impact on 'already over-stretched' community hospitals at Morpeth and Alnwick (including references to bed occupancy of 95-97% at Alnwick Infirmary) • criteria for admission to Rothbury Community Hospital – included suggestions of how to ensure that more patients were suitable for admission and providing booked or emergency respite care funded from the social care budget, achieved through joint working between the NHS and local authority • the need to better staff physiotherapy services and use additional space in the hospital for GPs and visiting consultants • how much the hospital has been missed by many people and their families • comments about people's experience of the emergency care hospital at Cramlington and the length of time it takes to put in place a care package once they are discharged home from Cramlington • comments that the biggest growth in home care has been people funding themselves and families • reference to the new national test introduced around proposed bed closures • meeting the needs of the increasing older population, including transport difficulties • that the local community's comments had not been taken into account about how important the beds were • comments on each of the options. •

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11	Member of public	Family has been thankful for the facilities provided by the community hospital over the years. Mother-in –law had extensive stay in the old cottage hospital. Father-in-law also had care at Rothbury and in fact spent his final days there where he was treated with utmost dignity and care. His wife also required respite care at Rothbury (paid for at a per night rate – this service was not widely publicised). Following a seizure she was transferred from Cramlington to Rothbury for convalescence. Following further seizure and another stay at Cramlington she was transferred to Alnwick even though he requested Rothbury (suggests that empty beds were not used to massage the figures). Ward at Alnwick was extremely busy and he went in during afternoons to make sure she ate and was drinking. Wife was not allowed to go to Rothbury and was eventually transferred to a nursing home where she ended her days.
12	Member of public	Gave experience of an 11 day stay in Wansbeck Hospital to prove that beds in Rothbury Hospital are desperately needed. At a time when all around the country surgeons are not able to operate because of insufficient beds, it is absolute lunacy for the CCG to close a lovely little hospital at Rothbury. Is an obvious lifeline to transfer patients to Rothbury from Cramlington, North Tyneside, Wansbeck and even the RVI and Freeman Hospital to complete their recovery and free up beds. Patients should be given the option to transfer to Rothbury if they wish. Referred to her own stay in Wansbeck following emergency surgery – overcrowded ward, overworked staff unable to adequately care for the number of patients they had. Patients who could walk on simmer frames had to look after other patients who were immobile because there were no staff to bring bed pans. Some desperate patients soiled beds. One patient was left unattended for over 30 minutes in excruciating pain when her morphine drip failed. All beds were occupied – was impossible to sleep at night with patients with dementia calling out. Was incredibly stressful and she was desperate to escape from terrible environment – phoned her husband in the middle of the night begging him to come and take her home.

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		There were not enough pillows and blankets to go around. Staff would come from other wards to raid the laundry cupboard on her ward. It was January – she was cold, next to large window with only a thin cotton blanket and counterpane. Had to pile all the clothes she had on top of dressing gown to try and keep warm. TV did not work so she could not order from the food menu. Would have leapt at the chance to go to Rothbury but was never given the option. If patients were made aware of the option of transferring to Rothbury the beds would be more than filled. Rothbury Hospital should also be used as a centre for the frail and elderly, to come for chiropody, social care and to combat loneliness. Are many elderly people who would love the chance to come to a centre such as Rothbury once or twice a week for a good hot meal and some social interaction with real people. Proposal to close Rothbury Hospital will have long lasting negative effect on the immediate and outlying community and would be a total waste of valuable resources.
13	Member of public	Have just completed the survey – some of the questions were worded in such a way that it was impossible to disagree with the sentiment ie question around ensuring the best use of resources and it is possible that people will have agreed with the statement but do not necessarily agree with the decision to close the inpatient beds. Hope that comments made by people completing the survey will be taken into account and that inferences will not be drawn merely from the statistical analysis of the questions.
14	Member of public	Aims to show that the proposal is not the most efficient, effective and economic use of resources and neither is it supported by the local doctors. **Advances in medical care and the national drive to support recovery at home.** Advances have increased longevity and the number of elderly and frail people suffering from complex conditions – proper preparation for the return home from hospital of these patients is vital ie a short period of intermediate care and assessment – once properly prepared a successful transfer home is more likely to be achieved. Increasing older population in Rothbury need step up and step down care, palliative care and both planned and emergency respite care.

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		Outlying areas are sparsely populated – makes home care particularly expensive especially in early stages following acute admission where extensive therapy is required. When this growing group of vulnerable patients being cared for at home experience a worsening of their condition, Cramlington is often not the most appropriate place for them. Occupancy rates at other non-acute hospitals are well above safety levels – especially the nearest, Alnwick. Re use of evidence around negative impact of hospital stays on elderly people – puzzled by presumption that any hospital would keep patients in bed when they were fit to get up. Patients can be and are supported to maximise their mobility while in any hospital. This can be more difficult at home with less support. Do not think that this research is relevant. **Under occupancy of Rothbury Community Hospital beds.** At last public meeting on 30 March was revealed that no research had been done as to why the numbers had declined – despite the fact that a similar 15 bed unit in Haltwhistle had higher occupancy rates. In absence of such research is the anecdotal evidence that people were not being told that a bed at Rothbury was an option. Even the private respite care was a well-guarded secret – husband's care manager did not know about it, community nurses did not know how it could be accessed, was not mentioned on the hospital website and some were refused the service and not given a reason. Consultation document cites physiotherapy cover as one of the barriers to admission. Physiotherapy cover was gradually cut over the years despite the League of Friends raising significant funds to equip the hospital and now the CCG is proposing to increase the provision. Confused patients have been successfully cared for at Rothbury Community Hospital which has individual patient rooms and lockable doors in strategic places on the ward. Surely staff training could have eliminated difficulty with intravenous drips. All points to fact that use of beds was not being well managed – at worst lack of any attempted problem solving points to deliberately running down the facility. **Need for scarce nursing resources to be used in busier hospitals.** The few nursing staff freed up was hardly going to solve your severe staffing problem. Understand that more than half of staff are either no longer working for the Trust, are on long term sick or are underemployed. Are many trained

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		nurses in Rothbury who do not work for the NHS – a training programme to help them back into mainstream nursing would do more to ease the staffing problems. **Need to plug a financial gap in the CCG's budget.** This is the most likely cause of the proposed closure as it provides an instant saving of £500,000. Does not take into account the spending that will be needed to provide for the patients in a community setting who would otherwise have been in hospital. There will be extra use of beds in other hospitals and the new services in the health and wellbeing centre. When all of this is taken into account the financial gain looks rather paltry. Exacerbated by the cost of the PFI - £600,000 pa rent. Applying to Northumberland County Council to raise money to pay off PFI as happened at Hexham – savings would allow reopening of beds with level of staffing and expertise required – especially if Adult Social Care would come into partnership to fund some beds. Is not true that social care and NHS beds cannot be run in same establishment by the same staff – has been done elsewhere. Is an obvious model. Reference to Leeds University research. Also King's fund report which points out benefits of good aftercare and shows that virtual wards are not necessarily more economic than community ones. **Views of local GPs.** Views of GPs important. Local practice had notice in window about adverse consequences of closure (August 2016). At public meeting in March 2017 saw no change in Dr Hunt when he addressed the meeting. His quote in the document suggests that the closure so far has had no impact – must have been made before end of 2016, maximum of four months after temporary closure – far too soon.
15	Member of public	Have attended all of the meetings and drop-in sessions but in the words of Alexander Armstrong 'it's pointless'. Minds were made up before this started – all comments, experiences and suggestions ignored. Therefore will not waste time by giving examples of how hospital beds could be fully utilised. Point of letter is about care at home – where are the 'magical' carers coming from – how far do they have to travel and at what cost? What qualifications do they have? Does the NHS employ them or other agencies? Time allocated for home visits is insufficient for many cases and these people are not being cared for as they should.

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		It's a disgrace that the 12-bed facility is standing empty when patients could convalesce there before returning home.
	Community organisations	
1	Secretary - Coquetdale League of Friends	The League of Friends has supported the hospital for over 40 years. It is a vital resource in our community and the amount of funding raised year on year shows the high esteem in which it is held. A way must be found to re-open the ward and reinstate the vital service. It said it would not stand by and see a new, well-equipped ward, which it helped to set up, be dismantled and turned into offices, which would be a gross waste if public money. Better management of an existing facility would mean it was better used for its original purpose – an inpatient ward for local people. It attached a ten page report including detailed comments on the consultation document. This is attached at **Appendix B(ii).** The report is very similar to a lengthy response submitted by a member of the public – see points included in No 10 above. The report ended saying that the local community would be happy with the idea of a health and wellbeing centre as long as it was combined with Option 2, developing a combined use of the beds.
2	Secretary - Upper Coquetdale Churches together	Referred to (and attached) earlier letter sent in November 2016. Appreciate that the numbers of people who would use the facilities is small and that options do have cost implications but feel it should be possible to put one of the options into operation to give residents a local facility which avoids the difficulty of being somewhere inaccessible by public transport. Their informal contacts show that residents do not yet feel convinced by the idea of a wellbeing centre. Proposed facilities would be welcome and the development of new facilities is of great value – however, many people, particularly those in the older generation are still very concerned at having to travel to places which are impossible to reach by public transport in the evening. As a patient they are cut off from social support networks. Outlines difficulty and cost of travelling (Getabout runs hospital

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		car transport scheme but this is 40p per mile). Bus services infrequent. Many residents remain unconvinced that health facilities provided by the hospital can be provided in the home. Much of benefit of hospital care came from confidence building it providing in post-operative treatment and rehabilitation, and the support and reassurance to the dying and their loved ones. For those living alone or with a frail partner, a daily visit does not equal the care provided in hospital – would need to be very substantial development and promotion of the services outlined by Dr Hunt in the consultation document. Very aware of the financial constraints on NHS but would argue that the specific situation and needs of rural areas such as theirs should be taken into account by the CCG when making decisions. Following conversation with Project Coordinator from Healthwatch Northumberland, feel that many of the concerns centre on the distinction between medical and social care and until this problem is addressed there will continue to be significant obstacles to providing suitable care for the less able and elderly. Healthwatch representative was keen to get views of older people – they feel their members are a very representative sample.
3	Secretary - Thropton WI	Thropton WI opposes the proposal. While others have addressed the many weaknesses in the consultation and the lack of process, with which they agree, they address themselves to the discriminatory nature of the proposal against women in particular, whom they represent. Consultation document doesn't refer to an Equality Impact Assessment – it this had been carried out the discriminatory nature of the proposal to close the ward permanently would be obvious. On average women live longer than men so more women than men will be left as single householders. Home care is possible when the sick person is not a single householder. The lack of beds for widows who will need nursing through their final illnesses is discriminatory. Families may not live locally and may have demanding jobs or provide care for another family member. It is the woman that the burden of caring for those who need more care but now deemed not to need a hospital bed will fall. Some are already dealing with multi-generational needs, some suffering burn-out and this can only get worse. Rothbury area has higher than county average of older people, who will need more access to medical services. Unbelievable that when the population is planned to rise significantly that the CCG decides to close a much needed ward that will be in demand in the future.

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		Asks the CCG to look again at Option 5 and the discriminatory nature of the proposal. They agree with the response document from the Save Rothbury Hospital Campaign and commend it to the CCG.
	Campaign group	
1	Save Rothbury Community Hospital Campaign Group	The report **(attached as Appendix b(i))** is clear that they believe that the suspension of the inpatient beds was having 'significant adverse consequences' for their local population. Points of agreement included: • acceptance that Options 1,2,3 and 4 by themselves were not viable and should not be pursued • acceptance that respite care is not provided by the NHS and has no bearing on the use of the hospital's beds • public consultation is about Option 5 • the commitment of the Trust and the Rothbury Practice to use part of the building for general practice purposes (which they wholeheartedly supported). Their challenges included: • **questions around the CCG's projected savings of £500,000**, including their own analysis of staffing costs and comments about the financial impact on hospitals where the Rothbury patients are now being transferred to, the financial impact on community nursing, the cost of the relocation of the GP practice to the hospital, the cost of the proposed health and wellbeing centre, financial impact on social care and the Private Finance Initiative costs (including that there was no evidence to show that the CCG had considered whether or not it could buy out this financial arrangement or to re-finance or restructure it). • **questions around the demographic projections set out in the consultation document,** including their own analysis of projected increases in older people and plans for new house building over the next decade or so across north Northumberland • **travel implications,** including an analysis outlining the difficulties of travelling by bus, taxi and private car • **bed usage**, including using Rothbury Community Hospital as step-down care for patients from south east Northumberland (as they had been told used to happen)

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		• **concern about removal of choice** for Rothbury patients • **questions about car ownership**, including comments that just because a car may be kept at a patient's home, this does not necessarily mean that his or her spouse can use it and the proportion of women who will be unable to drive • **perceived discrimination against elderly women,** who would have to care for their partners at home when recovering from an illness or who, when widowed would have no one to care for them at home • **questions about bed occupancy,** including why had other community hospitals not experienced the same decrease, concerns about high occupancy at Alnwick Infirmary and questions about what action had the CCG taken over low occupancy rates at Rothbury in the months leading up to the interim closure • **comments about lack of clarity in references to community nursing and short term support service** in the consultation document, including comparisons they have drawn from a 'consultants' report' received by the CCG in March 2017 about community nursing capacity in Hexham • **comments about services that may or may not be provided in** the proposed health and wellbeing centre • **questions about a new national test introduced around proposed bed closures** and questions about how this would be applied by the CCG • **criticisms of the consultation process, including the consultation document and the questionnaire.** Finally, the document included a solution 'as an amendment to Option 5', referred to as Coquetdale Cares – the Community's Vision, which they said was a combination of Options 1 and 5 – 'this would bring together in one building the Rothbury Practice, the community nurses and services, a paramedic, existing clinics, 12 community hospital beds and staff, and possibly new clinics and a video connection, and links with local authority social services. It added: 'The Team considers that the CCG should not confirm the closure of the beds in Rothbury Community Hospital, but should establish a broad based working group made up from its officers, from representatives of the Accountable Care Organisation when formed, and, say, four members of the Team, with a view to identifying which of these two Options best optimises the use of the building and satisfies the needs and views of all patients, doctors, the CCG, the ACO and the public of Coquetdale and of its vicinity'.

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	Councils/councillors	
1	Steven Bridgett	Absolutely no way can support this consultation given that you have chosen to consult on only one option, which is quite frankly ridiculous.
2	Clerk – Alwinton Parish Council (letter addressed to Katie Scott)	Supports all moves to retain beds at Rothbury Community Hospital. Council feels that statistics re empty beds were achieved by not allocating them – are aware of instances where using the cottage hospital as a stepping stone to home would have been appropriate. Planning for the use of the hospital services and GP services should include a full review of Rothbury GPs' delivery of service. Parish council has long standing issues with the practice manager who has not to date arranged to meet them. No announcements yet re Harbottle – Harbottle marginalised with patients being offered appointments in Rothbury or Longframlington. No flu jab clinic and no doctors during half term holiday. Some concern about patients getting to Rothbury Community Hospital – poor bus service and patients walking uphill from the village. Most worrying is planning application for change of use of present surgery to a domestic dwelling – suggests that decisions have been made. Hope that the campaign to retain beds will be successful and that the review will bring improved services.
3	Clerk Glanton Parish Council	Glanton Parish Council opposes the proposal as these beds are required in the interests of the rural communities around Rothbury. The council supports the campaign to have these re-opened. The reasons were summarised by the MP in her opening remarks in the adjournment debate.
4	Clerk – Hepple Parish Council	Clerk has been asked by the councillors at Hepple Parish to register their concern at the closure of the 12 beds and to formally support the campaign to reinstate the beds. • Beds would provide interim care between leaving hospital and returning home for elderly patients, freeing up beds in the main hospitals. • People have been told there were no beds available when they requested a place, even though this was not true – incorrect to say there is no demand for beds. • Beds provide care for elderly patients who are not sick enough to go to a main hospital but need a few days of observation and care. • Main hospitals are miles away and as there is very little public transport it is almost impossible for elderly friends and families without cars to visit people sent there Please take into account the very strongly held views of local people in their opposition to your proposal.
5	Clerk – Rothbury, Thropton	On behalf of Rothbury, Thropton and Netherton and Biddlestone Parish Councils we strongly believe

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	and Netherton and Biddlestone Parish Councils	the beds at Rothbury Hospital should be re-opened – believe them to be a vital service for the whole of Coquetdale and beyond. Believe the closure will have adverse consequences for our local population with the effects impacting on a frail and elderly group of patients and persons living in Coquetdale having to travel many miles to visit their loved ones.
	MP	
1	Anne-Marie Trevelyan	Writing on behalf of residents who have contacted her as their MP to express their concern over proposal. She too has concerns over the impact the proposals would have on the local community as well as the knock-on effect it may create for wider healthcare system in Northumberland. **Letter attached as Appendix B(iii).** Main concerns: • **Nature of healthcare needs in Rothbury** – hospital serves a community spread over hundreds of square miles. Over 30% of residents are over age of 65 and that figure will increase as the area is a fantastic place to retire to. Strongly believes that maintaining the inpatient provision at Rothbury is vital to ensuring the range of palliative and respite care needs of population are met effectively. Asked residents to tell her what they value about the hospital and was inundated with letters and emails about the care they or loved ones had received. Time and again she was told about the ability to visit a loved one receiving care locally was vital to the morale of patients and their families. • **Workforce challenges** – Understands ongoing challenges in terms of staffing, in particular commissioning the adequate community nursing cover for our most rural communities. Closing of inpatient beds is not the answer – doing so places pressures elsewhere in the system. Additional strain on wonderful community nursing teams, whose work is already particularly challenging due to rural and sparse nature of population. Concern that without the beds at Rothbury, patients will stay longer on acute wards, will need to be re-admitted to acute wards due to inappropriate care at home or need to be admitted to an alternative hospital far from friends and family. • **Impact of closure** – has led to increasing pressures at Alnwick Infirmary which she understands has been close to capacity for some time. Knock-on effect at Alnwick has meant that people in north and east of constituency who might otherwise have been able to receive care at Alnwick are now forced to remain in urgent care beds at Cramlington for longer than needed. Means that any financial savings made by the closure of 12 beds are being lost elsewhere in the system. Primary concern of people who have contacted her is the ability to visit loved ones who are receiving inpatient care. Travel can be difficult especially during winter. Part of the value that the community places on Rothbury beds is the proximity it delivers – cannot be overstated in terms of recuperation and recovery.

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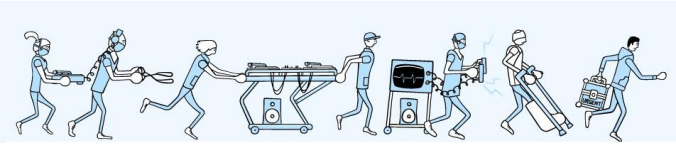
		• **Reasons to pause** – the University of Leeds is conducting a study into 'Cost, structure and efficiency in community hospitals in England' and the Public Accounts Committee is regularly challenging NHS England on how it spends taxpayers' money to deliver the best integrated health and social care provision. Asks CCG to pause its plans until the results from the Leeds study are known – asks them to commit to working with the campaign to develop a palliative and respite care model in Rothbury.



The Consultation on the Closure of the In-Patient Ward at Rothbury Community Hospital

Comments by Coquetdale League of Friends.

The Coquetdale League of Friends was founded in 1978 to supply amenities to Rothbury Cottage Hospital (as it then was) which were not provided by the area health authority. Over the last 40 years our organisation has successfully raised thousands of pounds and provided the Cottage Hospital with an extension for the Physiotherapy Department in the original Victorian building and helped equip the nine-year old building it occupies today.

Under PFI the new hospital building was delivered fully equipped in 2008, but over time improved equipment has been requested by the nursing staff and the League of Friends has been happy to provide this. We are still receiving bequests and donations although we do not actively seek them. This is a measure of the gratitude of former patients and their families who obviously want to see the continuation of the facility.

The League of Friends feels it cannot stand by and see a new, well-equipped ward, which it helped set up, be dismantled and turned into offices. At any time, this is a gross waste of public money, but we are constantly being told the NHS is strapped for cash. Better management of an existing facility would mean it was better used for its original purpose – an inpatient ward for local people.

In this document we go through the CCG's Public Consultation document, line by line, page by page, to refute some of the arguments and assumptions within.

Page 4	**Introduction**
Para 2	What you actually know from discussions with local people is how much the **hospital beds** are valued. That was the consistent, over-riding message at every public meeting.
Para 4	**Yes, people do spend less time in hospital post-op** but the Rothbury beds are still needed a. because so many other beds have been lost due to ward or hospital closures and Alnwick Infirmary, our nearest hospital, is functioning at an unsafe level. b. because people are quite often being sent home too soon and then having to return to hospital. This is reported by both care workers and social workers and c. it means that patients may then be taking up acute beds needed by others requiring operations.
Para 5	The aim to **support people at home** is fine **when it is appropriate**. But there is quite often an in-between stage, when people are fit to leave an acute bed in the Wansbeck, Cramlington or Tyneside hospitals but not quite fit to go home bearing in mind that a. there is woefully inadequate social care available – not all who need it can get it and those who do get it may wait weeks or even months before it starts. b. Community Nurses are already fully stretched c. patients at home are often being cared for by an equally elderly relative or live on their own. Patients need to be properly fit before they go home. Rothbury Community Hospital is ideally placed to prevent these problems.

Para 6	Under-use of beds at Rothbury. This was, we believe largely due to the management decisions made by the CCG. a. Sometimes people were told they could not recuperate at Rothbury because of inadequate physiotherapy provision. This was quite shocking. Rothbury people raised a huge amount of money to provide and equip a first-class physiotherapy department. It used to do a wonderful job for both in and out patients until you reduced the number of hours a physio-therapist was available – totally unjustified given that this GP practice now has the highest proportion of elderly patients in England, the lack of rural transport to get to other hospitals and given that the lack of provision directly limited the number of people who could use beds in Rothbury rather than blocking expensive, acute beds elsewhere. b. You stated at a public meeting that Rothbury Hospital could not be used for patients with dementia. It could and it was. A League of Friends member's husband was there in July 2016 when there were three, and at times four, patients with dementia. The staff coped admirably. There were lockable doors to keep them safe and prevent patients wandering off the ward. c. You refused to let Rothbury be used for respite care unless the patient paid. Many carers at home would gladly pay for such a service. The reason it was seldom asked for was because you did not let it be known that the service was available. Social workers were unaware that it was there. If respite care (booked or emergency) is now regarded as part of community social care rather than NHS provision why could not some joint funding be arranged? d. Rothbury Hospital provided wonderful care for the dying, enabling local people to have their friends and relatives visit easily and frequently. Despite the wonderful work of Community, Macmillan and Marie Curie nurses there are times when home care is no longer sustainable and full time nursing care is required. Rothbury, and other Cottage Hospitals, enabled this to happen without taking up acute beds in general hospitals. e. Rothbury Hospital could and did act as a first stop for patients needing hospital care before a bed could be found in an acute hospital. f. people were often actively discouraged from or refused transfer to Rothbury or simply not told it was an option. We know of more than one case when a local patient ready to leave an acute ward was told she could not come to Rothbury because there were no beds available. The League of Friends believe that the situation has been actively managed to ensure that the bed occupancy at The Rothbury Hospital was low so that closure could be justified.
Para 7	Of course, the NHS and the County Council's Social Services Dept. will have to build up the amount of **care in the community**. You will need to do that to an enormous extent anyway given that the 'baby-boom' generation is just now reaching 70 so the numbers of people needing care is going to rapidly escalate. Regarding those needing **nursing care**, when they are in hospital they can be cared for by a small team of fully trained nurses and lesser trained HCA's with other specialists such as physiotherapists, dieticians and speech therapists able to see several patients in a short time. Community based nurses, their assistants and specialists working in this very extensive rural area would have to spend a significant proportion of their time travelling to see so many patients. Added to this that the **rent on the hospital** would not lessen if the beds were closed and it was turned into a health centre. It would be a very expensive and over equipped building in which to base medical professionals doing mostly consultation work. A very expensive office block in fact. So how much of a saving would there actually be? The **financial problems facing the NHS**, including the Northumberland NHS Trust, are so huge that the paltry savings which might be made by closing the Rothbury beds will do virtually nothing to help the situation and they may actually elevate costs by increasing bed blocking in the remaining hospitals. The problems can only be solved by massive changes to funding at National/Government level.

	The closure would inevitably lead to increased pressure being put on the already overstretched facilities in Alnwick and Morpeth which puts the Trust in danger of not being able to maintain the current quality of care. This is how major mistakes happen. One successful prosecution for unnecessary death or serious injury could cost over the £500,000 projected saving on closing the Rothbury beds.
Page 5	It would be hard to find anyone in Rothbury who does not believe that you have planned over a long period to close the Rothbury beds. And most also believe that you have for some considerable time done your best to ensure that bed occupancy decreased to justify your decision. **It is difficult to believe that our views are important to you when almost everything that has been said by the local people affected by your decision at every public meeting has been ignored, stone-walled or fobbed of with an inadequate response, usually based on the current low bed occupancy.**
Page 6	**About Rothbury Community Hospital**
Page 7	*'The following patients would not be considered suitable for admission to the hospital:'* *Unstable patients who need daily treatment changes* With the GPs on site this category of patient could be dealt with unless and until their condition deteriorated to the point of requiring admission to an acute hospital with consultants available. Perhaps new technology would even allow the staff at the hospital or the GP to seek the consultant's opinion at a distance. (Both offered by the proposal for a Health and Wellbeing Centre on the hospital site). *Stroke patients* After initial treatment at NSECH, patients could be rehabilitated and prepared for their return home first at the Wansbeck and then at Rothbury. The physiotherapy hours could be restored to serve both in-patients and outpatients. Once the physio plan was in place patients could be helped through their exercises by Physiotherapy assistants, family and volunteers. Helping family members work with the patient is part of their preparation for going home. (Option 5 proposes increased physiotherapy at the Health and Wellbeing Centre) *Confused patients with challenging behaviour* This category of patient was being helped successfully by the experienced Rothbury staff right up until the closure of the beds. Only the severely aggressive need be excluded. The individual patient rooms at Rothbury and the lockable ward doors mean that the hospital is particularly suitable for the mildly confused. Training for staff in dementia care and support from the mental health team would reduce anxiety and ensure a good standard of care. The Coquetdale League of Friends recently contributed £3,000 towards the cost of new equipment to help patients with dementia. Trained volunteers could also be used for a variety of tasks under the supervision of trained staff including talking to confused, lonely or anxious patients, helping at mealtimes, helping and motivating patients with their speech or mobility exercises. This relieves the pressure on the staff when multiple demands are made on their time. *Respite care* (see above) Beds could be set aside for booked or emergency respite care. This is much needed by the growing group of people caring, over many years, for severely disabled relatives. This could be funded from the social care budget – an example of the much talked-about joint working of the Local Authority and NHS. Contrary to statements made by you in public meetings respite places are not easily obtainable in private residential or nursing homes (except possibly in homes whose Care Quality Commission report would indicate that the care provided was not of a sufficient standard.) Again, this would reduce bed blocking because if full time carers for some very disabled people fell ill the patient would have to be admitted to an acute bed until such time as a nursing home place became available. **Other services provided at or from Rothbury Cottage Hospital** These have always existed alongside the provision of a 12-bedded ward and there is no reason why they should not do so in future. We believe the large dining room downstairs is to be altered to meet the needs of the GP practice and this plan was in place before the suggestion of ward closure.

	There is additional space upstairs that could be adapted into consulting rooms - either for the GPs or visiting consultants or other specialists - a dining room that is hardly used and three day rooms where one would suffice. The physiotherapy room will be needed and should be better staffed and used for both in and out patients as previously described as the people of Rothbury raised so much money to provide these services in the first place. As the population of the area ages these will be needed more and more. If further room is required there are other suitable buildings available in the centre of the village should the need arise.
Page 9	**Why the inpatient ward was temporarily suspended** *Medical advances* As already discussed although we would not argue with the fact that medical advances have reduced the time people stay in hospital this does not mean that these beds are not required. They are. No matter how advanced medicine becomes there will always be a need for step up, step down care as well as end of life nursing. Northumberland has no Hospice beds only a home care service which is not always appropriate. We personally know one terminally ill patient in tears because of all the things she could not do for herself at home and which the carers had insufficient time to do. Once the GP was informed she was mercifully admitted to Rothbury hospital where she was able to die in peace well nursed and appropriately cared for. The increasing number of elderly, frail and disabled people being cared for at home, especially those who have no family to look after them and are solely dependent on the visits of carers, will require the support of temporary nursing care when they get infections or are otherwise more ill than usual. The hospital has already been sorely missed by many people and their families. As discussed above the under-use of the Rothbury beds would never have happened if there had been a more flexible policy on admissions, more physiotherapy provision and a willingness to ensure that a recently built modern facility was appropriately used. In no other area of public service would a such an expensive facility have been discarded so quickly. We do not believe that the cost savings from closing the ward at Rothbury will make significant savings given that the high rent for the building will still have to be paid.
Page 10	**Why change is being proposed**
Para 2	You argue that the opening of the new **Northumbria Specialist Emergency Care Hospital** at Cramlington has meant that beds are not needed at Rothbury because people receive treatment very quickly and are then sent home with only 22% being admitted to an acute hospital bed. Apparently, you are able to send people home with *'any necessary support in place'*. This has not been the experience of many people in the Rothbury area, especially the elderly and frail. From personal experience as well as anecdotal evidence this group of patients has found treatment far from quick at Cramlington and they have been sent home, often late at night when no help is available. Frequently it has taken weeks to put a care package in place. For many of these patients a few days in the Rothbury Hospital would enable their future medical and care needs to be assessed and the right package put in place so that the move home is more successful and less traumatic. This would reduce the number of readmissions and thus be more economic, efficient and effective – as well as providing a better experience for the patient and their family. At one Consultation meeting it was stated that in Northumberland we do not have the problem of **lack of beds and cancelled operations** that the rest of the country is suffering from. Recent TV programmes have shown the appalling waste of consultants' and surgeons' time due to lack of beds, and the effect on patients who have been admitted for an operation and then sent home because the surgery could not proceed three or four times because of a lack of beds. If Northumberland is lucky enough to have avoided these difficulties so far with hospitals like Alnwick with a bed occupancy of 95-97% they cannot be too far away. We would suggest very sincerely that you cannot justify closing more beds now when your own figures show that you are close to breaking point.

Page 10 Graphic	*Percentage bed occupancy 2014-17* You show that there has been a decline over 2.5 years in the average bed occupancy at Rothbury Community Hospital - starting with 7.9 beds occupied on average throughout 2014-5 falling to 5.87 beds occupied in 2016-17. If the hospital was occupied to the recommended level for efficient and effective functioning (86%) 10.32 beds would have been occupied. Thus, we are looking at a shortfall of between 2.4 and 4.45 patients per week over this period. Increased availability of physiotherapy, growth in the elderly population of the area from the highest level in the county (30.4%) by 22.8% in the next 10 years, better bed management and more information on the option of going to Rothbury would solve this problem even without looking at some social care funded beds and privately funded respite provision. Without these beds many Rothbury patients will be taking up more acute beds in other hospitals much further away from family and friends. This is not economic, efficient or effective.
Page 11	*Implementing national and local policy* **Simon Stevens** (Chief Executive NHS England) has said that he does not wish to see any more bed closures until the problems with the provision of social care are sorted out. In Northumberland, the Health and Care system was awarded 'Vanguard' status in 2015 for integrated 'primary and acute care which focuses on much more care outside hospitals. However, this seems to have been put on hold. Until this integration takes place and funding for social care in the home improves to a point where it is sufficient, satisfactory and safe there should be no bed closures at Rothbury or anywhere else in the County. You state that the STP *'shows that out of hospital care is a priority in Northumberland to improve the care and quality of services…. and* ***to address a financial gap***.' This would seem to admit that you are closing the beds at Rothbury to save money as non-acute hospital beds can be an essential part of the care in the community that we all support.
Page 11	*Greater uptake of services provided in people's own homes* We note the increase in uptake of **community nursing services** is meant to be a primary reason for the beds at Rothbury Community Hospital being redundant. Given the increase in the elderly and disabled population an increase in these services would be expected even without the change of policy towards out of hospital care. However, the figures you give are for the number of contacts rather than patients. There was a significant rise of 959 contacts between 2013/14 and 2014/5 but the next year saw an almost static situation of a mere 131 extra contacts during a year. This does not look like an expanding service but one that has reached capacity and has no more resources to expand. All these people living at home with complex health conditions must also require increased GP home visits – is the local practice funded to provide these? Similarly, a rise in 89 per annum referrals over a period of 4 years seems quite modest considering that the number of people in the area receiving care at home has risen 66% in 4 years.
Page 12	**The biggest growth in home care has been people funding themselves and families** – these people often get left out of the official statistics when the support required from either the community nurses or community hospital are calculated. This would suggest that the number of people being cared for at home in the Rothbury area has risen much more than 66% in the last 4 years. All these 217+ people projected to receive home care will need step up and step down care, end of life care and the families will need respite care to enable them to carry on caring. For this we need the beds in Rothbury's Community Hospital. You argue that the beds should be closed because people are better off at home. No one would argue that if the patient's condition is stable and well supported people are better off in a domestic setting – their own home or a care home, as they prefer. We are not arguing that the hospital beds should be used as an alternative to care in the community but as a support to that care. But to address some of your arguments: **greater risk of infection in hospital** - this is more usual in larger hospitals with communal wards – Rothbury has individual rooms. Indeed in the past patients have been transferred to Rothbury where there were spare beds, when a ward had to be closed due to infection in Wansbeck or Cramlington. Where will you send people now?

	Being immobile can lead to problems and requires expert nursing care. If the patient was ill enough to be bed bound in hospital, they would probably be bedbound at home. If the patient can get out of bed at home, then they would be encouraged to stay mobile in hospital. Nurses, physios, visitors and volunteers can all help with this. The reference you quote Hopkins et al and Gill et al make this very point. They point out the dangers of staying in bed for long periods and recommend that patients are encouraged and enabled to get out of bed and do as much for themselves where ever possible. The research does NOT say that people shouldn't be in hospital if they require 24-hour nursing care for a short time. Neither of these research papers should be interpreted as a justification for bed closures. Extended hospital stays can affect confidence. Hospital stays are only extended if the patients' needs demand it or if adequate social care is not available to support the return home. At Rothbury Community Hospital the staff could encourage people to be more independent much more than on a busy acute hospital ward. Staying at home means people can continue to be socially engaged with family and friends. So does staying, for a short time, in a truly local hospital where a wider group of people can pop in to see the patient. Having visited their friends in hospital they may be more confident in visiting them again once they are at home.
Page 13	**Support for people at the end of their lives.** The number of cases where end of life care occurred at Rothbury Community Hospital may have been small but they **were** significant. You quote figures for cases where end of life care was **included** in the care required. Why have you not quoted the cases where end of life care was the **main reason** for admission? The CQC assessed the Trust's palliative care pathway as outstanding because it was *'a truly holistic approach and a patient- choice-focused service.*' Surely such a patient-centred service would need to include the opportunity to die at Rothbury Hospital rather than further afield if care at home was no longer possible or desired?
Page 14	**Meeting current and future population needs** Your bed occupancy figures indicate that about 6 beds were usually occupied at Rothbury Community Hospital. This figure could have been higher if, for example, you had provided better physiotherapy cover as mentioned earlier. With such a new, relatively expensive building which, because of the PFI funding, would need to be paid for by the Trust for a further 15 years, surely better management solutions to use the asset more fully should have been adopted? The figure would certainly have been higher if in recent years we had had a very cold winter or a bad flu or other epidemic. We have been fortunate so far. You acknowledge that the Rothbury area has a higher proportion of elderly (if healthier) people and that this will increase by 22.8% in the next 10 years and by 44.8% in the next 20 years. This rise in population will ensure that the beds at Rothbury Community Hospital are well used. Especially if the suggestions we have made under Option 2 (page 16) are put into place. What then is the point of closing the beds? In addition, the population of Rothbury will rise considerably in the next few years. Planning permission has already been granted for an additional 100 homes – some of which are proposed for the elderly. **The fact that 85% of the elderly have access to a car** does not make it convenient to travel to Ashington or Cramlington daily, especially from Harbottle, Elsdon, Glanton, Scots Gap and other far flung communities. Not only do 15% of the elderly not have access to a vehicle but often only one partner drives. If the driver is the one dying in the Wansbeck the other partner will have great difficulty visiting. There is also a very limited, threatened, bus service to Alnwick. As we have already argued, being closer to home means patients have more visitors which you acknowledge is known to aid recovery meaning beds will be freed up sooner.
Page 14 Graphic	***Impact on capacity across the system*** **Your figures show Alnwick Infirmary is now working at 95.3% - an unsafe level of occupancy**

Page 15	**Listening to feedback received from local people** This is an excellent summary of the thoughts of local people. You must, having heard these opinions, be aware that to the people of this area, your decision to consult only on option 5 seems like a betrayal. It feels as if you have listened to all our thoughts, summarised them, and then ignored them completely and gone ahead with what you always intended to do from the start. Is it even legal that you do not consult on whether to close the beds but only on what to do after the permanent closure of the beds? It is certainly not what we would consider a proper or reasonable consultation. You have held public meetings, drop-in sessions and have printed glossy brochures, documents and questionnaires. You have deployed highly paid, highly skilled medical practitioners to make a non-medical case for closure. (What a waste of their talents and training – was this why they became doctors?). Thus far, in the light of your intransigent response to everything we have proposed, it feels like a total waste of valuable time and public money.
Page 16	**Options considered** **Criteria used to assess each option:** **1. Feedback from residents:** DISREGARDED 2. **Patient choice:** You are **reducing** our choice by removing the very important choice which was formerly available to us, i.e. the option to be sent to a very local, very convenient to access, very suitable to our needs, excellent, well equipped, Community Hospital. **3. Staffing/resource implications:** We do not agree that Rothbury Community Hospital is an inefficient use of staff/resources. It is a useful step-up/down facility, prevents bed blocking elsewhere and makes efficient use of physios, nurse specialists, occupational therapists, SALT teams, GPs and others and can accommodate help from families and volunteers while helping train and prepare family carers to look after the patient when he/she goes home. **4. Quality:** There is no reason why Rothbury Community Hospital should not offer a good quality of care. Risk of infection is probably lower than in larger hospitals. **5. Cost effectiveness:** There are ways of reducing costs. There are ways of sharing costs with other organisations. There are times when having staff see several patients on one site is more cost-effective than having several community practitioners travelling around the area to see one patient at a time. **6. Additional resources required:** Some of your '*requirements'* e.g. separation of NHS and Social Care beds) are not necessary. Some are needed by the community already (e.g. extra physiotherapy provision) and should be provided whether the beds are used or not. **7. Timeline:** It would take no time at all to reinstate the status quo. The extra time it would take to meet the GPs '*requirements or provide extra facilities for consultants'* use or tele-medicine is not relevant to the re-opening of the beds. **8. Strategic fit:** Is it wise to close beds to fit in with a government policy which is unsafe? This is the most under-bedded health service in the OECD and bed-blocking is a well-publicised problem. Funding for care in the home has been reduced.
Option 1	**Re-open the 12 inpatient beds and do not change the inpatient services provided.** We understand that there must be some changes to ensure that the occupancy levels are raised. • **Additional availability of physio-therapy** You have talked about doing this as part of Option 5 and we have suggested that the use of physio-therapy assistants could keep the costs down. Many of the users of the service would, of course be outpatients and therefore not all the increased cost would be due to the inpatients. • **Joint use of the inpatient facilities** with the County Council's Adult Social Services Department. We have been very disappointed that NCC does not seem to have been closely involved in this consultation given the fact that Northumberland is in the vanguard of joint working. • You say that this option would **not support the national policy drive to provide greater focus on out of hospital care** and that hospital care can carry more risks than care at home. However, we are not proposing that people make lengthy stays at Rothbury and the major reasons for them being there: assessment, step up or step down care, recuperation, short term requirement for nursing care, end of life care would mean that they would still need to be inpatients somewhere. When deciding about time in hospital versus care at home personal circumstances must be

	considered. At present, it seems elderly people often must be readmitted because they were not able to manage at home and their condition became worse. • You say that this option does not make the best use of **nursing resources** or allow nurses to practice the full range of skills. Higher bed occupancy should get rid of the first concern and as for the second many of the nursing assistants at Rothbury regularly worked in other hospitals and this practice could be extended to other staff. The redeployment of the 6 nurses at Rothbury Community Hospital is not going to make a significant difference to the nursing shortages throughout the County. Indeed, if you continue to run Alnwick and other hospitals at such high rates of occupancy this is likely to lose you more professional staff than Rothbury could ever supply. A much more useful idea would be to offer refresher courses to the many trained nurses currently living in the County but not working for the NHS. The staff who lost their jobs at Rothbury have not all been redeployed. Some have left the NHS. Some are being under-used at other hospitals. • The fact that there is a national focus on out of hospital care is commendable but this can never mean that people spend less time in hospital when this is most appropriate.
Option 2	**Develop a combined use of the beds, sharing use across health and social care** **This option meets local needs and expressed wishes** • You talk of **administrative difficulties** in having to have separate registrations with the Care Quality Commission. This seems a minor problem that can be resolved. You talk of the need for physical separation of the NHS beds from the Social Care beds. Why? There has in the past been respite care alongside step up/down care. NHS staff cared for the respite care patients (one very recently) with no such separation. Similarly, there has quite recently been step up/down care alongside end of life care with no separation. And all of these have occurred alongside care of dementia patients. There has never been a problem. There are already dividing doors in place. The ward has twelve single en-suite bedrooms with lockable doors, locking doors to the ward. It is a very good design to segregate different types of patient. • You say that social services would use their beds for **dementia patients** currently in other nursing homes. This cannot be assumed: Social Services have many short stay uses for the beds – respite, assessment, care while waiting for a home care package to be put in place. (The latter is currently borne by the NHS so this would represent a saving to the CCG and an efficient and effective use of the beds and the building). • You argue that a **social care provider would need to be found** – why? Could not the NHS pay for staffing etc as before and NCC contribute the costs of non NHS patients on an agreed basis. (ie not dependent on use). Northumberland is, after all, enjoying vanguard status for trialling integrated care. • **Respite care** – both privately funded and paid for by social services or NHS continuing care could also contribute funds to the running of the hospital. Not all the 2,800 care home beds you refer to have a satisfactory rating from CQC. Many carers would rather pay for care at Rothbury Community Hospital than send their relatives to a low standard care home. • You say this option does not support the **national policy to focus on non-hospital care**. But this option only provides inpatient care to those who need it. It is not an alternative to people being cared for at home but provides a vital support to that home care. • You say that *'hospital care can carry more risk than care at home'*. This is a very generalised statement, almost to the point of being meaningless – surely it depends on the health of the patient, the nature of their home and the care from both family and social services that is available to them in the short term. Someone unable to walk, for example, with no one to care for them at home would be more likely to spend 10 days in bed until a hoist and carers to use it were provided, than the same person in a community hospital where staff and equipment would be available to get them out of bed and sitting up. Physio, if appropriate, would also be available to help them maximise their mobility. Also care in a small hospital with individual en-suite rooms such as Rothbury does not entail a big risk of infection. • You argue that there is no **saving to the CCG**. The saving would be that 40-50% of the beds would be paid for by the NCC Social Care budget or by private patients. (The NHS still accepts private respite patients to our knowledge).

Option 3	**Develop the 12 beds as long term nursing and/ or residential care beds** • **This option would not fully meet the expressed wishes and needs of the local community** as there would be no NHS beds. But it would meet some needs. However, you have said that you cannot find a suitable provider to run the facility. You do not seem to have looked at this with social services who have much more experience of contracting with nursing/residential home providers and might be more successful. One big barrier to this option would seem to be the high rent as this hospital was built with PFI money. Again, the co-operation of NCC would be needed to resolve this problem as they did with Hexham hospital. • Another barrier you argue is that the hospital only has one 12 bedded ward. However, this number could be substantially increased if other services such as GPs, District nurses and visiting consultants and specialists were housed elsewhere. Alternative accommodation for the Health and Wellbeing hub exists in the centre of the village - the possible use of this building has already been discussed with the GPs. This would provide a much more efficient and cost effective use of the present hospital building. The CCG would save £1,100,000 against which they would have to off-set rent and alterations to the other building in Rothbury. This would represent a considerable saving. • As for the number of people wanting to access a mixed residential/nursing home in Rothbury, you say that if all those living in care homes supported by Northumberland County Council or NHS came into the building, only half the beds would be occupied. You have ignored all those from this area living in private care homes at their own expense. There are quite a few who would much prefer to be in Rothbury than further afield because they would have many more visitors. You have also ignored the significant numbers who used to come from outside the area to stay in the Abbeyfield home (now closed) mostly elderly relatives of Coquetdale residents who wanted to be near their loved ones. The increase in demand for care has been at the nursing or high dependency residential end of the market which Abbeyfield do not cater for but the argument about people from out of the area wanting residential/nursing long term care remains. We feel that this option has not been fully explored and discussed with Northumberland Social Services.
Option 4	**Permanent closure of the 12 inpatient beds** • **This would not meet local demand and expressed opinion** • It would not be an efficient use of the building assuming that the GPs would move in and the Community Nurses remain. Visiting specialists and consultants would also continue to use the building as they do at present. Physio-therapy could continue to be offered • The doctors and nurses would continue their excellent preventative medicine with such groups as asthmatics and diabetics as they do now. However, the very large rent of £600,000 pa would need to be borne by these services. This would not seem to be economic, efficient or sustainable.
Option 5	**Permanent closure of the 12 inpatient beds and shape existing health and care services around a Health and Wellbeing Centre on the hospital site in Rothbury** This is your stated **preferred option**. Indeed, it is the only option you are prepared to consult on despite the fact that the feedback you have obtained clearly states that inpatient beds were the favoured option however they were funded. In section 5 (p 15) of your report you sum up the feedback you have received thus: '*An overarching theme was the need to consider a combination of health and social care beds. The use of the ward for convalescing, respite, end of life and palliative care was valued enormously*.' • This does not mean that other services could not be run from the hospital as they are now. This includes the addition of the GP service. The relocation of the Rothbury Practice has been planned for some time and indeed was included in the plans for the new hospital when it was built 10 years ago. There was never any suggestion that their relocation would require the closure of the inpatient beds. Indeed, one of the reasons for the relocation of the surgery was the convenience of having the doctors, nurses, paramedics and support staff all in the same building with the inpatients and outpatients along with all their medical records. • You state that *'views were also sought from all GP member practices and in particular, from those in the north locality which includes Rothbury…...The North locality supported Option 5*.' This is at best being economical with the truth and seems to many local people a purposeful deception that undermines their trust in the impartiality of the CCG. The Rothbury practice has

	informed us that they did not say they supported Option 5. They specifically requested a consultation on **whether** to close the beds or not. • It is this kind of manipulation of the facts that leads us to fear that the CCG is not really listening to what people want and need but instead is ruthlessly driving through a decision that has been dictated by a national agenda rather than local requirements.. This view is confirmed when we see other community hospitals up and down the country being closed using the same arguments – under-occupancy (hard to believe with the bed blocking crisis and non-elective surgery cancellations) and lack of nursing staff. • You say that the temporary closure of the RCH has not led to unexpected pressure on other inpatient services. However, Alnwick, our nearest hospital has been functioning at 95% occupancy – well above safety levels. And this winter has been a mild one with no major flu outbreaks. To say that after the closure, the Trust experienced no *'unexpected service pressures'* is again a deceptive use of words designed to mislead. Of course, they were not 'unexpected.' The NHS is experiencing unprecedented pressures throughout the whole country all the time. Extreme pressure has become the norm. Similarly, you say the closure caused no bed management issues. The Social Workers trying desperately to free up beds but unable to find available carers will confirm that the situation is not at all the rosy picture you paint. • We cannot see how the building being used principally for the Primary Care and community teams (which already function from the building) would be either economic or sustainable given the unusually large rent owing to the PFI contract. Cheaper and more central options are available. • The *NHS Five Year forward* view, asks for more local provision and treatment. This is exactly what the RCH provides. • The local community would be happy with the idea of a Health and Wellbeing Centre as long as it was combined with Option 2, developing a combined use of the beds.

Anne-Marie Trevelyan MP

HOUSE OF COMMONS
LONDON SW1A 0AA

02 MAY 2017

Dr Alistair Blair
Chief Clinical Officer
Clinical Commissioning Group
County Hall
Morpeth
NE61 2EF

23 April 2017

Our Ref: ZA5815

Dear Alistair,

Rothbury Community Hospital Consultation Submission

I am writing on behalf of the residents of Rothbury, who have contacted me as their MP to express their concern over the plans to make the temporary closure of the 12 inpatient beds at Rothbury Community Hospital permanent.

As you know, I too have concerns about the impact the proposals could have on the local community, as well as the knock-on effect it may create for our wider healthcare system in Northumberland. I have outlined my main concerns below, and would be grateful if you could take them into consideration as part of the consultation.

The nature of healthcare needs in Rothbury

As you will be aware, Rothbury stands at the heart of the Coquet Valley, serving a community spread over hundreds of square miles. As a result of some of the challenges faced by those living remotely, there is a close-knit community. You will be aware that over 30% of those living across the valley are over the age of 65, and that figure will only increase as the area is such a fantastic place to retire to.

Catering to the healthcare needs of an ageing and sparse population certainly presents the CCG with challenges, and I appreciate you need to manage your resources effectively. However, I strongly believe that maintaining the inpatient provision at Rothbury is vital to ensuring the range of palliative and respite care needs of our population is met effectively.

I wrote to residents in Rothbury, asking them to tell me what they value about the healthcare provision at the Hospital, and I was inundated with letters and emails telling me that the care they or their loved one received made a huge difference to either their recovery, or the quality of life they experienced as they neared their death. Time and again I was told that the ability to visit a loved one receiving care locally, was vital to the morale of both patients and their families.

Workforce challenges

I do understand there are ongoing challenges faced by both the CCG and the Trust in terms of staffing, in particular in commissioning the adequate community nursing cover for our most rural populations. However, closing the inpatient beds at Rothbury is not the answer, and I believe doing so would add to pressures elsewhere in the system.

Member of Parliament for Berwick-upon-Tweed
Telephone: 020 7219 4437 Email: annemarie.trevelyan.mp@parliament.uk

For older patients who are now sent straight home rather than to Rothbury for a period of respite care, there is additional strain on our wonderful community nursing teams. Their work is already particularly challenging due to the rural and sparse nature of the population they serve in the Coquet Valley, with a community nurse unable to treat as many patients per day in the Valley as one might be able to treat in other more urbanised parts of the county.

My concern is that without the beds at Rothbury, patients will stay later on acute wards, need to be re-admitted to acute wards due to a lack of appropriate care at home, or need to be admitted to an alternative hospital, far from friends and family support.

Impact of the closure

The temporary closure of the beds has led to increasing pressures at Alnwick Infirmary, which I understand is close to capacity and has been for some time. The knock-on effect of pressures at Alnwick have meant those in the north and east of my constituency who might otherwise have been able to receive care at Alnwick Infirmary, are now forced to remain in urgent care beds at Cramlington for longer than they require them, as they cannot be discharged to Alnwick to receive more appropriate care. This is clearly placing additional pressures on our healthcare system to the extent that any financial savings made by the closure of 12 beds at Rothbury, are being lost elsewhere in the system by the additional pressures the closure is causing.

Of primary concern to those who contacted me with their thoughts, was the ability to visit loved ones who are receiving inpatient care. You will know that parts of the Valley are not only remote and difficult to access, but can become cut off at times during the winter months. This makes travel to Alnwick Infirmary to visit relatives extremely difficult, and often impossible, especially for older residents. Part of the value the community places on the Rothbury inpatient beds is the proximity it delivers and I feel that cannot be overstated in terms of its benefits to recuperation and recovery times.

Reasons to pause

As I told the Minister during my recent House of Commons debate on the threatened closure of these beds, The University of Leeds is presently conducting a study into "Cost, structure and efficiency in community hospitals in England" and The Public Accounts Committee, on which I sit, is regularly challenging NHS England on how it spends taxpayers' money to deliver the best integrated health and social care provision. Whilst government is working hard to drive this forwards until the University of Leeds results are published, there is little economic evidence of the value of intermediate care provided by community hospitals with which to work on the sort of sustainable solution that I and the community want to see for Rothbury Community Hospital.

I know the CCG has been working with the local Save Rothbury Hospital Campaign, and I am grateful for the level of communication and co-operation you have shown to them and to me on this issue. I would be grateful if the CCG could pause its plans until the results from the Leeds study are known, and if you would commit to working with the Campaign to develop a palliative and respite care model in Rothbury which takes into account the resources available, but also the incredible benefit these community beds have on the recuperation prospects of patients.

Yours sincerely

Rothbury Community Hospital: Engagement with older people

From individual responses and meetings it is clear that the older people of Rothbury and the Coquet Valley greatly value the inpatient service at Rothbury Community Hospital and are concerned by proposals to close the service. The feelings expressed were accompanied by examples of the lived experiences of using the service as a patient or carer.

The main themes to emerge are:

- Boundaries of Health and Social Care
- Equity and Fairness
- Uncertainty

The proposed Health and Wellbeing Centre was welcomed and seen as an improvement for the GP service but this was seen as a separate issue to the inpatient provision.

People gave a variety of suggestions for additional services they would like to see run from the centre.

The NHS Northumberland Clinical Commissioning Group (CCG) commissioned Healthwatch Northumberland in its role as the local consumer champion for health and social care, to make contact specifically with older people in the Rothbury area during the three month consultation period on the proposed permanent closure of the inpatient beds at Rothbury Community Hospital and the development of a Health and Wellbeing Centre on the hospital site.

This was in recognition of the number of older people in the area's population and to better understand their feelings and any concerns about the closure proposal and also to gather their ideas for services which could usefully be provided from or in the Health and Wellbeing Centre.

What we did

We created a Community Feedback Form for individual responses. This was available online and in hard copy. The Community Feedback Form asked the respondents for demographic information, the first part of their postcode and the following questions about the Rothbury Community Hospital proposals:

How do you feel about the proposed permanent closure of the inpatient ward?

Do you have any concerns about the proposed permanent closure of the inpatient ward?

Are you aware that services are now available in the community to help people stay well and independent at home?

How do you feel about more care being provided in the home rather than in the hospital?

How do you feel about the development of a Health and Wellbeing Centre at the hospital which could include the relocation of the GP practice, more physiotherapy services and more outpatient clinics?

Are there any other services you think could be part of a Health and Wellbeing Centre?

We received 23 completed Community Feedback Forms: 17 hard copy and six online.
The characteristics of the people who responded in this format are summarised below.

Characteristics							
Postcode	NE65:	22	NE66:	1			
Age	46-65:	5	66-80:	16	80+:	2	
Gender	Female:	15	Male:	8			
Ethnicity (n=19)	White British:	19					
Disability/long term condition	Yes:	8	No:	15			
Sexuality (n=14)	Heterosexual:	14					
Belief (n=18)	Christian:	11	Agnostic:	5	Other:	2	

We contacted and offered to meet with 26 community and voluntary groups in the Rothbury area working with or for older people (see attached list). Five groups took up the offer: Rothbury Surgery Patient Participation Group, Upper Coquetdale Churches Together, U3A, Women's Institute and carers attending the Carers Northumberland support group. 41 people attended the meetings and we interviewed one person by telephone who was unable to get to a meeting. We structured the discussions around the non-demographic questions on the Community Feedback Form and notes were taken which summarised and reflected the discussions and answers.

This combined activity achieved the aim to engage with older people in the Rothbury Community Hospital catchment area.

What we found

How do older people feel about the proposed permanent closure of the inpatient ward?

The answers expressed negative feelings such as ‘anger’ and ‘dismay’. People said they were ‘worried’, ‘concerned’ and ‘sad’, suggesting uncertainty about the future and a sense of loss of something of value to them.

Under occupancy of beds was acknowledged but some commented that this had been ‘managed’ or that not to look at other options to raise the level of use was ‘a mistake’, expressing negativity about the process as well as the proposal itself. No individual or group expressed positive feelings about the closure of the inpatient ward.

What concerns were there about the proposed permanent closure of the inpatient ward?

Individual and group responses which expressed concerns about the proposal focused on the availability of step down care for elderly people, particularly those living alone or with equally elderly carers. The general concern was that returning home too quickly could be impractical or detrimental to the patient or the carer. The concerns about providing step down support at other hospitals was the isolating effect and the cost and lack of public transport.

The cost and logistics of travelling to other hospitals for patients and carers was raised by many respondents with particular reference to the bus services and the weather. Travel cost was mentioned in regard to End of Life support by the Upper Coquetdale Churches Together group. The time and cost impact, including parking, for clergy visiting parishioners at distant hospitals was a concern. While the Hospital Chaplaincy Service was greatly valued it did not alleviate this concern.

The roles and responsibilities involved in arranging alternative step down provision was a generally held concern. Some people said that when elderly people were in Rothbury Community Hospital before returning home it meant informal friendship or community networks were aware of their situation and able to offer support after discharge – visiting, ensuring heating was on, buying basic food supplies. Experiences were reported of early hours discharge and breakdown in communications between the hospital and GP surgery leading to problems with establishing support at home. The projected growth in the 65+ population in the area in the next 20 years was noted and the view expressed that services had to be designed to meet this growth.

How aware are older people that services are now available in the community to help people stay well and independent at home?

Individual and group responses showed awareness of health services provided in the community, District Nurses being the most mentioned. The provision and coordination of community health and social care services was mentioned with both being seen as important. Concerns were raised that patients would receive a succession of short visits, with the ‘15 minute’ appointment referred to by a number of people. This was seen as unhelpful to recovery and concern was raised for the workload of health and care staff.

How do older people you feel about more care being provided in the home rather than in the hospital?

Most respondents questioned whether this was an 'either/or' situation and expressed a need for care in both settings to complement each other. Logistics and travel for care professionals was again raised as an issue. There was limited experience of the Short Term Support Service but support for the concept with people seeing it as a flexible and sensible approach. Healthwatch Northumberland agreed to ask the CCG for information about the service in the Rothbury post-code area.

In the meetings people expressed the view that they did not know enough about the proposed services to judge whether they would be an improvement or a suitable alternative to existing services. Those present were, by and large, highly complimentary of the current services and struggled to reconcile their own experience of how inpatient services had supported them at crucial times, with the proposals. They cited practical and logistical problems of equipment being put in peoples' homes for example.

How do you feel about the development of a Health and Wellbeing Centre at the hospital which could include the relocation of the GP practice, more physiotherapy services and more outpatient clinics?

There was a more positive response to this question with the majority of respondents expressing feelings such as 'good' or 'fine'. Many responses were qualified with the view that the development of a Health and Wellbeing Centre does not address their feelings that inpatient beds would still be required. The location and access were mentioned as problematic, especially for people who do not drive or have difficulty walking and something that again could be affected by weather and flooding. One respondent mentioned a pending decision by Northumberland County Council to improve the road, pavement and lighting.

Are there any other services older people think could be part of a Health and Wellbeing Centre?

People gave the following examples of services they would like to see as part of the Health and Wellbeing Centre. The numbers in brackets are the number of times the service was mentioned and it was acknowledged that some are already provided.

Orthopaedic Assessment	Mental Health Groups/ Drop-ins	Information and advice - elderly medicine care
Group therapy - movement to music	Resource for carers – own space and store for equipment and supplies.	Palliative/End of Life care (3)
Speech language therapy	Podiatry	Physiotherapy
Rheumatology clinic	Opticians/eye clinic	Minor injuries/X-ray (3)

Summary

This combined activity achieved the aim to engage with older people in the Rothbury Community Hospital catchment area.

The feelings expressed in the meetings and questionnaires were accompanied by examples of the lived experiences of using health services as a patient or carer.

The main issues to emerge were:

Boundaries of Social and Health Care

Many of the issues raised concerned both health and social care but there was a theme of the dividing line between roles and responsibilities of health service providers and social care providers becoming more blurred. People were worried that care staff are not well trained or supported, which together with logistical concerns raised questions about the quality and efficacy of services. While the availability of care homes in Alnwick was noted, the lack of provision in Rothbury was identified as a serious gap and one which did not give equal access to services.

Equity

The issue of equity or fairness was raised in several ways. Being able to access services from Rothbury and the Coquet Valley was seen as an issue of fairness and equity for older people living in rural areas, particularly those on fixed incomes or who do not drive and where distances and weather can affect the ability of providers to maintain a service. A discussion from a WI group was reported which highlighted the situation for single, widowed and ageing women which then broadened out to all those without support networks.

Uncertainty

This related to the detail of the actual services being proposed, where there was a feeling that the current descriptions assumed best case scenarios but what if someone was not the ‘perfect patient’ i.e. had more complex needs, or their home was unsuitable for adaptations or equipment.

Groups contacted	
1	Caring for Rothbury Action Group
2	Armstrong Hall Christian Fellowship
3	British Legion
4	Coquetdale Am Dram Society
5	Coquetdale Masonic Lodge
6	Coquetdale U3A
7	Coquetdale Wildlife Trust
8	Friends of the Cottage Hospital
9	Mother's Union
10	Netherton Folk Club
11	Northumbria Basketry Group
12	Over 60s Club
13	PPG
14	Rothbury & Coquetdale History Society
15	Rothbury Accordian & Fiddle Club
16	Rothbury All Saints Bellringers
17	Rothbury Bowling Club
18	Rothbury Bridge Club
19	Rothbury Cinema
20	Thropton Memorial Hall
21	Upper Coquetdale Churches Together
22	Rothbury W.I.
23	Age UK
24	RVS
25	Alzheimer's UK
26	Cares Group

explain
market research

NHS Northumberland Clinical Commissioning Group

Rothbury Community Hospital public consultation

May 2017

Version 3

Executive summary

Explain was commissioned by Northumberland Clinical Commissioning Group (CCG) in January 2017 to provide reliable, independent research as part of a public consultation on the permanent closure of the inpatient ward at Rothbury Community Hospital.

The key objectives of the research were to gain an understanding of the perceptions of the change and concerns members of the public might have, to gauge the level of support for the change being made permanent, and to understand the level of awareness of other services currently available at Rothbury Community Hospital. Other key objectives included: to understand how members of public feel service provision at the hospital could be improved, as well as to understand whether members of the pubic feel efficient use of NHS resources is a priority.

An online interviewing methodology was adopted to allow for a wide reach and accessibility to boost engagement and gather feedback from as many respondents as possible. The online survey was hosted for a period of 12 weeks, whereby the survey link was distributed to Northumberland CCG to allow for completion. The CCG was also responsible for providing paper copies of the survey when required. The total number of responses for the online survey was 291 and for the paper survey was 85, with 376 engaged in the research overall.

Results

Awareness of Rothbury Community Hospital services

- Awareness was highest for the inpatient ward, with 99% of respondents stating they were aware of this facility
- Awareness was also fairly high for physiotherapy taking place in the hospital and community paramedics (92% and 87% respectively)
- Two of the lesser known services were physiotherapy in people's homes (50%) and child health clinics (50%)

Awareness and views of the proposal

- The majority of respondents described their views of the proposal to close the inpatient ward on a permanent basis as 'very negative' (77%), with a further 14% stating they felt 'negative'

- 96% of respondents highlighted concerns about the proposal. Concerns outlined were as follows:

1. Distance
2. Loss of local services
3. The elderly
4. Difficulty in travelling via public transport
5. People with no access to transport
6. Palliative care
7. Bed blocking
8. Cost of transport

- 29% of respondents had 'neither a negative or positive' view towards reshaping the current services. 52% felt that the proposed changes were either 'negative' or very negative'
- When asked about their view of increasing the availability of physiotherapy services, the majority thought this would be either 'positive' or 'very positive' (40% and 36% respectively)
- 54% of respondents expressed either a 'positive' or 'very positive' view on the proposed relocation of GP practice
- Views were mixed in regards to providing care closer to home via technology; the percentage of people who viewed this proposition as 'negative', 'positive' or 'neither negative nor positive' was fairly consistent (26%, 24%, 25% respectively)

Conclusions

Concerns towards the proposal were high, with the majority of respondents perceiving the changes to be negative and of no benefit for them. However, many respondents had a positive view towards the integration of services in the NHS and thought that the CCG should be making the best of its available resources. The proposed change that received the most support was increasing the availability of physiotherapy services.

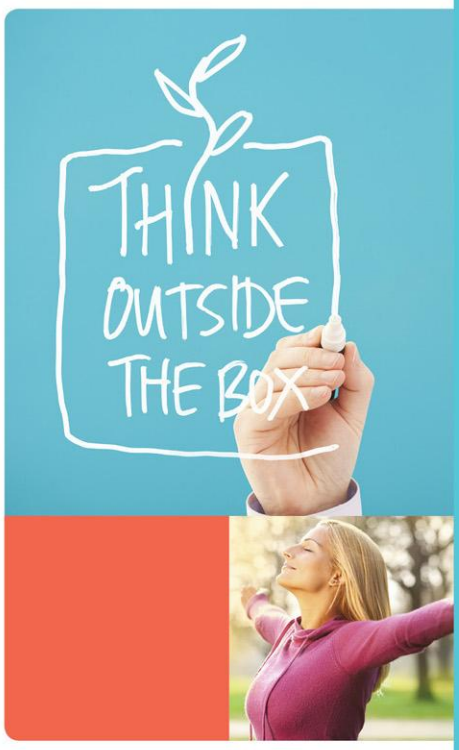
Useful suggestions were also made as to how respite or end of life care could be provided at the hospital. There was a consensus that these two services could be implemented if funding was found from other sources, or if the CCG were to integrate with other local organisations.

Respondents felt that it was also important for the CCG to consider how healthcare should be provided locally; particularly given there were some concerns about the distance to other hospitals in the area.

Content page

1.0 Introduction

An overview of the project background and methodology.



Project background

Explain was commissioned by Northumberland Clinical Commissioning Group (CCG) in January 2017 to provide reliable independent research as part of a public consultation on the permanent closure of the inpatient ward at Rothbury Community Hospital.

In September 2016, admissions to Rothbury Community Hospital were temporarily suspended for a period of three months due to low inpatient activity in the several years prior and increases in the number of people accessing community based care, combined with pressures on finite resources.

Following the suspension, a review was undertaken with the general public. This included a series of local engagement drop-in sessions, which were well attended and highlighted a range of concerns and suggested service improvements. The suspension has also been discussed in the media sphere.

The formal public consultation on the permanent closure of the ward began at the end of January 2017 and ran for a period of three months.

The key objectives of Explain's research were as follows:

- Understand the perception of the change and concerns members of the public might have
- Gauge level of support for the change being made permanent
- Understand the level of awareness of other services currently available at Rothbury Community Hospital
- Understand how members of the public feel service provision at the hospital could be improved
- Understand whether members of the public feel efficient use of NHS resources is a priority

Methodology

An online survey was adopted, to allow for a wide reach and accessibility, to boost engagement and gather feedback from as many members of the public as possible. There were also hard copies of the survey available, for those wanted to take part in the research but did not have online access.

The online survey was hosted for a period of 12 weeks; the survey link was distributed to Northumberland CCG to allow for completion. This meant that the CCG had the responsibility to promote and communicate the link through appropriate channels to enable respondent engagement during the consultation period. The CCG was also responsible for providing paper copies of the survey when required.

The total number of responses for the online survey was 291 and for the paper survey was 85, with 376 respondents engaged in the research overall.

Notes on analysis

'Don't know' responses have been excluded from analysis and please note percentages may not add to 100% due to rounding of figures.

No duplicate cases were identified in analysis.

Sample sizes and statistical error ratings

A population is the total number of people that would be suitable to take part in a survey. For example, our key populations here are Rothbury residents and residents of the area surrounding Rothbury.

We could choose to do a census and survey all people within our populations. However it is not necessary to do this in order to collect reliable data; instead we survey a sample of the population. The analogy goes, "you don't need to eat the whole bowl of soup to know what it tastes like, you just need to give it a good stir and have a bit of everything".

As with any data collection where a sample is drawn to represent a population, there is a potential difference between the response from the sample and the true situation in the population as a whole. This is known as a standard error which is estimated using statistical calculations based on the sample size (i.e. those who take part) and the population size.

The standard error is represented as a percentage and is both added and deducted from your findings to give a range. For example, if 50% of respondents had concerns about a proposal, we use error ratings to determine how close this finding is to the finding we would likely receive if we surveyed the whole population. So with an error rating of 7.91%, as identified overleaf, we are saying that the true result if we surveyed the whole population of Rothbury residents would be 50% ± 7.91%. Error ratings also diminish dependent on the result itself and as such a result of 50% carries a higher error rating than a result of 90%.

The usual confidence interval used in market research is 95% which means that you can be confident that in 19 out of 20 instances the actual population behaviour will be within the range of the standard error rating from the result that you have identified.

At a 95% confidence interval, error ratings per sample size and population for this research were as follows:

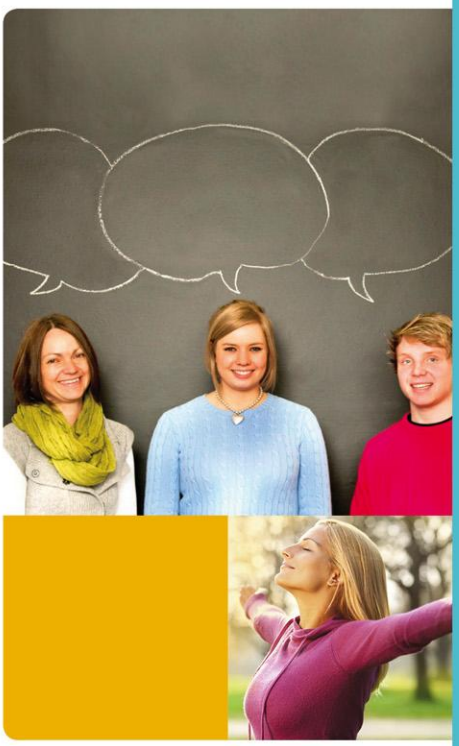
Research sample size	Population size	Error rating
Lived in Rothbury (143)	Population: **2,100**	Error rating: **7.91%**
Lived in the area surrounding Rothbury (185)	Population: **5,724**	Error rating: **7.09%**
OVERALL (376)	Population: **20,000+**	Error rating: **5.01%**

To calculate the overall error rating of 5.01% a population size of 20,000+ was used as the online survey was available for completion by anyone who was willing and able to take part. This population figure is commonly used for large populations because as a population size increases above 20,000 very little change is seen in the corresponding error rating.

An optimum error rating would be 3% and therefore with an overall error rating of 5.01%, the overall findings of this report can be considered robust and reliable.

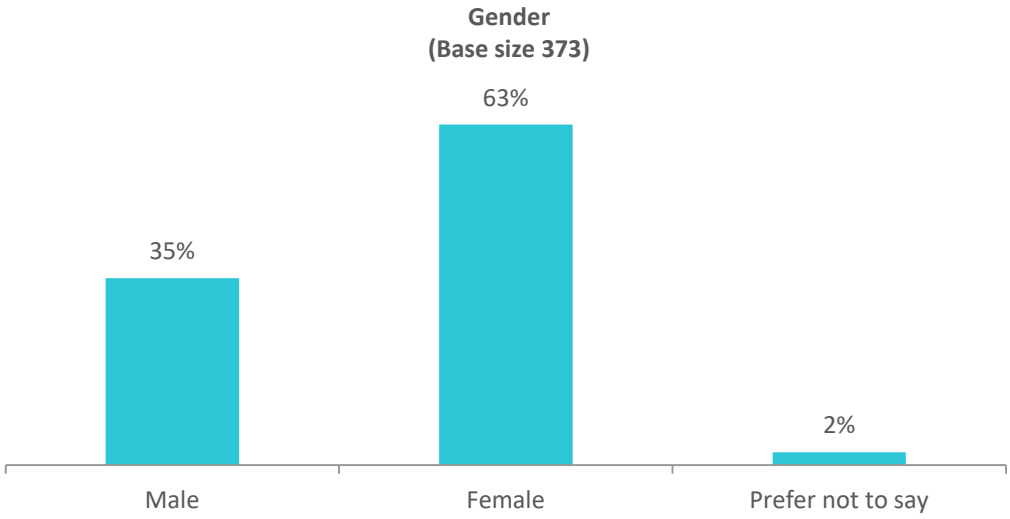
2.0 Respondent profile

An overview of the profile of respondents who participated in the online and paper surveys.

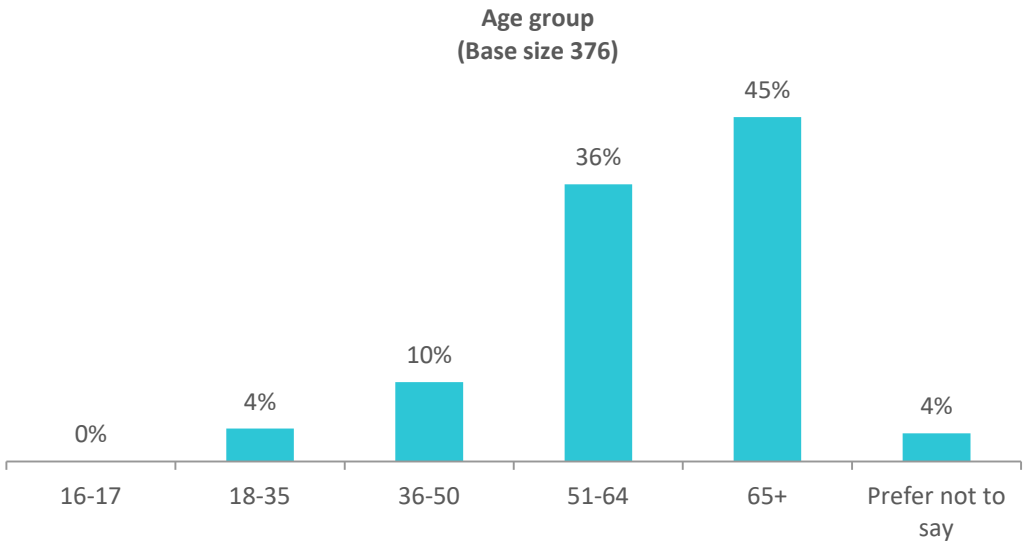


Respondent profile

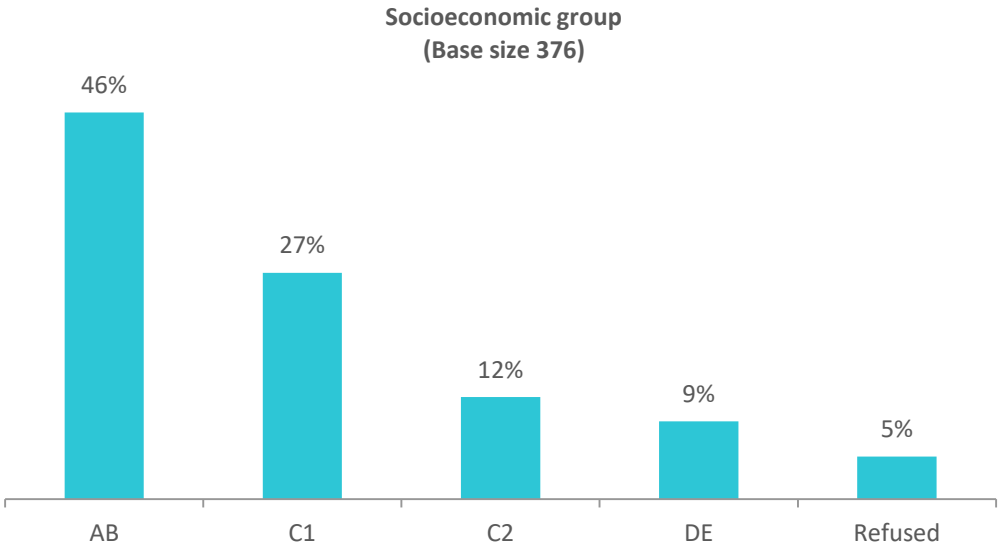
The research was designed to engage with members of the general public in Rothbury and the surrounding areas. Nearly two-thirds of respondents were female (63%), while the remaining 35% of those interviewed were male.



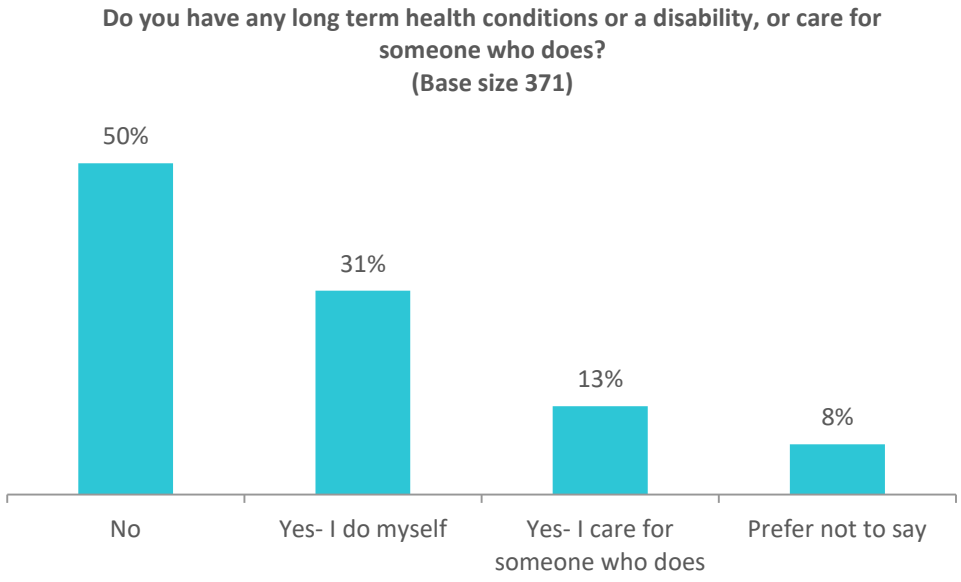
Overall, a large proportion of respondents (45%) were over the age of 65 years old. 36% of individuals interviewed were aged 51-64 years old, 10% were aged 36-50 years old, and 4% aged 18-35 years old.



Respondents were asked to identify the occupation of the main wage earner in their household, in order to determine which socioeconomic group they belonged to. Nearly half of respondents (46%) were group AB, 27% were socioeconomic group C1, 12% were group C2 and a further 9% were group DE.

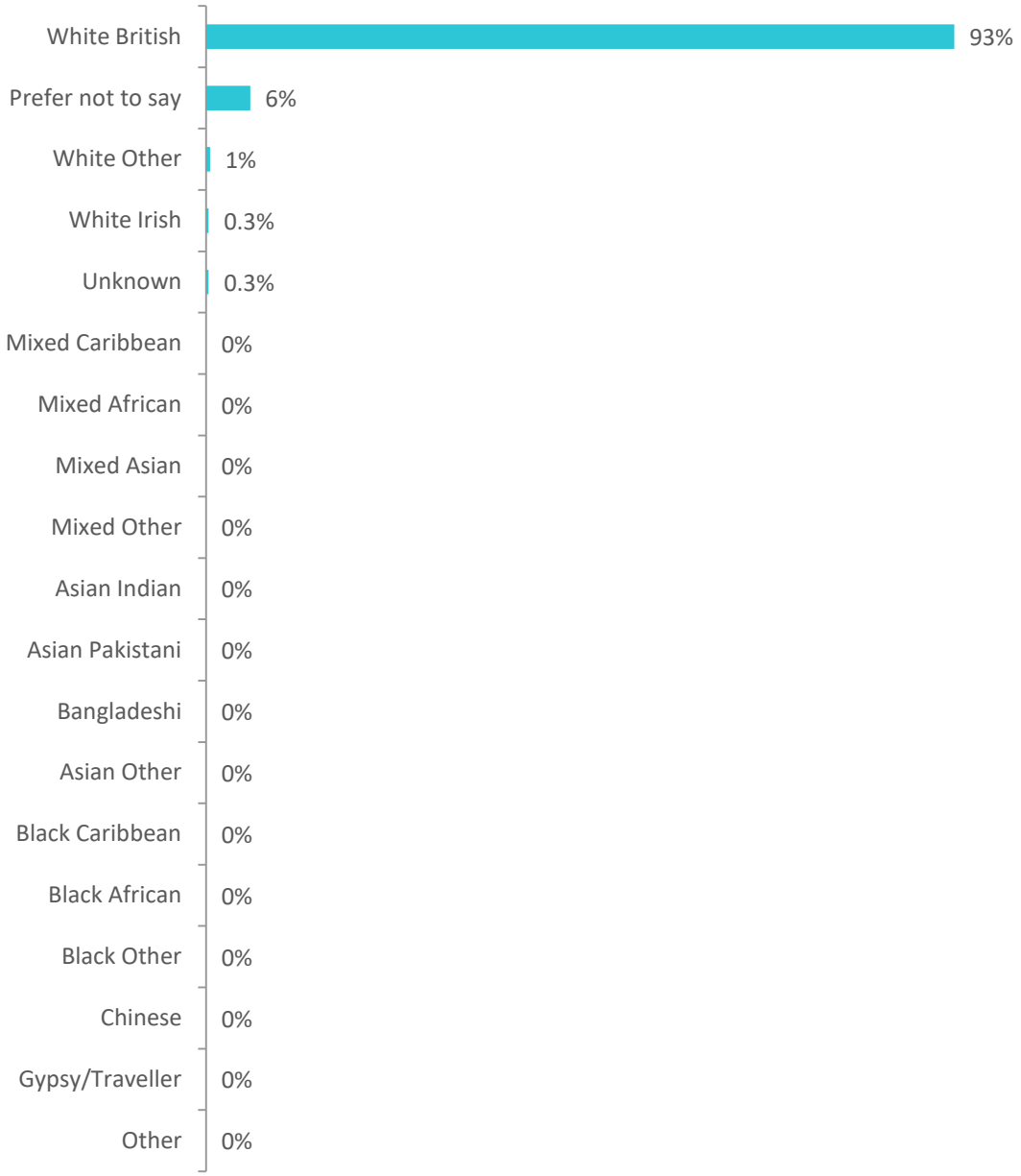


Half of all respondents did not have a long-term health condition or a disability, or care for someone who does. 31% of respondents had a long-term health condition or a disability themselves, and a further 13% were carers.



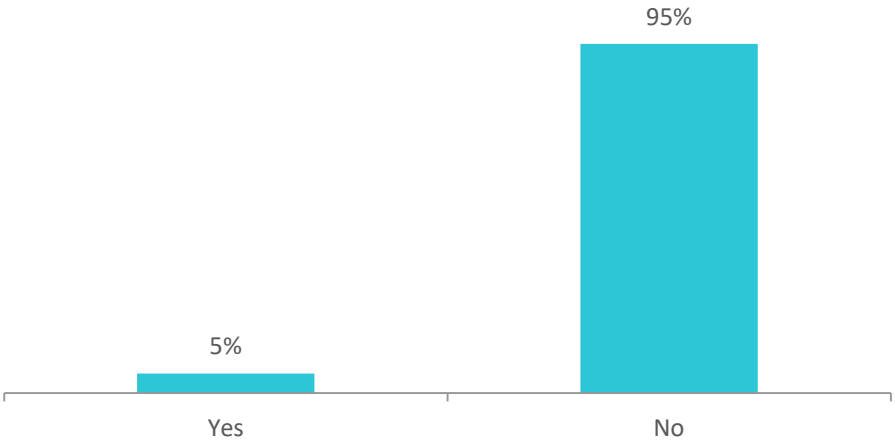
A majority (93%) of respondents described their ethnic origin as 'White British'. A small minority of respondents reported their ethnic origin as 'White Other' (1%), 'White Irish' (0.3%) and 'Unknown' (0.3%).

What is your ethnic origin?
(Base size 366)



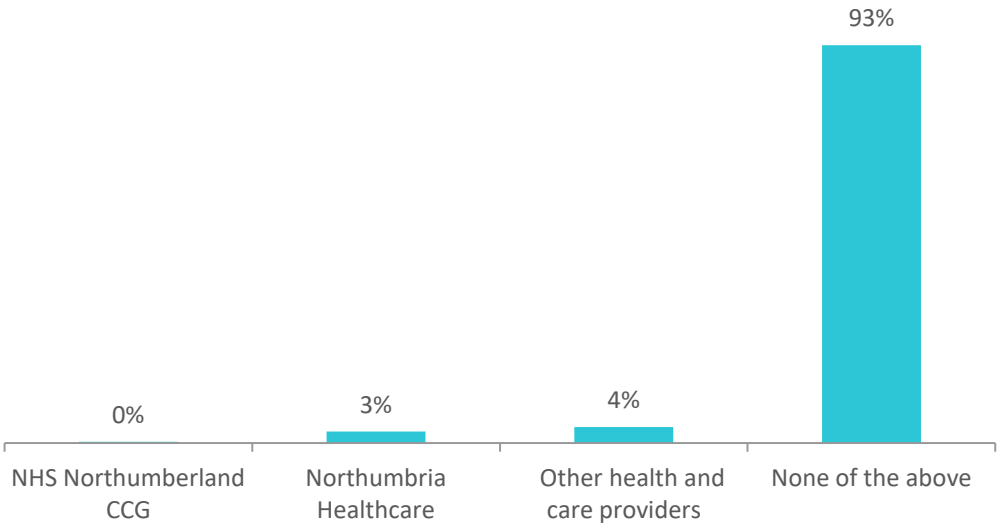
Almost all respondents (95%) were not currently employees of the NHS, whilst 5% stated that they were a current employee.

Are you currently an NHS employee?
(Base size 376)



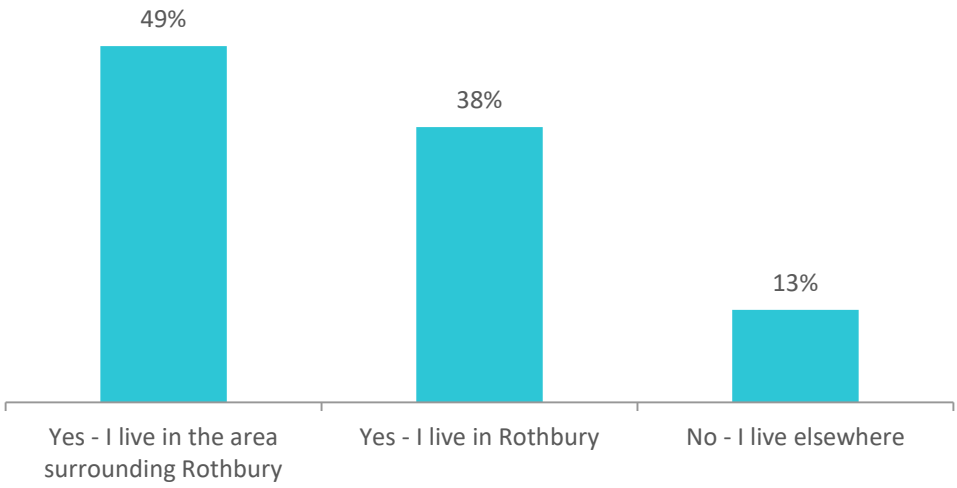
A majority of respondents (93%) were not employed by NHS Northumberland CCG, Northumbria Healthcare or other health and care providers. 4% of respondents were employed by other health and care providers, and a further 3% employed by Northumbria Healthcare.

Are you employed by any of the following organisations?
(Base size 370)



Overall, nearly half of respondents (49%) lived in the area surrounding Rothbury. Of the remainder of those interviewed, 38% lived in Rothbury and a further 13% lived elsewhere.

Do you live in Rothbury or the surrounding area?
(Base size 376)



Where respondents lived elsewhere, this included:

- Alnwick (7)
- Thornton (5)
- Longframlington (4)
- Morpeth (3)
- Netherwitton (3)
- Otterburn (2)
- Snitter (2)
- New Zealand (1)

Geographical spread

Respondents' home postcodes were collected and the map below demonstrates the geographical spread.

3.0 Results

This section details the results of the research.

Results

Awareness of Rothbury Community Hospital services

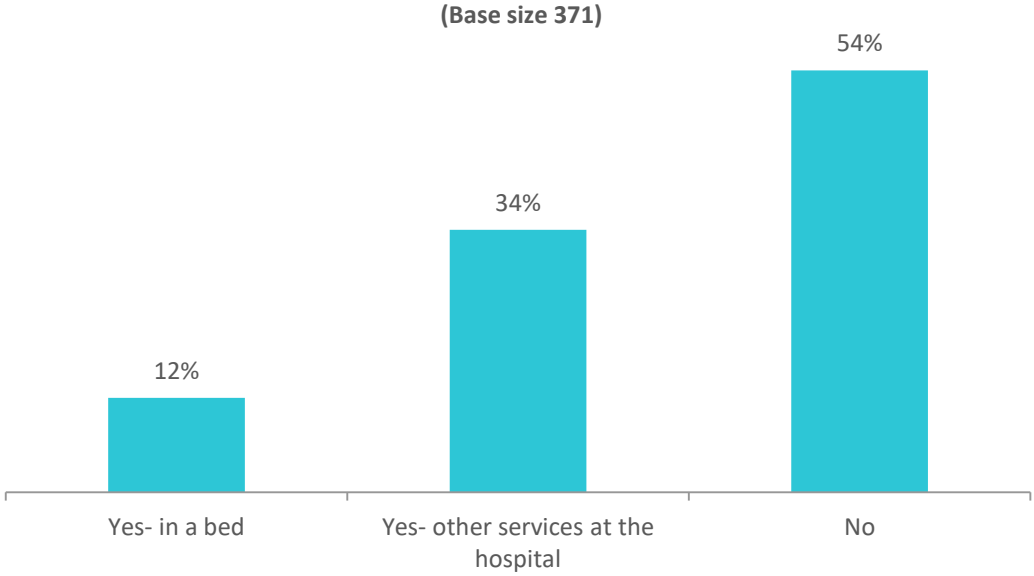
Initially we wanted to understand how aware respondents were of the services currently offered by Rothbury Community Hospital. Respondents were asked about the provision of nine specific services, as outlined in the table below:

	Yes - aware	No - not aware
Inpatient ward 12 beds	99%	1%
Physiotherapy in the hospital	92%	8%
Community paramedics	87%	13%
Community services to support people to stay well and independent at home, e.g. district nurses or the short-term support service which provides urgent care and rehabilitation	81%	19%
Occupational therapy in the hospital	79%	21%
Outpatients clinics with specialist staff	73%	27%
Occupational therapy in people's homes	60%	41%
Physiotherapy in people's homes	50%	50%
Child health clinics with specialist staff	50%	50%

Awareness was highest for the inpatient ward, with 99% of respondents stating they were aware of this facility. Awareness was also fairly high for physiotherapy taking place in the hospital and community paramedics (92% and 87% respectively). Two of the lesser known services were physiotherapy in people's homes (50%) and child health clinics (50%).

We also felt it was important for the research to identify what percentage of the respondents or their family members had used the facilities and services at Rothbury Community Hospital in the last 12 months. Just over half of respondents (54%) stated that neither them or a member of their family had been a patient at the hospital or utilised one of its services.

Have you or a member of your family been a patient in a bed at Rothbury Community Hospital or used other services at the hospital in the last 12 months? (Base size 371)



Awareness and views of the proposal

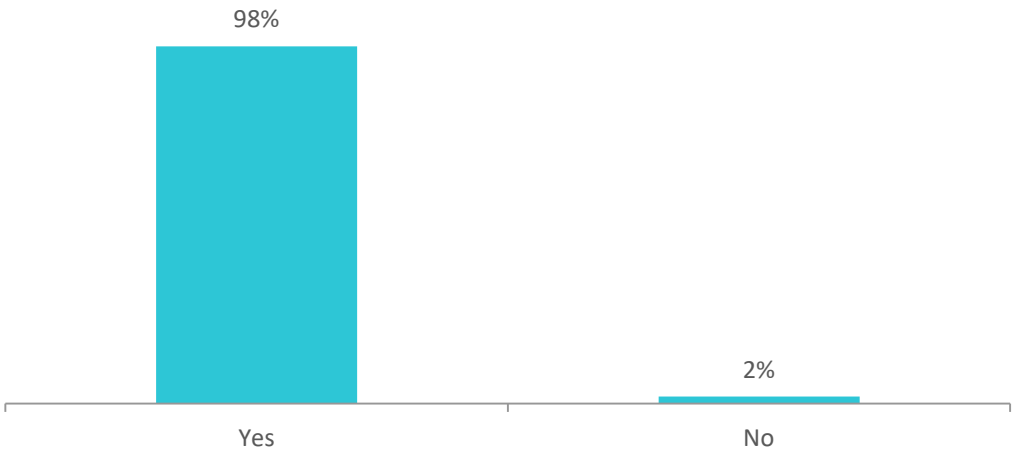
Before answering questions in this section of the survey, respondents were given a short script of information designed to inform respondents of the background to the proposal.

> In September 2016, inpatient admissions to Rothbury Community Hospital were temporarily suspended due to declining usage of the ward over the past three years, with on average only half of the 12 beds occupied at any one time during 2015/16. This suspension impacted only on the inpatient ward; all other services operating from the hospital were unaffected.
>
> There is now a proposal to close the inpatient ward on a permanent basis, and also to develop existing services around a Health and Wellbeing Centre on the hospital site.
>
> Thinking first about the proposal to close the inpatient ward on a permanent basis...

A key research objective was to gauge awareness of the proposal amongst respondents and their views towards closing the ward on a permanent basis.

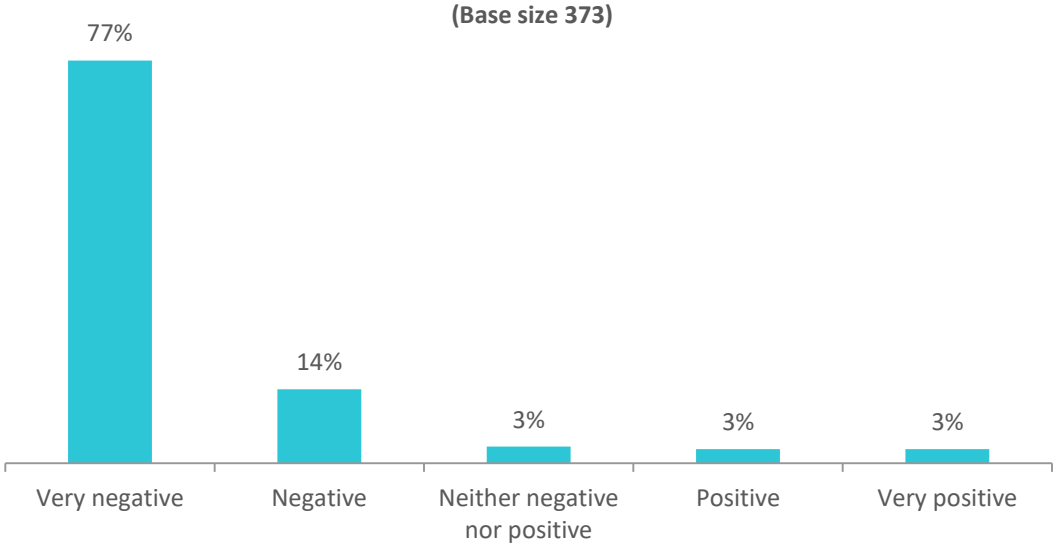
There was a high level of awareness amongst respondents of the proposal to close the inpatient ward on a permanent basis, with 98% of respondents answering yes.

Are you aware of the proposal to close the inpatient ward on a permanent basis?
(Base size 370)



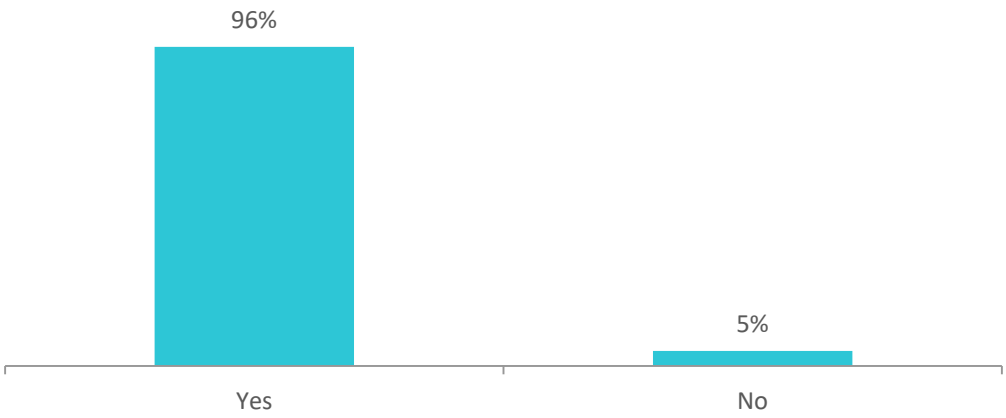
The majority of respondents described their view of the proposal to close the inpatient ward on a permanent basis as 'very negative' (77%). A further 14% of respondents felt 'negative' towards the proposal.

Using the following scale, from 'very negative' to 'very positive', how would you describe your view of the proposal to close the inpatient ward on a permanent basis?
(Base size 373)

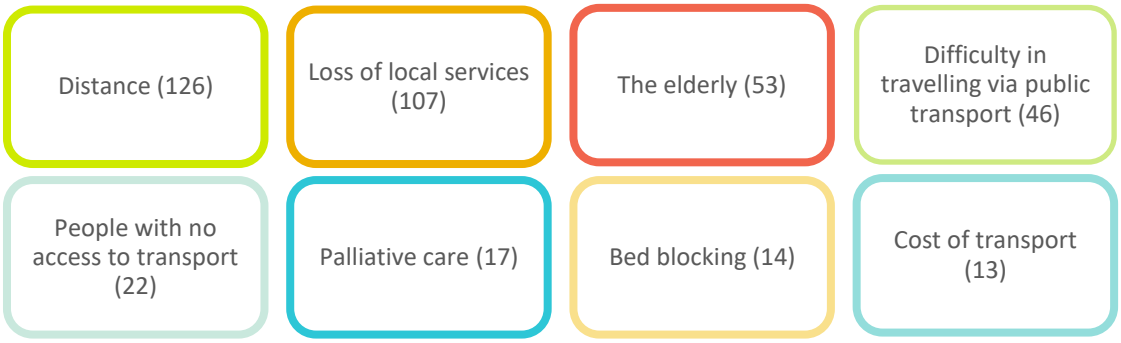


A very high proportion of respondents highlighted concerns about the proposal to permanently close the inpatient ward at Rothbury Community Hospital (96%).

Do you have any concerns about the proposal to permanently close the inpatient ward at Rothbury Community Hospital?
(Base size 375)



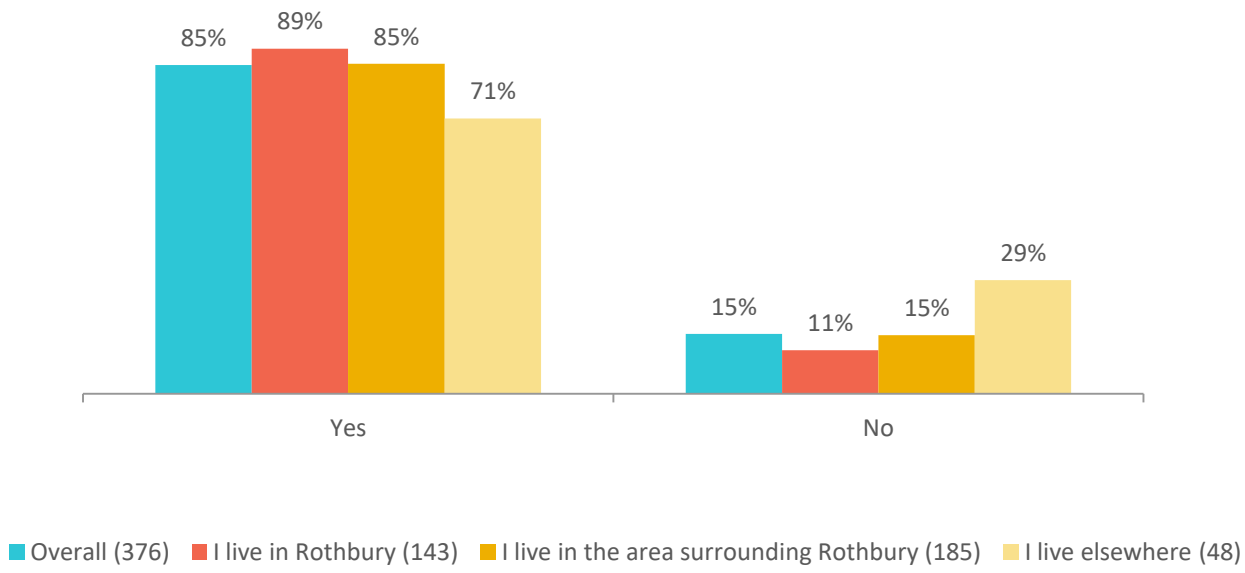
Respondents who had concerns were asked then to outline what these might be. Common themes in literal responses were as follows:



The research also sought to understand what respondents felt the benefits of the proposal were. Many of the themes in responses that came out of this question were negative. This is consistent with the high level of concern and negative attitude towards the proposal for the hospital. The most frequently cited themes in literal responses were:

Overall 85% of those surveyed stated that they had read the public consultation documentation. There is a downward trend in levels of readership when comparing the percentage of respondents who had read the consultation document against whether respondents live in Rothbury, the surrounding area or elsewhere. The highest level was amongst those who lived in Rothbury (89%).

There is a public consultation document which details the proposal. Have you read this consultation document?



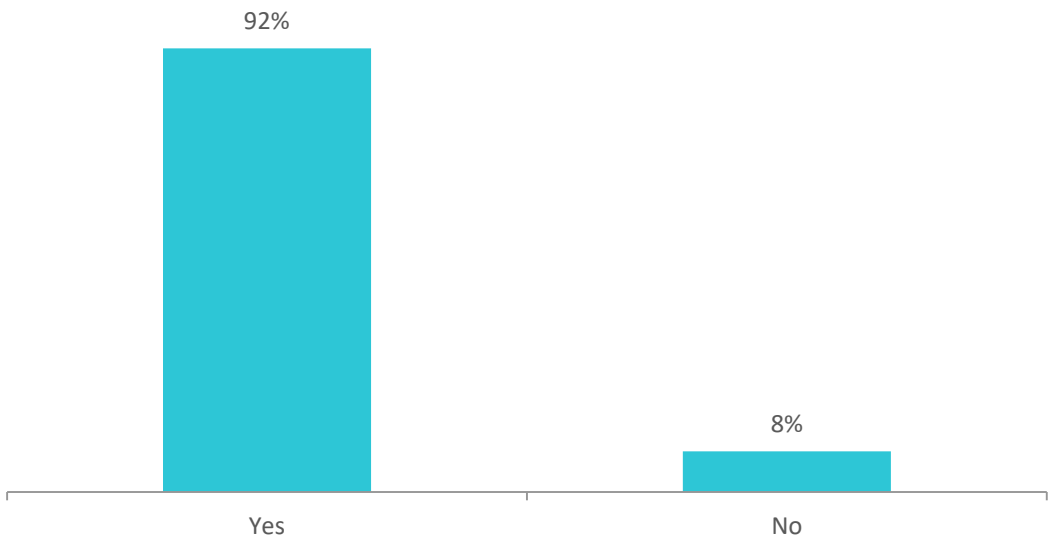
Reshaping of current services

During this next section of the survey, respondents were provided with information about reshaping current services at Rothbury Community Hospital around a Health and Wellbeing Centre. The script was designed to inform respondents that suggestions for future uses of this facility were taken from conversations between the CCG and the local community.

> After the temporary suspension of the inpatient ward in autumn 2016, the CCG spoke to local people at a series of informal meetings at Rothbury Community Hospital, where they heard that people valued local health and wellbeing services.
>
> The CCG is considering how to use the Rothbury Community Hospital site in the future and how best to reshape current services around a Health and Wellbeing Centre.
>
> The following questions are based on what the CCG heard during conversations with local people.

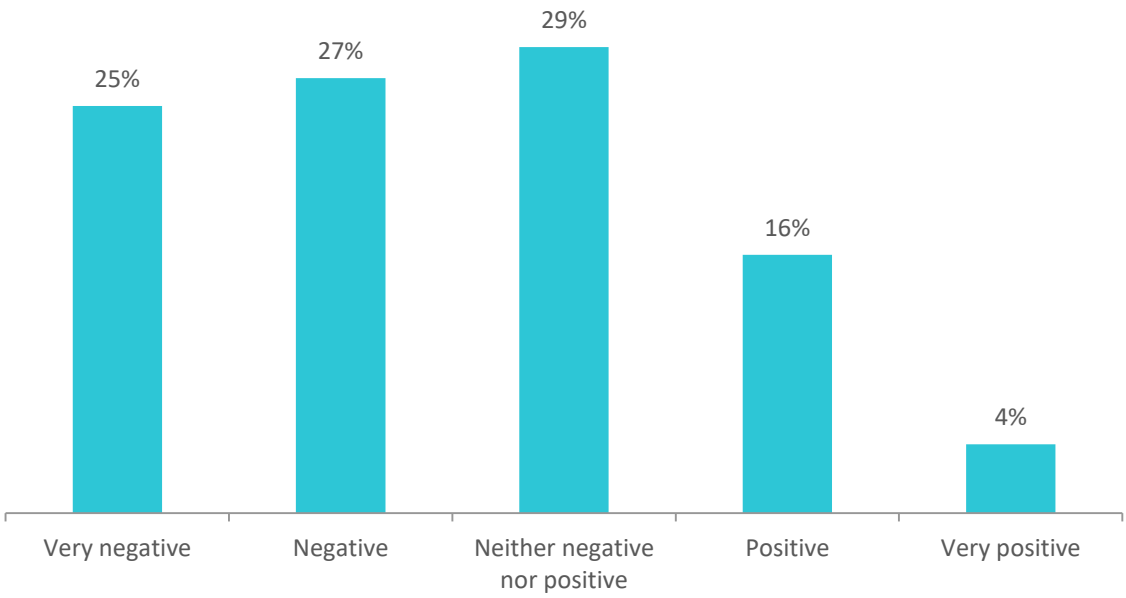
There was a high level of awareness amongst respondents for the proposal to reshape services around a Health and Wellbeing Centre (92%).

Are you aware of the CCG's proposal to reshape current services around a Health and Wellbeing Centre at the Rothbury Community Hospital site?
(Base size 345)



Views of the proposal to reshape current services around a Health and Wellbeing Centre were mixed overall. 29% of respondents had 'neither a negative or positive' view towards reshaping services in this way; whereas 52% of respondents felt that the proposed changes were either 'negative' or 'very negative'.

Using the following scale, from 'very negative' to 'very positive', how would you describe your view of the proposal to reshape current services around a Health and Wellbeing Centre at the Rothbury Community Centre?
(Base size 354)



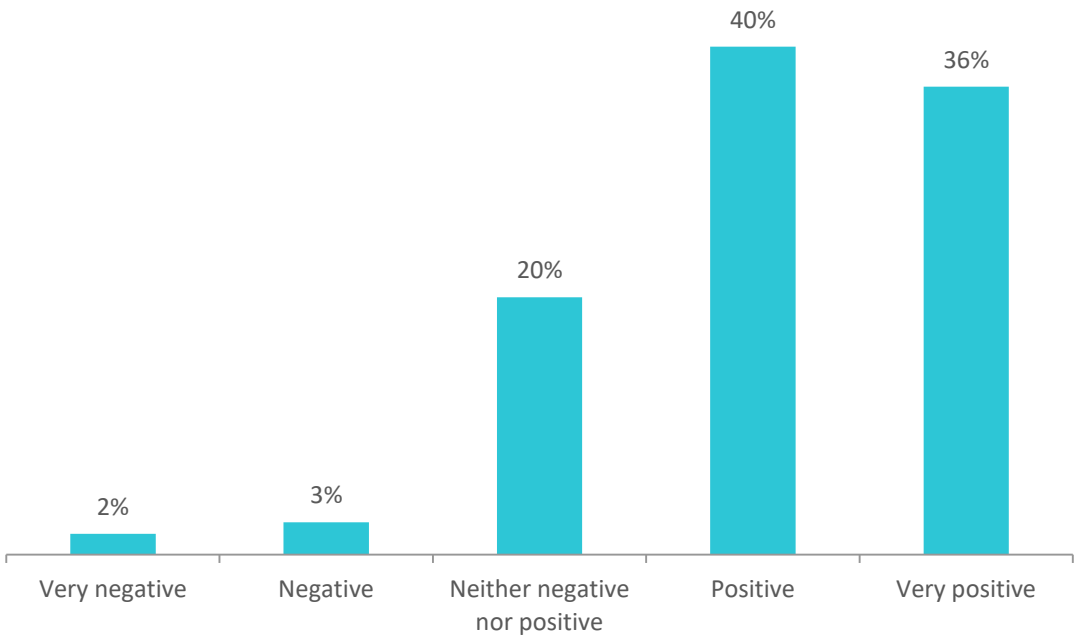
Availability of physiotherapy services

Through a short script respondents were informed that the local community had expressed an interest in more physiotherapy services being provided at Rothbury Community Hospital.

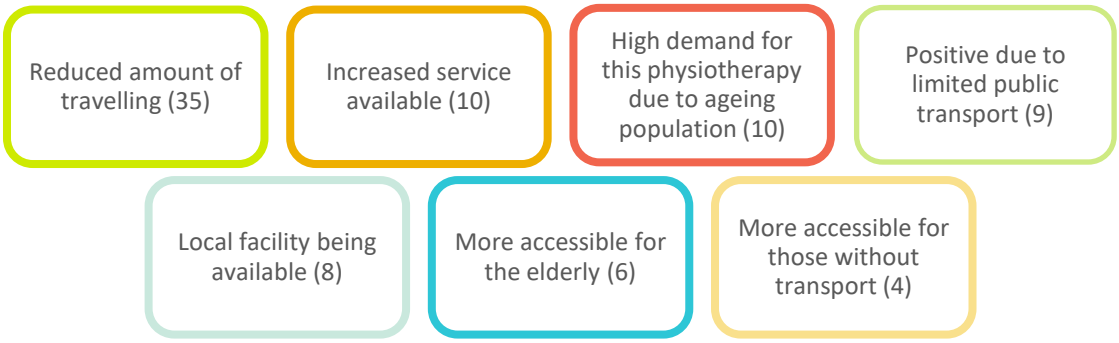
> Community feedback has indicated that local people would value an increase in the availability of physiotherapy services at Rothbury Community Hospital.

When asked about their view of increasing the availability of physiotherapy services at Rothbury Community Hospital, the majority of respondents thought this would be either 'positive' or 'very positive' (40% and 36% respectively). Only a small number of respondents felt this would be 'negative' or 'very negative', indicating that the increased provision of more physiotherapy services at the hospital would be received well.

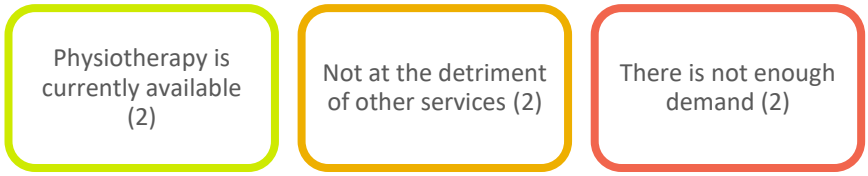
Using the following scale, from 'very negative' to 'very positive', how would you describe your view of increasing the availability of physiotherapy services at Rothbury Community Hospital?
(Base size 365)



Respondents were then asked to explain their answer. For respondents who viewed increasing the availability of physiotherapy services as 'positive', common themes in literal responses included:



The most commonly cited responses for those who answered 'negative' included:



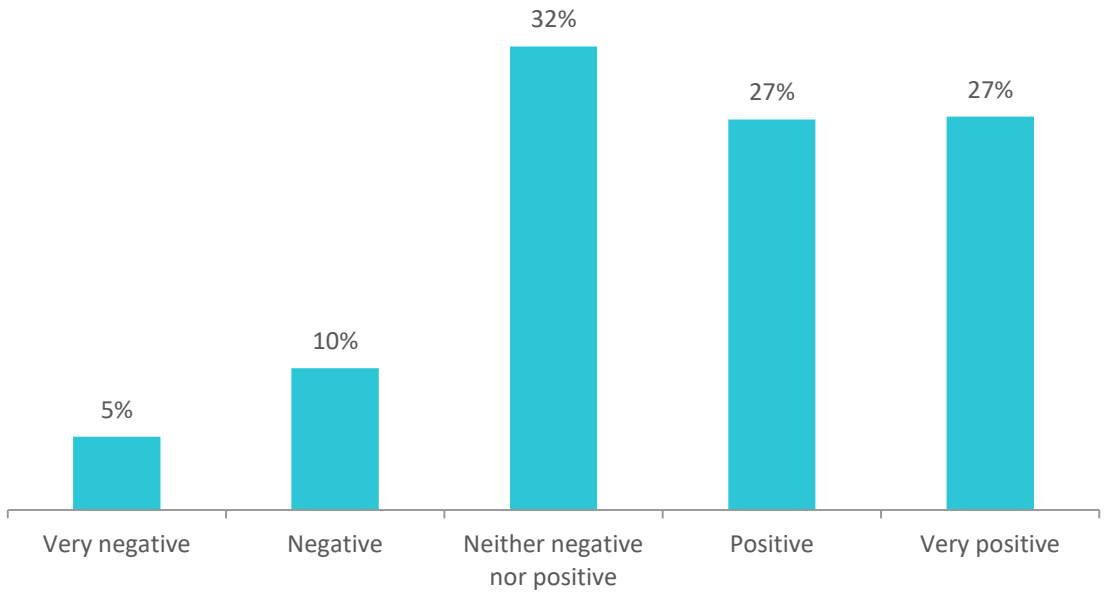
Relocation of GP practice

A short script introduced respondents to the possibility of relocating the local GP practice to the hospital.

> There have already been discussions about the potential relocation of the local GP practice to Rothbury Community Hospital.

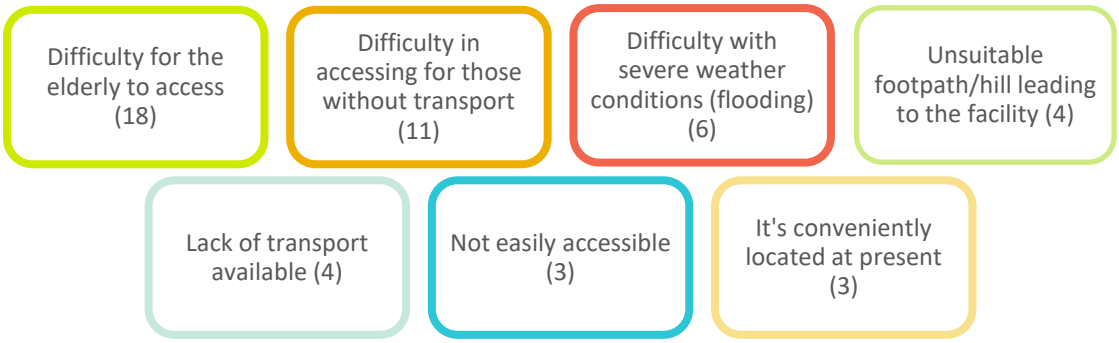
The view of the potential relocation of the local GP practice to Rothbury Community Hospital was generally positive with 54% of respondents highlighting that they felt this proposal was either 'positive' or 'very positive'. In total, 15% of respondents viewed the potential relocation as 'negative' or 'very negative'. It is also worth noting that 32% of respondents felt this particular proposal was 'neither negative nor positive'.

Using the following scale, from 'very negative' to 'very positive', how would you describe your view of the potential relocation of the GP practice to Rothbury Community Hospital?
(Base size 360)



Respondents were asked to explain their answer. Common themes in literal responses for those who viewed the relocation of the GP practice as positive included:

Key themes for those who viewed the relocation of the GP practice as 'negative' included:



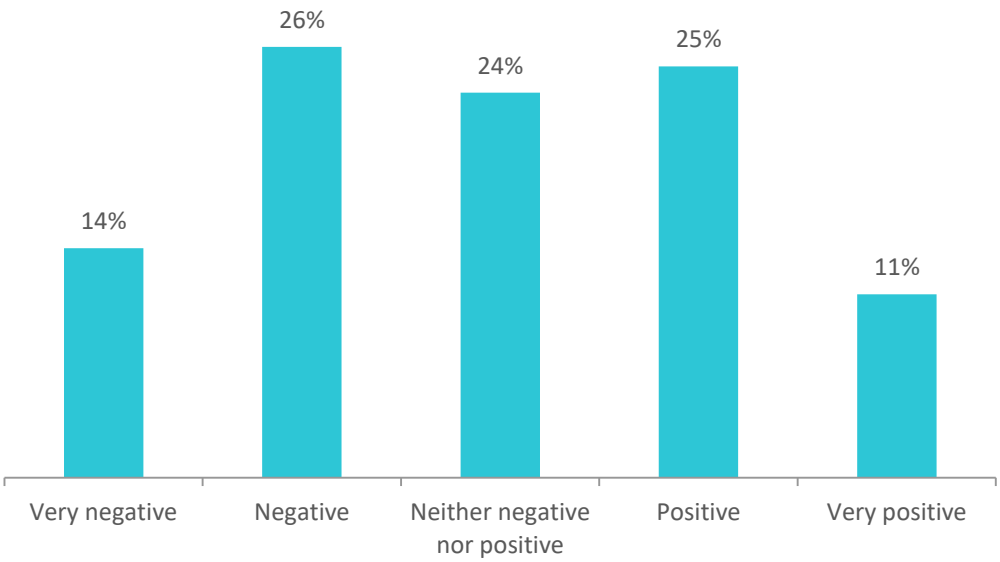
Providing care closer to home

A short script informed respondents about the future of outpatient clinics at Rothbury Community Hospital.

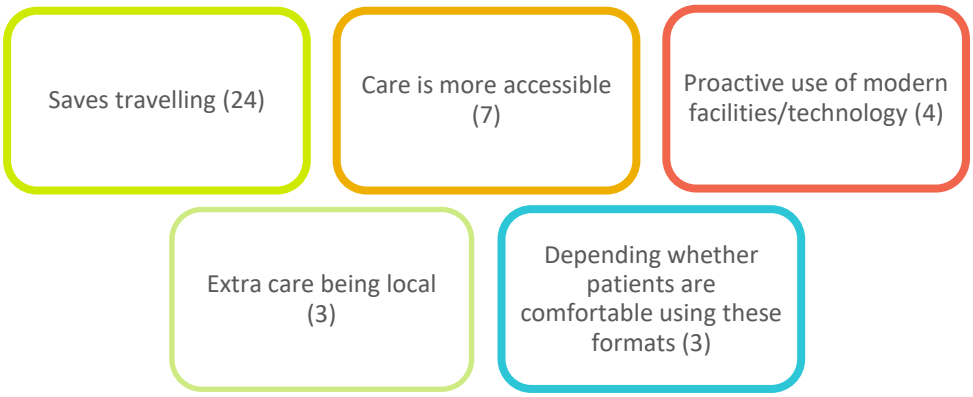
> There is some early thinking around how outpatient clinics could be delivered at Rothbury Community Hospital in the future, in order to provide care for local people closer to home. For example, patients could have an appointment at the hospital but talk to a healthcare specialist through a video link.

Of all the suggestions for reshaping of current and future services at Rothbury Community Hospital, the use of technology received the most mixed response. The percentage of people who viewed this proposition as 'negative', 'positive' or 'neither negative nor positive' was fairly consistent. More people felt the use of technology was 'negative' (26%), however 25% of respondents also viewed this as 'positive'. 14% described their view of the use of technology as 'very negative' and a further 11% described their view as 'very positive'.

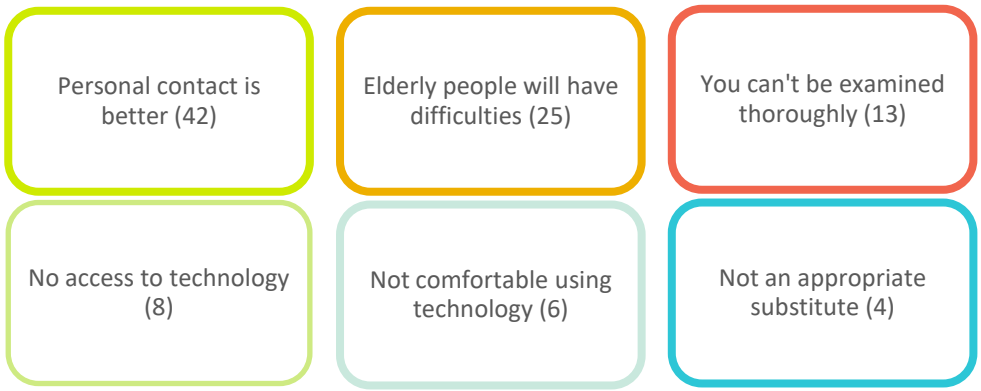
Using the following scale, from 'very negative' to 'very positive', how would you describe your view of the use of technology such as video consultations at Rothbury Community Hospital?
(Base size 358)



Respondents were asked why they described their view in this way. Key literal themes for those who described their view as 'positive' were as follows:

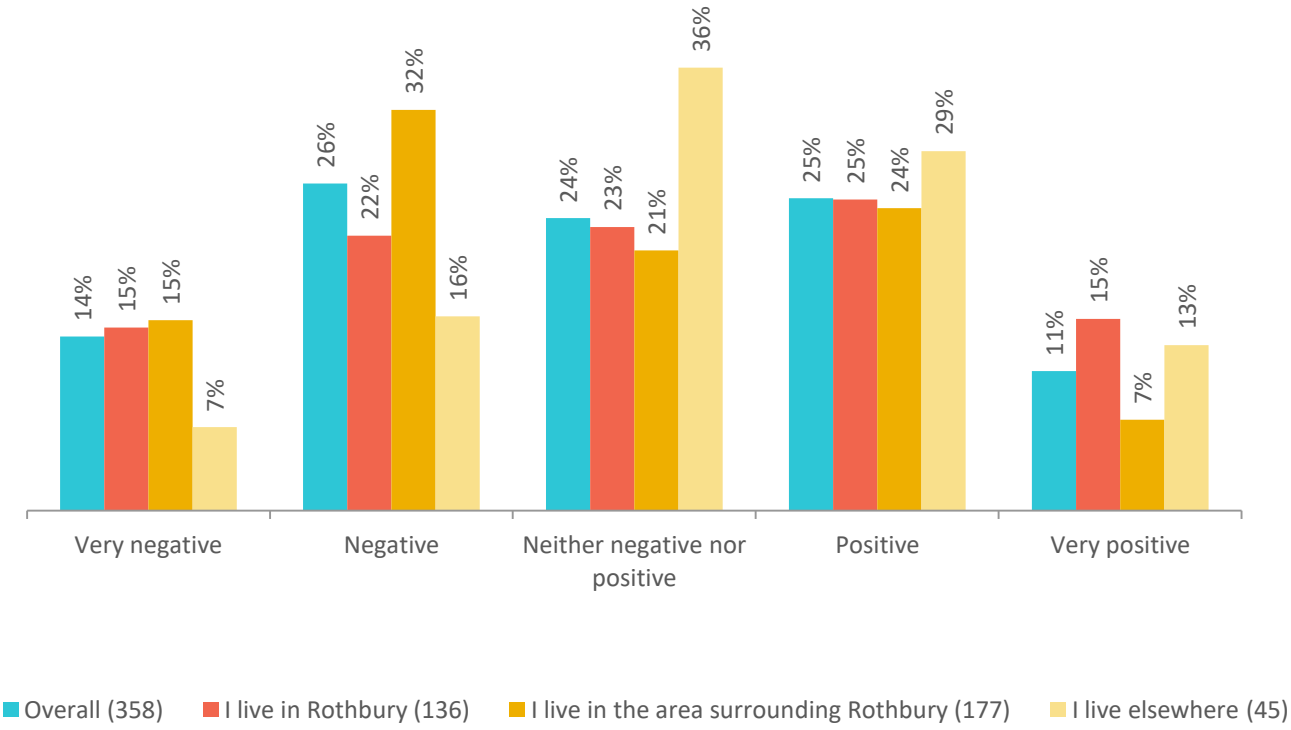


Key themes in responses for those who described their view as 'negative' included:



Looking at differences in response between areas of residence, the reaction to use of technology was more negative amongst respondents who lived in the area surrounding Rothbury. Higher levels of indifference and positivity were seen from respondents who lived elsewhere, while 15% of respondents who lived in Rothbury described their view of the use of technology as 'very positive'.

Using the following scale, from 'very negative' to 'very positive', how would you describe your view of the use of technology such as video consultations at Rothbury Community Hospital? By area of residence



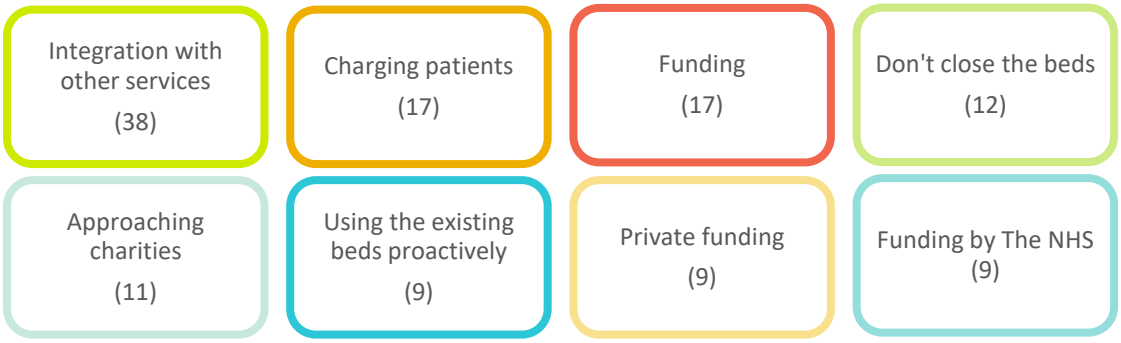
Provision for respite care

Respondents were informed that respite care was not the original plan for the use of the inpatient ward at Rothbury Community Hospital, and that respite care is not currently funded by the NHS.

> While the inpatient ward at Rothbury Community Hospital was not intended for respite care, which is not funded by the NHS, it has been suggested in community discussions that there should be provision for respite care at the hospital.

Respite care is not currently funded by the NHS, but is a service the community has expressed an interest in receiving during previous engagement. Given this, respondents were asked how they felt respite care could be provided.

A number of respondents had no ideas or suggestions on how this service could be provided or felt they couldn't answer (28 and 17 respondents respectively). However, the most commonly cited suggestions included:



A common overarching theme amongst responses was to find funding from another source, such as charities or private providers, to enable the beds at the hospital to be used for respite care.

Integration with other services (38)

- *"I feel very strongly that the CCG should be taking on this responsibility i.e. proposing putting a combined piece of work with social services"*
- *"Maybe with the involvement of Macmillan nurses or one of the other agencies that help with terminal care. Respite care could be provided by a nursing group or care provider"*
- *"There is a provision of community nursing care which could be used to provide nursing care to the beds in the hospital. Local hospices may also be able to support respite care"*

Charging patients (17)

- *"Perhaps the patients requiring respite care could pay for their care"*
- *"A compromise solution could be to allocate say half beds to respite, chargeable. This assures keeping open a six-bed hospital facility"*
- *"Respite care should be paid for in part at least by the patient/s family"*

Funding (17)

- *"Social services should fund it, or charitable funds made available, or for those who can afford to pay"*
- *"Fundraising perhaps and maybe lottery funding. Maybe a small charge for everyone"*
- *"Don't close the 12-bed ward. Perhaps funding for respite care could come from social care; this area needs to be explored. Convalescent care is provided from the NHS"*

Other suggestions for how respite care could be provided included:

Provision for end of life care

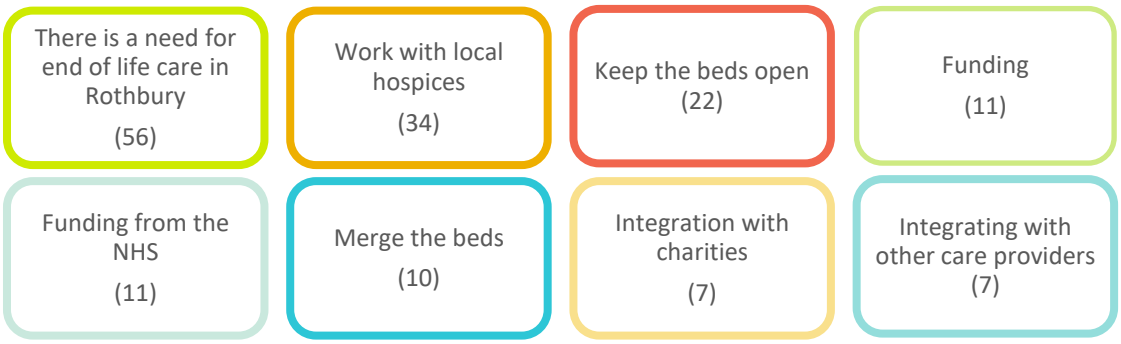
Respondents were also informed that the community would like the ward at the hospital to be used for end of life care.

> Local people have also said that they would like to see beds provided for end of life care at Rothbury Community Hospital.

Respondents were then asked the following question:

"Given that the proposal includes permanently closing the 12 inpatient beds at Rothbury Community Hospital and that during engagement people have said they would like beds for end of life care to be available in the town, do you have any ideas on how this could be provided?"

Again, there were some respondents who offered no suggestions, or felt they couldn't answer (15 and 13 respondents respectively). Key themes in suggestions included:



Literal comments included:

There is a need for end of life care in Rothbury (56)

- *"The whole community wants hospital beds open, with a strong feeling that end of life can be provided as a major function. I have personal experience of it with my 90-year-old sister receiving such care in 2014. An excellent use of facilities"*
- *"Local people do very much want beds for end of life care, so that the problems of long journeys at this time of stress and difficulty can be reduced"*
- *"End of life care is tremendously important, not only for the person nearing death but also for their family and friends. Wherever possible it is valuable that a person can receive such care within their own community"*

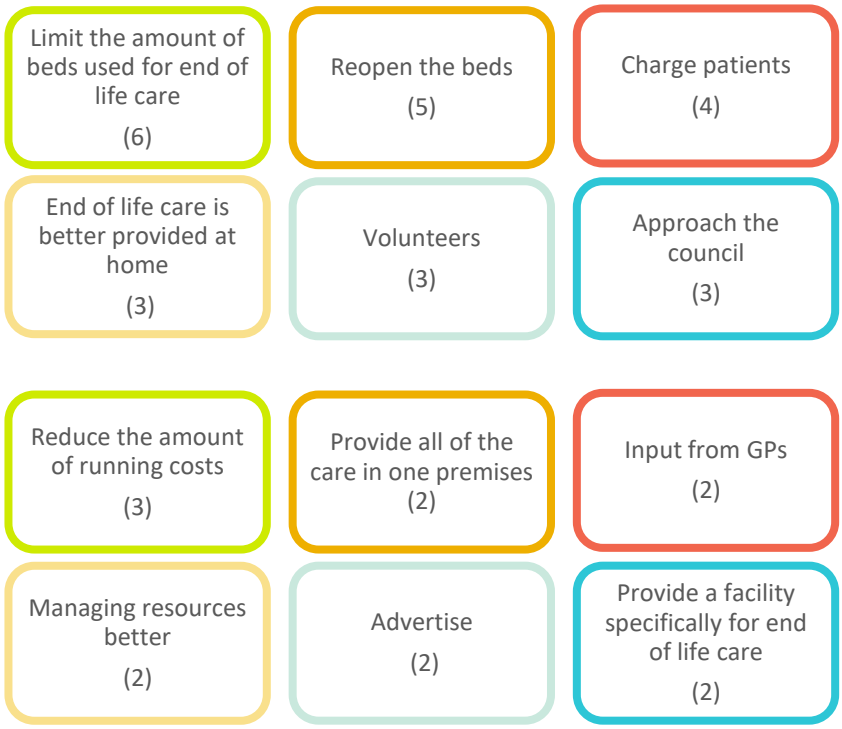
Work with local hospices (34)

- *"Involve local hospices by setting up partnering arrangements. As registered charities, they may have access to set up funds. Already this year, I know two cases where partners have not been able to be at the beside of those dying due to location"*
- *"Liaise with the hospice movement. Start thinking outside of the box and find ways around the problem"*
- *"Would Macmillan or Marie Curie be interested in offering palliative care at Rothbury Hospital rather than at people's homes?"*

Keep the beds open (22)

- *"The obvious solution is to keep the 12 inpatient beds and use them"*
- *"By not closing the 12 beds. Respite and end of life care close to home are very important for the people in this community. Also, it allows local friends and relatives to easily support the dying without travelling miles, often on unreliable local transport"*
- *"Keep the 12 inpatient beds open. Simple. Some people cannot be looked after at home in their last days and it would free up beds in acute hospitals"*

Respondents also gave the following suggestions:

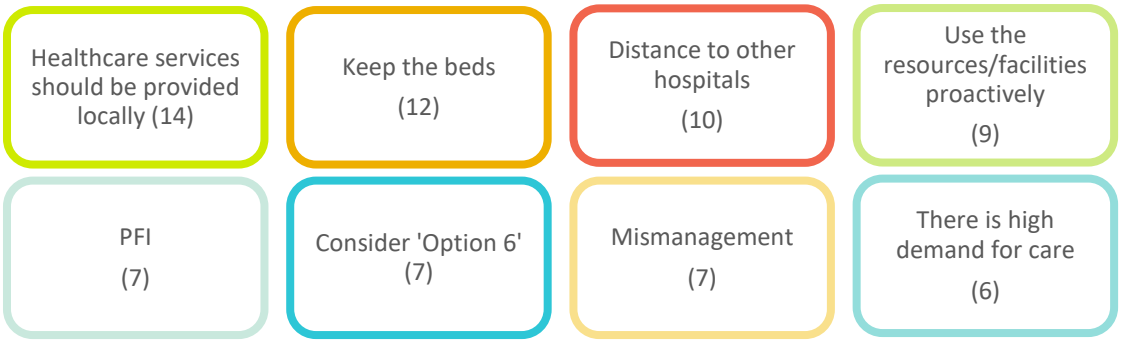


Other topics to consider

Respondents were then asked if there were any other topics relating to the proposal that had not been covered during the survey, but they felt were important for the CCG to consider.

We have explored the issues the CCG heard during conversations with local people but are there any other topics relating to the proposal that you would like the CCG to consider?

The following topics were highlighted:



Literal comments included:

Healthcare services should be provided locally (14)

- *"It is important I feel, that local services, remain local. With an aging population, travelling further afield to visit hospitalised relatives can prove problematical. Also, from the patient's point of view, being closer to home does help the mental capacity to remain stable under difficult circumstances and allows visitors, including those outside the family, to visit frequently"*
- *"I must just reiterate that community hospital are set up to serve the needs of the community. What are the community needs? Medical care, convalescent care and respite care. To continue travelling out of the community no longer serves the local community needs"*
- *"People living in rural areas feel their way of life is threatened as more and more services close; more people feel forced to move away, and there are likely to be fewer incomers if services do not exist. Although my family has not used the inpatient service, I know how important a local end of life service was for several neighbouring families, and particularly for carers who would have struggled either with travel to visit loved ones further afield, or to cope with having them at home"*

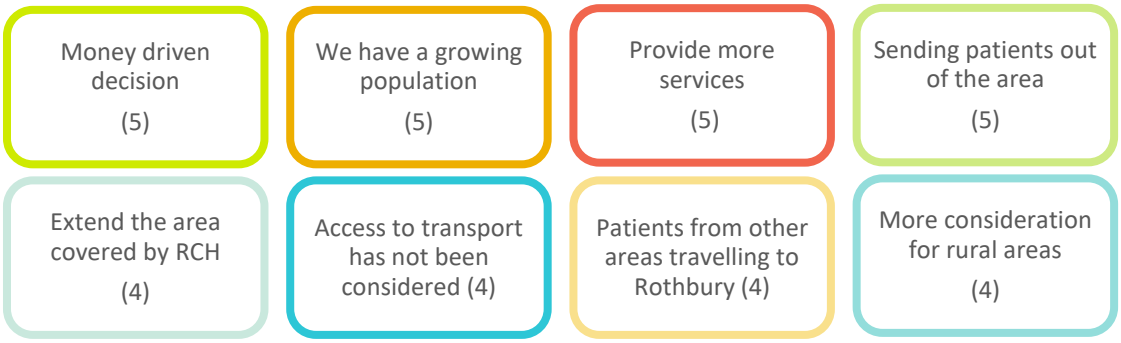
Keep the beds (12)

- *"To listen to the overwhelming view that the beds should remain open"*
- *"Quite simply reopen the beds, have fully appropriately qualified medical staff onsite and get back to supporting the needs of this rural community as soon as possible"*
- *"Keep the inpatient beds at Rothbury Hospital, they are so much needed"*

Distance to other hospitals (10)

- *"The main reason we need these hospital beds is the distance we have to travel to other hospitals. Unless you live in this area and have experienced the difficulties of travelling to and from hospitals, some of which are over 60-mile round trip, you cannot appreciate how much Rothbury beds are needed"*
- *"Consider the isolation of many families in the Valley. Our hospital can be a central hub and comfort for residents. It should be available for patients in the surrounding villages"*
- *"The locality of this hospital means it deals with people from very rural areas who would be travelling over 50 miles for services in the next nearest hospital. It is a community hospital for a special community"*

Respondents also highlighted that it was important for the CCG to consider:



Use of resources

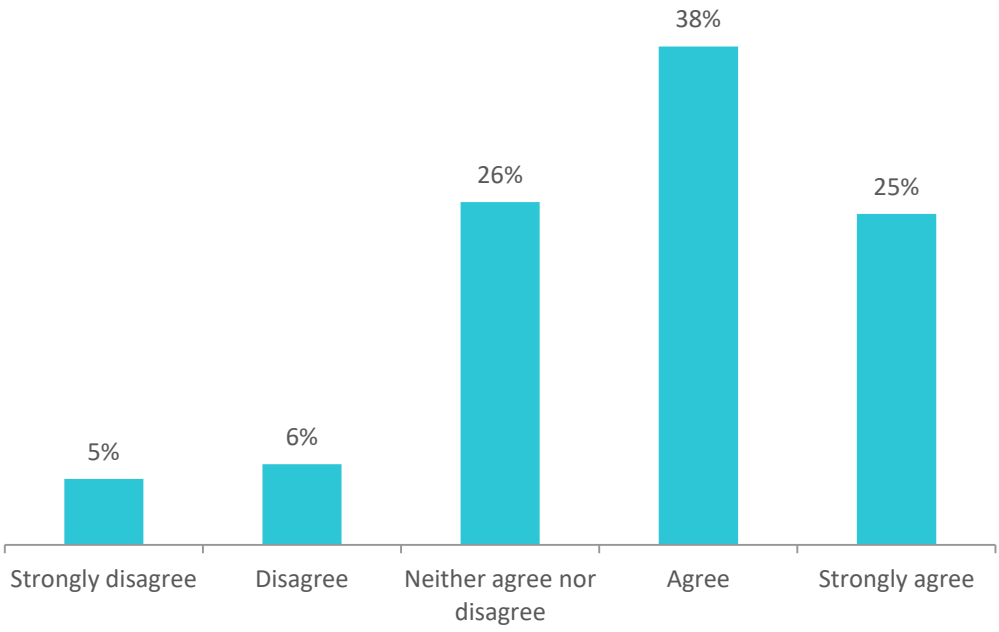
For the final section of the survey respondents were asked to read a short piece of information, designed to inform them of the CCG's view that it is vital to make efficient use of its resources.

> As the organisation responsible for planning and purchasing the majority of hospital and community health services for people living across the county, the CCG consider it vital to make the best use of all available resources, including staff, facilities, and finances.

Respondents were asked their level of agreement with this.

Only a small number of respondents 'strongly disagreed' (5%) or 'disagreed' (6%) that the CCG should prioritise making the best uses of the resources available to it. 38% of respondents 'agreed' and a quarter of respondents 'strongly agreed' that this should be a priority for the CCG.

Using the following scale, from 'strongly disagree' to 'strongly agree', how strongly do you agree that it should be a priority for the CCG to make efficient use of its available resources, including staff and money?
(Base size 362)



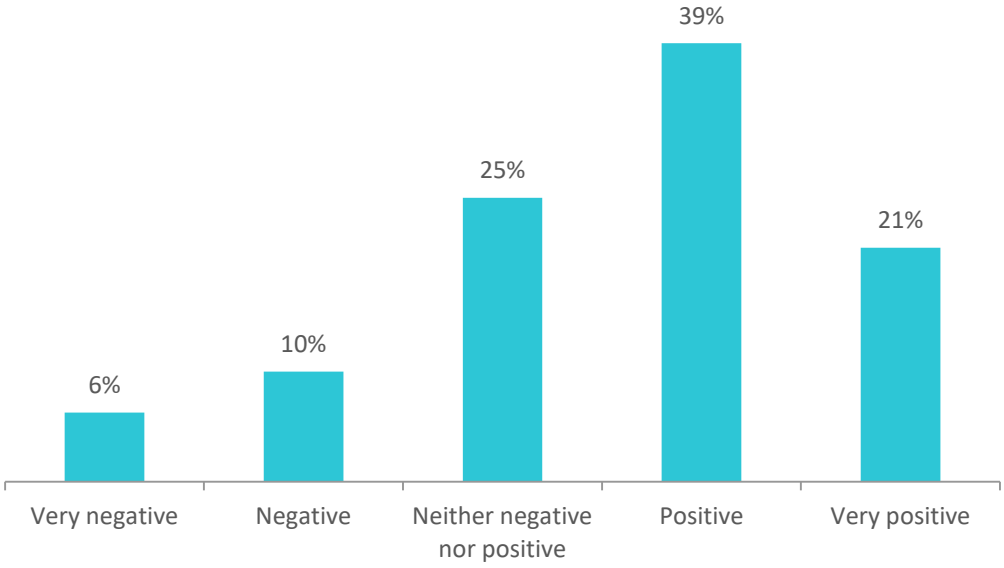
Respondents were then asked to explain their answer. Respondents who 'agreed' or 'strongly agreed' that making efficient use of resources should be priority cited the following reasons:

Respondents who 'disagreed' or 'strongly disagreed' gave some of the following reasons:

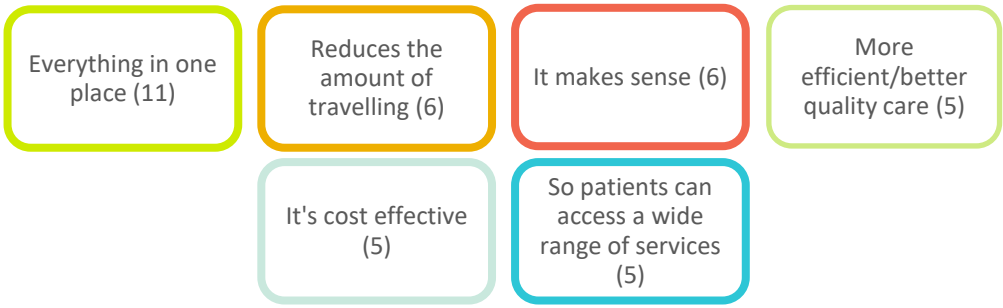
Health care within the North East is currently undergoing transformation, with the CCG pioneering new integrated models of care. Part of the proposal at Rothbury is to utilise the inpatient ward to bring more services to the hospital. Therefore, it was important to understand respondent's perception of bringing services together in one place.

Although a quarter of respondents viewed the integration of services as 'neither negative or positive', a higher proportion felt this was 'positive' or 'very positive' (39% and 21% respectively).

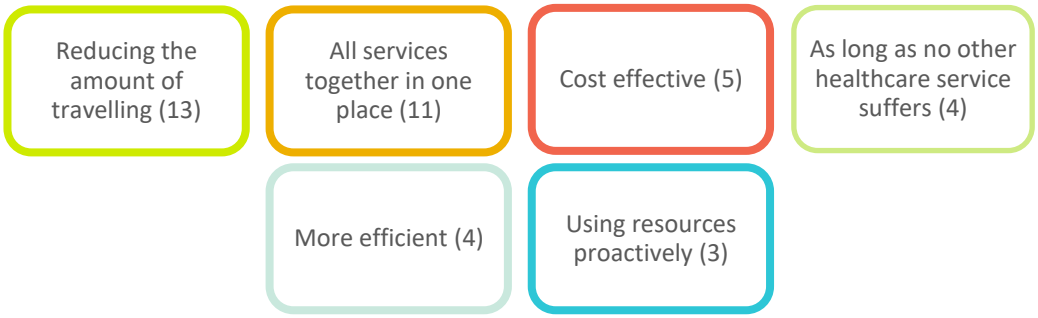
Using the following scale, from 'very negative' to 'very positive', how would you describe your view of the integration of NHS services, i.e. bringing services together in one place?
(Base size 360)



Respondents were then asked to explain why they had this view towards the integration of services. There were consistencies between responses for those who answered 'positive' or 'very positive'. Some common responses for those who viewed this as 'very positive' included:

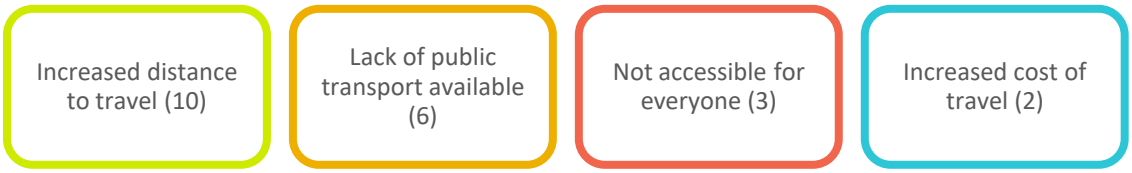


Common themes in responses for those who answered 'positive' included:



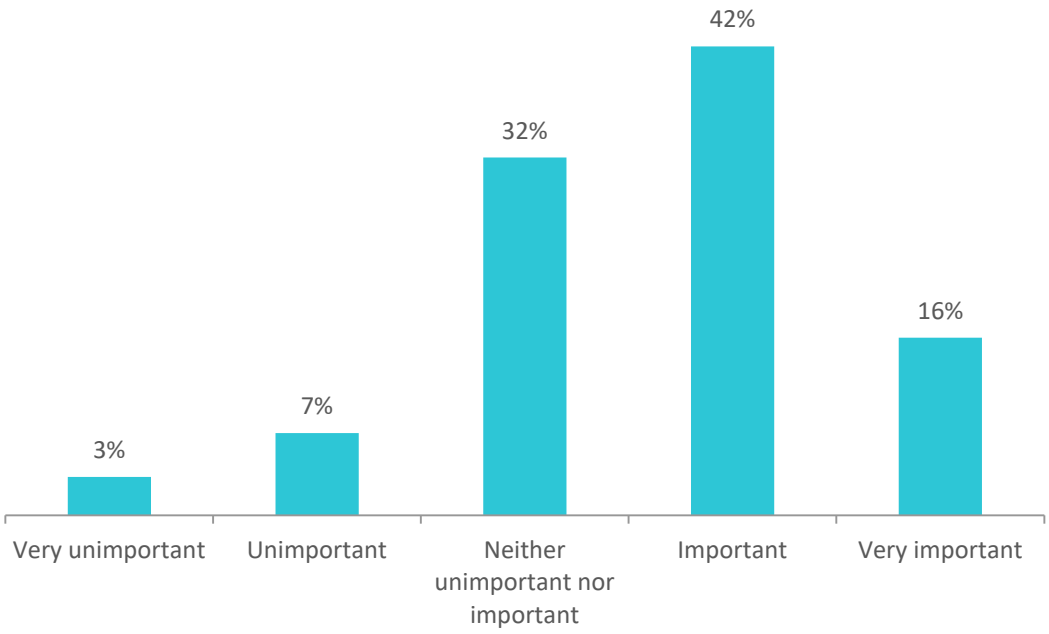
Again, there were consistencies between answers for those who rated 'very negative' or 'negative'. For respondents who felt that the integration of services was 'very negative', key themes in literal responses included:

Commonly cited themes for those who answered 'negative' included:

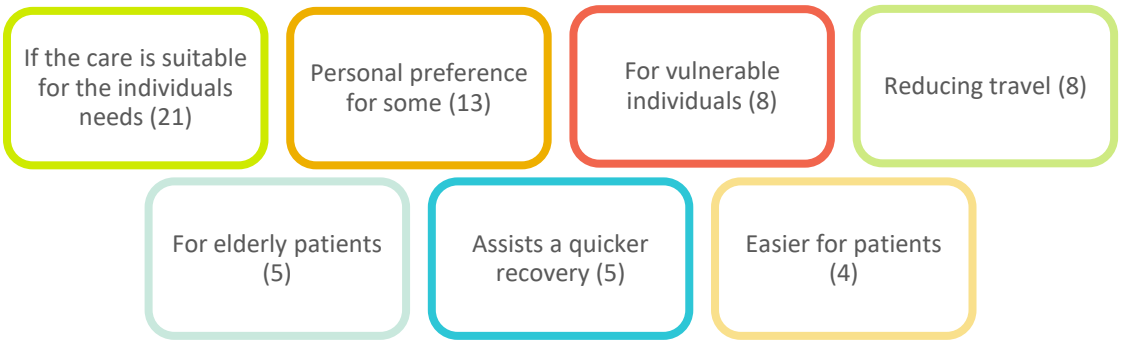


The CCG is moving towards trying to provide more care in the community. Respondents were therefore asked how important it was for more health and care services to be provided out of hospitals. 42% highlighted that this was 'important' with a further 16% stating this was 'very important'.

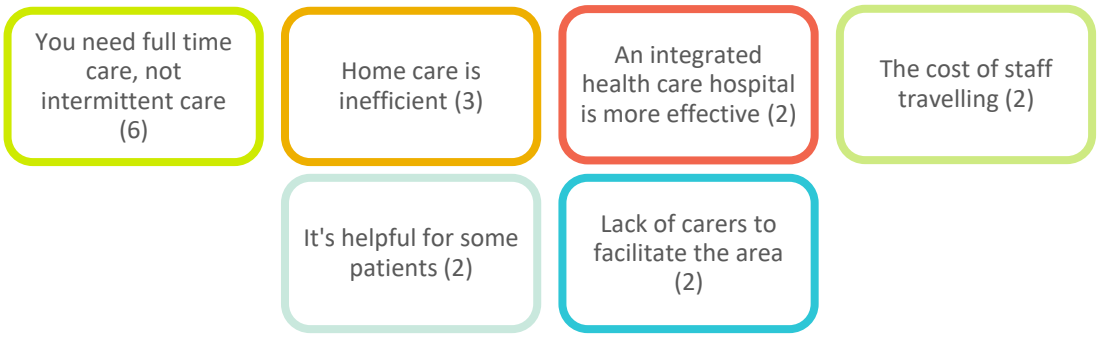
Using the following scale, from 'very unimportant' to 'very important', how important do you think it is for more health and care services to be provided out of hospital in people's own homes?
(Base size 355)



Respondents were then asked to explain why they felt that way. Common themes in literal responses for those who felt it was more important for more services to be offered in the community included:

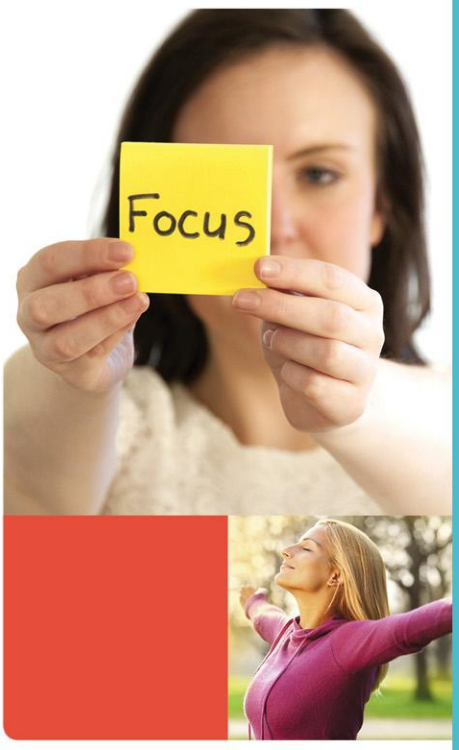


In contrast, for respondents who felt this was 'unimportant' common themes in literal responses included:



4.0 Conclusions

Conclusions based on results as detailed.



Conclusions

There was a high level of awareness amongst respondents of the proposal to permanently close the inpatient ward at Rothbury Community Hospital (98%). However, only 54% of those surveyed reported that they or a family member had been a patient or used the services at the hospital. Additionally, a majority of respondents viewed the proposed changes as 'very negative' (77%).

Concern towards the proposal to permanently close the inpatient ward was high, with 96% of respondents expressing concern towards the changes. The most commonly cited concerns included: distance, the loss of local services, concerns for elderly patients and the difficulty in accessing other hospitals by public transport. When respondents were asked what they might perceive the benefits of the proposal to be a vast proportion of the responses were negative. This is consistent with the high level of concern and negative attitude towards the proposal for the hospital. A large number of respondents felt that the proposal had no benefits, highlighting in particular that there were no benefits to the community. However, the perceived benefits also included financial benefits, a better use of the facilities at Rothbury Community Hospital and a greater level of care. Integrated healthcare was also emphasised here.

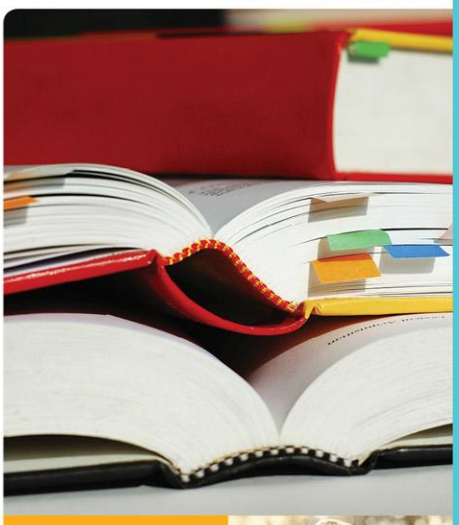
There was a high level of awareness amongst respondents for the proposal to reshape current services around a Health and Wellbeing Centre (92%). Although, just over half of respondents viewed this proposal as negative (52%).

The local community had expressed an interest in using the inpatient ward for respite care, which is not something that is funded by the NHS. When respondents were asked how they thought this could be provided, many of the responses related to finding funding from patients or other sources to enable the beds at the hospital to be used for respite care. A key suggestion was for the hospital to integrate with other organisations, for example social services or other care providers. Some of the local community would also like the beds to be used for end of life care, with many respondents highlighting a need for end of life care at the hospital. Similarly to the provision of respite care, respondents suggested that this could be provided by working in partnership with other organisations such as local hospices or charities.

Other topics that respondents stated that it was important for the CCG to consider included the provision of healthcare locally, with respect to the distance to other hospitals in the area. Some respondents felt there was a need to keep the beds open because they felt the demand for care was high.

5.0 Appendices

Resources including the questionnaire used in the research can be found here.



Appendix 1 – Questionnaire

explain
market research

Proposed changes at Rothbury Community Hospital

Thank you for taking the time to complete this survey - your views are very important to us. We are Explain, an independent research agency, and we are conducting a survey on behalf of NHS Northumberland Clinical Commissioning Group (CCG).

This survey forms part of a public consultation exercise on the proposal to close the inpatient ward at Rothbury Community Hospital on a permanent basis and shape existing services around a Health and Wellbeing Centre on the hospital site.

Please note, this survey will be conducted in line with the Market Research Society (MRS) Code of Conduct, and therefore all of your responses will be entirely confidential.

The survey should take around 10 minutes to complete, depending on your responses. Please answer the following questions in their entirety and use the guidance notes on each question to help you.

To begin, we'd like to know more about you...

Q1 Do you live in Rothbury or the surrounding area?
Select one answer only

- ◯ Yes - I live in Rothbury
- ◯ Yes - I live in the area surrounding Rothbury
- ◯ No - I live elsewhere (please state below)

I live in: _____

Q2 Please could we take your current home postcode for analysis purposes?
Write in the box below

_____

Q3 Are you currently an NHS employee?
Select one answer only

- ◯ Yes
- ◯ No

Q4 Are you employed by any of the following organisations?
Select one answer only

- ◯ NHS Northumberland CCG
- ◯ Northumbria Healthcare NHS Foundation Trust
- ◯ Other health and care providers (Please state below)
- ◯ None of the above

Other health and care providers:

_____

Q5 Please select your gender:
Select one answer only

- ○ Male
- ○ Female

Q6 Please select which age bracket you fall into:
Select one answer only

- ○ 16-17
- ○ 18-35
- ○ 36-50
- ○ 51-64
- ○ 65+
- ○ Prefer not to say

Q7 What is the occupation of the main wage earner in your household (or what was the occupation of the main wage earner before retirement)?
Write in the box below

What do you already know about Rothbury Community Hospital?

Q9 Are you aware of the provision of each of the following services at or from Rothbury Community Hospital?
Select one answer only

	Yes - aware	No - not aware	Don't know
Inpatient ward (12 beds)	○	○	○
Occupational therapy in the hospital	○	○	○
Occupational therapy in people's homes	○	○	○
Physiotherapy in the hospital	○	○	○
Physiotherapy in people's homes	○	○	○
Outpatient clinics with specialist staff	○	○	○
Child health clinics with specialist staff	○	○	○
Community paramedics	○	○	○
Community services to support people to stay well and independent at home, e.g. district nurses or the short term support service which provides urgent care and rehabilitation	○	○	○

Q10 Are you aware of any other services currently being provided at or from Rothbury Community Hospital? Please give details below.
Write in the box below

Q11 Have you or a member of your family been a patient in a bed at Rothbury Community Hospital or used other services at the hospital in the last 12 months?
Select one answer only

- ◯ Yes - in a bed
- ◯ Yes - other services at the hospital
- ◯ No
- ◯ Don't know

In September 2016, inpatient admissions to Rothbury Community Hospital were temporarily suspended due to declining usage of the ward over the past three years, with on average only half of the 12 beds occupied at any one time during 2015/16. This suspension impacted only on the inpatient ward; all other services operating from the hospital were unaffected.

There is now a proposal to close the inpatient ward on a permanent basis, and also to develop existing services around a Health and Wellbeing Centre on the hospital site.

Thinking first about the proposal to close the inpatient ward on a permanent basis...

Q12 Are you aware of the proposal to close the inpatient ward on a permanent basis?
Select one answer only

- ◯ Yes
- ◯ No
- ◯ Not sure

Q13 There is a public consultation document which details the proposal. Have you read this consultation document?
Select one answer only

- ◯ Yes
- ◯ No

Q14 Using the following scale, from 'very negative' to 'very positive', how would you describe your view of the proposal to close the inpatient ward on a permanent basis?
Select one answer only

Very negative	Negative	Neither negative nor positive	Positive	Very positive	Don't know
◯	◯	◯	◯	◯	◯

Q15 Do you have any concerns about the proposal to permanently close the inpatient ward at Rothbury Community Hospital?
Select one answer only

- ◯ Yes
- ◯ No

Q16 If you do have concerns, what are these?
Write in the box below

Q17 What do you think the benefits of the proposal might be?
Write in the box below

After the temporary suspension of the inpatient ward in autumn 2016, the CCG spoke to local people at a series of informal meetings at Rothbury Community Hospital, where they heard that people valued local health and wellbeing services.

The CCG is considering how to use the Rothbury Community Hospital site in the future and how best to reshape current services around a Health and Wellbeing Centre.

The following questions are based on what the CCG heard during conversations with local people.

Q18 Are you aware of the CCG's proposal to reshape current services around a Health and Wellbeing Centre at the Rothbury Community Hospital site?
Select one answer only

- ○ Yes
- ○ No
- ○ Not sure

Q19 Using the following scale, from 'very negative' to 'very positive', how would you describe your view of the proposal to reshape current services around a Health and Wellbeing Centre at the Rothbury Community Hospital site?
Select one answer only

Very negative	Negative	Neither negative nor positive	Positive	Very positive	Don't know
○	○	○	○	○	○

Community feedback has indicated that local people would value an increase in the availability of physiotherapy services at Rothbury Community Hospital.

Q20 Using the following scale, from 'very negative' to 'very positive', how would you describe your view of increasing the availability of physiotherapy services at Rothbury Community Hospital?
Select one answer only

Very negative	Negative	Neither negative nor positive	Positive	Very positive	Don't know
○	○	○	○	○	○

Q21 Please can you explain why you feel this way?
Write in the box below

There have already been discussions about the potential relocation of the local GP practice to Rothbury Community Hospital.

Q22 Using the following scale, from 'very negative' to 'very positive', how would you describe your view of the potential relocation of the GP practice to Rothbury Community Hospital?
Select one answer only

Very negative	Negative	Neither negative nor positive	Positive	Very positive	Don't know
○	○	○	○	○	○

Q23 Please can you explain why you feel this way?
Write in the box below

There is some early thinking around how outpatient clinics could be delivered at Rothbury Community Hospital in the future, in order to provide care for local people closer to home. For example, patients could have an appointment at the hospital but talk to a healthcare specialist through a video link.

Q24 Using the following scale, from 'very negative' to 'very positive', how would you describe your view of the use of technology such as video consultations at Rothbury Community Hospital?
Select one answer only

Very negative	Negative	Neither negative nor positive	Positive	Very positive	Don't know
○	○	○	○	○	○

Q25 Please can you explain why you feel this way?
Write in the box below

While the inpatient ward at Rothbury Community Hospital was not intended for respite care, which is not funded by the NHS, it has been suggested in community discussions that there should be provision for respite care at the hospital.

Q26 Given that the proposal includes permanently closing the 12 inpatient beds at Rothbury Community Hospital and that during engagement people have said they would like beds for respite care to be available in the town, do you have any ideas on how this could be provided? Please provide details.
Write in the box below

Local people have also said that they would like to see beds provided for end of life care at Rothbury Community Hospital.

Q27 Given that the proposal includes permanently closing the 12 inpatient beds at Rothbury Community Hospital and that during engagement people have said they would like beds for end of life care to be available in the town, do you have any ideas on how this could be provided? Please provide details.
Write in the box below

We have explored the issues the CCG heard during conversations with local people but are there any other topics relating to the proposal that you would like the CCG to consider?

Q28 If you have any further thoughts you would like to share on topics relating to the proposal which have not yet been raised within this survey, please provide details here.
Write in the box below

As the organisation responsible for planning and purchasing the majority of hospital and community health services for people living across the county, the CCG consider it vital to make the best use of all available resources, including staff, facilities, and finances.

Q29 Using the following scale, from 'strongly disagree' to 'strongly agree', how strongly do you agree that it should be a priority for the CCG to make efficient use of its available resources, including staff and money?
Select one answer only

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
○	○	○	○	○	○

Q30 Please can you explain your answer?
Write in the box below

Q31 Using the following scale, from 'very negative' to 'very positive', how would you describe your view of the integration of NHS services, i.e. bringing services together in one place?
Select one answer only

Very negative	Negative	Neither negative nor positive	Positive	Very positive	Don't know
○	○	○	○	○	○

Q32 Please can you explain why you feel this way?
Write in the box below

Q33 Using the following scale, from 'very unimportant' to 'very important', how important do you think it is for more health and care services to be provided out of hospital in people's own homes?
Select one answer only

Very unimportant	Unimportant	Neither unimportant nor important	Important	Very important	Don't know
○	○	○	○	○	○

Q34 Please can you explain why you feel this way?
Write in the box below

Finally, if we could just take some more information from you to assist us with our analysis...

Q35 Do you have any long term health conditions or a disability, or care for someone who does?
Select one answer for each

- ○ Yes - I do myself
- ○ Yes - I care for someone who does
- ○ No
- ○ Prefer not to say

Q36 What is your ethnic origin?
Select one answer for each

- ○ White British
- ○ White Irish
- ○ White Other
- ○ Mixed Caribbean
- ○ Mixed African
- ○ Mixed Asian
- ○ Mixed Other
- ○ Asian Indian
- ○ Asian Pakistani
- ○ Bangladeshi
- ○ Asian Other
- ○ Black Caribbean
- ○ Black African
- ○ Black Other
- ○ Chinese
- ○ Gypsy/Traveller
- ○ Prefer not to say
- ○ Unknown
- ○ Other (please state below)

Q37 Name (Optional)
Write in the box below

Thank you for taking the time to complete this survey.

There is additional space overleaf if this is required for your responses.

Please return your completed survey directly to Explain Market Research Ltd, 48 Leazes Park Road, Newcastle upon Tyne, NE1 4PG, or use the prepaid addressed envelope provided.

All surveys must be returned by Friday 14th April 2017 please.

If you require some additional space for your comments, please use the box provided here and note which question your comments are in relation to.

Write in the box below

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Appendix E
Quality Impact Assessment

NHS
Northumberland
Clinical Commissioning Group

QUALITY IMPACT ASSESSMENT			
1. Project Name	Rothbury Community Hospital		
2. Project Lead	**Director Lead**	**Project Lead**	**Clinical Lead**
	Hilary Brown	Rachel Mitcheson	Frances Naylor
3. Project Overview & Objective	As part of the FRP Reablement plan, it was agreed to refresh the community hospitals specification following the impact of the new emergency care hospital (NSECH). A further objective was to develop a new model of care to enable more patients to be supported in the community, reduce avoidable admissions and support early discharges from hospital. A steering group when formed looked at activity data across all sites and due to extremely low use within Rothbury they took the decision to temporarily suspend the activity within the inpatient beds. In September 2016 the 12 inpatient beds within the hospital were temporarily suspended for a period of three months. The other community services provided from the site or based at the hospital were unaffected by this change. In November 2016 JLEB considered the findings from the review period which included activity data and engagements from local people. The scope of the review was: • Understand why there has been low inpatient bed activity in the hospital. • Consider comments, questions and ideas received at the recent public engagement sessions. • Evaluate the impact of the temporary suspension within the local health and social care system. The data showed low inpatient bed usage and a gradual reduction since 2014/15. It also showed an increase in the number of referrals to community services. The engagement expressed concerns about the loss in resource, rurality and travel issues not fully taken into account, fear that the whole hospital would close and a strong desire to develop services at the hospital. The review also monitored the impact of the temporary suspension across health and social care services and no unexpected pressures were experienced. The CCG's Joint Locality Executive Board (JLEB) approved the proposal that Northumberland Clinical Commissioning Group (CCG) should enter a period of formal consultation on the future of inpatient services at the hospital and that the current temporary suspension of inpatient admissions is extended, based on the review information, until the consultation is complete. JLEB requested a full option appraisal to be presented at the December meeting. JLEB considered a range of options in December 2016 and January 2017 and agreed to consult on a preferred option of permanent closure of the 12 inpatient beds and reshape existing services around a Health and Wellbeing Centre on the hospital site in Rothbury. The public consultation was from 31st January to 25 April 2017.		
4. Links to other Projects (please list)	**FRP**	**PACS**	**Others**
	Yes	Yes	ACO
5. Financial Benefits	**2016/17**	**2017/18**	**2018/2019**
Saving in £000 (gross)	£500K		
Recurring/Non Recurring	Recurring		
Start & Finish Month	Agreed full year effect		
Investment Requirement (£000) if applicable	N/A	£48,972 – Potential CCG increase in annual costs Macmillan funding bid being	

		progressed. £60,000 Potential total single payment costs.				
6. Financial costs (existing)						
Other	N/A					
7. Quality Impact Assessment	**Impact Details**	**Pos/ Neg**	**C**	**L**	**Scores**	**Mitigation / Control**
Patient Safety	Data supports low bed usage over three years and within the temporary suspension period, no capacity issues related to access to beds. Community services also indicated no delays or capacity issues. Services will be monitored to ensure that people have the support needed to live as independently as possible in their own homes. The overall monitoring of health services throughout the temporary closure has shown no adverse effects on health consequences as a result of the temporary suspension period across the system. This has included Primary Care, Community services and Secondary Care. Evidence suggests that avoidable hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility.	Pos Pos Pos				
Clinical Effectiveness	Current model of care within community hospitals for frail elderly patients for rehabilitation is not evidence based. Evidence suggests that long lengths of stay leads to increased dependency and more complex discharges. Active recovery at home with care and therapy can lead to better outcomes and reduces the risks of hospital acquired infections and a decrease in	Pos				

	confidence. Evidence also suggests that transfers from hospital site to hospital site increases length of stay and then results in longer hospital stays.					
Patient Experience	A shorter hospital stay with no site transfer and an enhanced community care team should provide a better patient experience.	Pos				
	The Macmillian specialist nurse team would be expanded to support local palliative care needs based within Rothbury Community Hospital (Four days each week) This role being co-located with primary care and community nurses enables opportunities to work in an integrated team.	Pos				
	Inpatient beds offering a comparable service would be provided within Alnwick Infirmary and the Whalton Unit. During the temporary suspension this option was used by a small number of patients. The number is too small to state or further analyse for risk of identification. During the engagement sessions, some people had expressed negative views on care at home.	Neg	2	3	6	The main concerns about care being provided further from Rothbury were transport related concerns. No individual formal complaints have been received about the quality of care and as mentioned above no adverse effects on health consequences have been identified as a result of the temporary suspension period across the system. This has included Primary Care, Community services and Secondary Care. The Macmillan specialist nurse team will be expanded to support local palliative care needs based within Rothbury Community Hospital (Four days each week) This role being co-located with primary care and community nurses enables opportunities to work in an integrated team.

	There was also concern about the lack of public transport and the associated difficulties in visiting loved ones admitted to other hospitals.	Neg	2	3	6	The public consultation provided opportunity to listen and address some concerns. A travel impact analysis has been completed to understand the implications of travelling for patients and families. This has then been shared with all interested parties and has been made available on the CCG's website. The CCG has explored community transport schemes already in existence in the Rothbury area. In partnership with the LA and the local service it has been confirmed that the Getabout service could be used by people experiencing real difficulty in visiting loved ones in either Alnwick Infirmary or Whalton unit. Since the temporary suspension of the inpatient beds the Getabout service has not received any requests for support.
Others including reputation, information governance and etc.						

8. Research
Reference to relevant local and national research as appropriate.

The Rothbury Community Hospital inpatient service review, section 8, page 10 evidence is quoted that shows hospital care carries more risk than care at home.

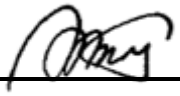
- The risk of hospital acquired infection is higher for older people.
- Immobility can lead to particular problems for older people and they may be able to maintain greater mobility at home.(Hopkins et al 2012)
- "10 days in hospital (acute and community beds) leads to the equivalent of 10 years ageing in the muscles of people over 80"(Gill et al 2004)
- Extended hospital stays also undermining older people's confidence about their ability to live independently, and can be confusing and distressing for patients with dementia.

The NHS 5 Year Forward view, October 2014, states that "out of hospital care needs to become a much larger part of what the NHS does"

9. Quality Metrics
*Sensitive to the impact risks and can be used to monitor any ongoing impact***.**

Impact Descriptors	Baseline Metrics	Target
2 Mins of your time survey – based on friends and family test	Use before and after comparison data.	No change or an increase in patient satisfaction.
Patient complaint	Use before and after comparison data.	No complaint or a very small number

	Feedback from Healthwatch	N/A	Positive
	SIRMS and serious incidents reported.	Use before and after comparison data.	No increase
	Other quality indicators routinely monitored at QRG and contract meetings.	Use before and after comparison data.	No change or better

10. Completed By	**Signature**	**Printed Name**	**Date**
Head of Commissioning – Rachel Mitcheson		Rachel Mitcheson	07.09.17
Additional Relevant Information: **This review updates the previous version dated 18 January 2017**			
11. Reviewed By	**Signature**	**Printed Name**	**Date**
Director of Nursing, Quality & Patient Safety		Annie Topping	07.09.17

Other comments (if any)

I am satisfied that the quality impact of this proposal has been considered and monitored during the temporary closure period.

Appendix F
Equality Impact Assessment

Equality Impact Assessment

PART A: General Information

1. Title:

Public consultation on a proposal to permanently close the 12 inpatient beds at Rothbury Community Hospital and consider how existing services could be shaped around a Health and Wellbeing Centre on the hospital site.

2. What are the intended outcomes of this work?

- To ensure frail older people receive as much care as is safely possible in their own homes, so that they are supported to remain independent unless the care they need can only be provided in a hospital.
- To shape existing services around the development of a Health and Wellbeing Centre on the hospital site to provide benefits for the wider population.
- To ensure that the most efficient, effective and economical use is made of staff and financial resources.

3. Who will be affected by this project, programme or work?

The proposal would affect people living in Rothbury and the surrounding area, mainly those who are frail and the older population who require direct admission to a community hospital bed for 'step up' or 'step down' care and their partners/carers. A small number of those using step up and step down care at the hospital are patients with terminal illnesses who are nearing the end of their lives.

Overall, this represents a minority of the 30.4% of people living in Rothbury aged 65 and over (See page 14 of Appendix B of the decision making report) as the trend is now to provide as much support as possible in people's own homes.

However, a larger number of people from the wider population in that area could benefit from the proposed shaping of existing services around a Health and Wellbeing Centre including the relocation of the GP practice (which was under consideration for some time before the engagement and consultation started) and additional virtual outpatient clinics, using technology so that patients can have video consultations with clinicians at other hospitals. (See Section 6.2 of the decision making report for further information about other services that could be provided.)

Background

Rothbury Community Hospital provides a small range of services for people living in the town and surrounding area. It is managed by Northumbria Healthcare NHS Foundation Trust (the Trust). There is a 12-bed inpatient ward and other services include physiotherapy, ante-natal clinics and a limited range of other outpatient clinics. It also provides a base for community health and care staff who support people in their own homes and community paramedics work out of the hospital.

The inpatient ward, which has been suspended since September 2016, mainly

provides care for frail older patients who need ‘step up’ or ‘step down’ care.

Step up care is used for people, usually with an existing health condition, who become unwell (although they are not critically ill) and need hospital care to reduce the risk of further deterioration which could result in an emergency admission for specialist care at the Northumbria Specialist Emergency Care Hospital or another specialist site. Step down care is used for people who have already been in another hospital receiving specialist care for an illness or injury and are recovering but are not well enough or able to go home.

A small number of patients using these beds have terminal illnesses and are nearing the end of their lives.

A review of bed usage at Rothbury during 2016 (available at Appendix A of the decision making report and at www.northumberlandccg.nhs.uk/nhs-publish-findings-review-inpatient-services-rothbury-community-hospital) showed a decline in occupied beds over the past few years. During the year leading up to the interim suspension (September 2015 to August 2016) there was a total of 123 admissions to Rothbury Community Hospital from the town and surrounding area, plus a further 45 involving people from outside the catchment area. This equated to on average half of the beds being used at any one time during the year.

The decline in bed occupancy can be seen from the following figures:

2014/15 – 65.9%
2015/16 – 52.7%
2016/17 – 48.9% (estimated based on figures up to September 2016)

In relation to end of life care, analysis has also shown that over a three and a half year period, from 1 April 2013 to 31 August 2016, a total of 62 patients were admitted or transferred to Rothbury Community Hospital where end of life care was included (i.e. and not just the main reason for admission). This information was included at page 13 of Appendix B of the decision making report.

The decline in bed occupancy is mainly due to medical advances which mean patients are generally spending much less time in hospital. Following routine joint replacements patients are often discharged home within days, with support if needed. Other types of surgery are now less invasive so recovery is quicker and less time is needed in hospital. Patients who have had a stroke now receive care in a specialist stroke unit to increase their chances of a good recovery and much of the rehabilitation is now provided in their own homes. If hospital rehabilitation is needed for North Northumberland patients, this is provided at Alnwick Infirmary where staff with the appropriate skills are available.

The review also showed an increase in care provided in people’s homes by community health and social care staff, which is aimed at supporting people to stay well and independent and reduce avoidable hospital admissions.

This increase in out of hospital care is in line with national policy, in particular NHS England’s ‘Five Year Forward View’, to provide more care out of hospital, so that

people are only admitted when they need clinical care that cannot be provided safely in their own homes. It is reflected in the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan which sets out how the health and care economy will deliver the requirements of the 'Five Year Forward View' in the long term. It is also in line with the development of new models of care as part of Northumberland's Vanguard programme.

This strategic direction is intended to improve the quality of care for patients and reduce avoidable hospital admissions. There is evidence to suggest that hospital care carries more risk to patient health than care at home, in terms of risk of infection. It can also lead to a loss of independence for patients.

Also, the national drive is now to ensure that people receive the support they need to be able to die in their own homes.

Should patients who would have previously needed inpatient care at Rothbury Community Hospital require admission to a community hospital bed, there is adequate capacity at Alnwick Infirmary or at the Whalton Unit in Morpeth. Since the interim suspension of the Rothbury beds in September 2016, both of these units have had sufficient capacity for those patients who previously would have been admitted to Rothbury Community Hospital.

4. Which groups protected by the Equality Act 2010 and/or groups that face health inequalities are very likely to be affected by this work?

As outlined above, those people most affected are frail older people from the Rothbury Community Hospital catchment area who have used the inpatient ward for step up and step down care, including such patients who are nearing the end of their lives and need non-specialist hospital care.

There would also be an impact on their partners/carers and other family members who are likely to be older people in terms of travelling longer distances to visit loved ones should they need a community hospital bed (which would be at Alnwick Infirmary or the Whalton Unit at Morpeth).

However, as the review of bed usage showed, bed occupancy levels have reduced due to medical advances and the availability of more services available to people in their own homes. Therefore only a minority of older people living in the town and the surrounding area would now receive inpatient care at Rothbury Community Hospital.

During the consultation there was a focus on end of life care with concerns raised that sometimes it is not possible for older people in particular to care for their loved ones at the end of their lives at home with comments that this type of care required someone who is able-bodied and available 24/7.

There were also comments that the permanent closure of the beds would be discriminatory towards older women, who were often widowed after looking after their partners and then were alone in their own homes with no one to look after them.

PART B: Equalities Groups and Health Inequalities Groups

5. Implications of this work for the equality groups listed below
Focusing on each equality group listed below, please answer the following questions:

- **Does the equality group face discrimination in this work area?**
- **Could the work tackle this discrimination and/or advance equality or good relations?**
- **Could the work assist or undermine compliance with the PSED?**
- **Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?**
- **If you cannot answer these questions what action will be taken and when?**

5.1. Age

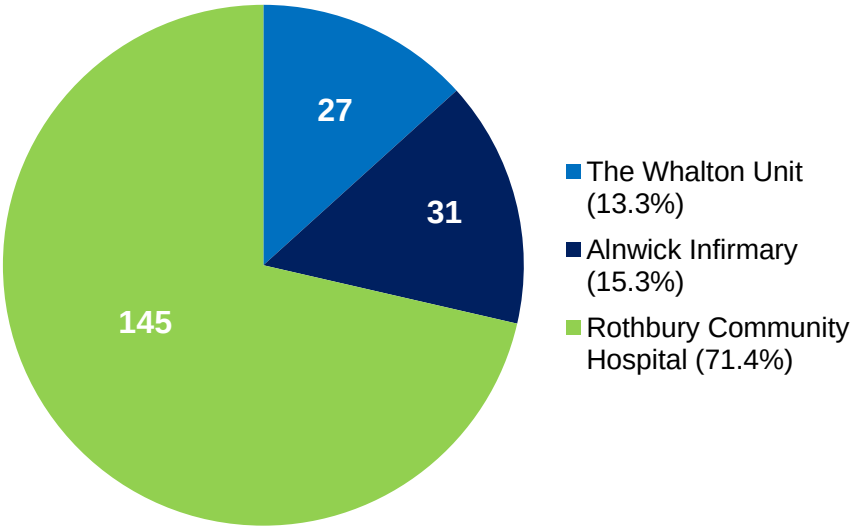
The 12 beds were used to provide care for frail older patients who are now being cared for increasingly in their own homes, including those who are reaching the end of their lives.

As indicated above in Section 3, a review of bed usage at Rothbury has shown a decline in occupied beds over the past few years due to medical advances and more care being provided in people's own homes.

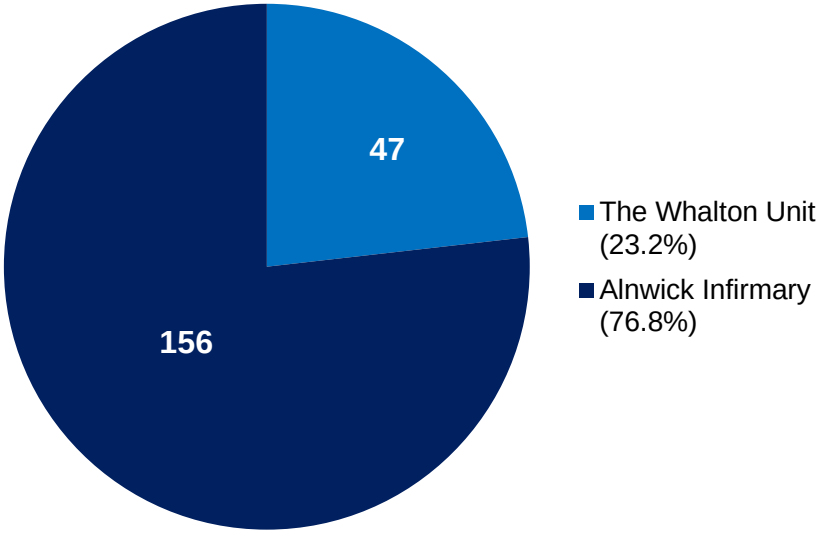
Since the interim suspension of the beds in September 2016, patients from Rothbury and the surrounding area, who are assessed as requiring inpatient community hospital care have been receiving this at Alnwick Infirmary or the Whalton Unit at Morpeth. During this time, both of these units have had sufficient capacity to cope with patients who would previously have been admitted to Rothbury Community Hospital.

However, the NHS Northumberland Clinical Commissioning Group (the CCG) recognises that the interim and proposed permanent closure of the beds result in further travelling, particularly for partners, carers and families. It therefore commissioned a travel impact analysis to gain a better understanding of the impact. This is available at Appendix G of the decision making report.

This shows that of 203 patients who had all of their hospital care at Rothbury Community Hospital during April 2014 to September 2016, for 71.4% (145 patients) Rothbury was the closest site, and for the remainder, Alnwick Infirmary or the Whalton Unit was the closest site, as shown in the pie chart below.



The following pie chart shows which would be the closest site for this cohort of patients with the beds at Rothbury Community Hospital closed. For just over three quarters, Alnwick would be the nearest community hospital.



Also, as indicated above, for patients being admitted to Alnwick Infirmary or the Whalton Unit rather than Rothbury Community Hospital, there is also an impact on partners in terms of additional travelling for hospital visiting and possibly on families and carers if they are travelling from the same area, particularly if they do not have their own transport.

The travel impact analysis and work carried out by the Save Rothbury Community Hospital Campaign group, which was included in their formal response show that bus services are infrequent and that taxi services may not be affordable for some, particular if regular use was required.

The CCG has also explored which community transport schemes exist to support

people living in Rothbury and the surrounding area, for whom travelling to Alnwick or Morpeth for visiting purposes may be a problem.

The Getabout service, run by Adapt, receives funding from Northumberland County Council to support people who have difficulty with essential journeys i.e. not just in relation to health. The service is available to people living across Northumberland, including to residents of Rothbury and the surrounding area, for whom it currently arranges around two to three journeys a week (predominately via the Upper Coquetdale Churches Together volunteer scheme – see below).

The Getabout staff aim to help people find the best way to travel. This could involve advising on public transport, discussions with taxi firms to agree the best price or the use of volunteer drivers. Obviously there is a cost to the user for taxi fares and to cover the expenses of a volunteer driver (50p a mile).

The Getabout service works closely with other local organisations in the Rothbury area which provide community transport. These include the Upper Coquetdale Churches Together which has a list of volunteer drivers who can help local people with travelling to hospitals or GP appointments. The volunteer drivers on this list do not charge for this service. People who wish to use this service (which is advertised in the churches' newsletter) are now advised to ring the Getabout service which makes the necessary arrangements.

The CCG has had discussions with both the Getabout service and Northumberland County Council and both have confirmed that it could be used by people who have real difficulty in visiting loved ones in either Alnwick Infirmary or the Whalton Unit.

Since the interim suspension of the inpatient beds at Rothbury the Getabout service has not received any requests for support with hospital visiting to either Alnwick or Morpeth. Steps could be taken by the CCG and the Trust to ensure that community staff are aware that the Getabout service could support people in this way.

Both the Getabout service and the County Council would need to monitor such use to ensure that sufficient capacity exists.

For people who are relying on lifts or public transport to travel to either Alnwick Infirmary or the Whalton Unit, Morpeth, the flexibility that exists over visiting times on a needs basis will continue.

The CCG has also committed to working with the Trust, the GP practice and the County Council to ensure that community health and care staff working in the Rothbury area are aware of the existence of these schemes.

During the consultation there were comments that to care for a person dying at home requires someone who is able-bodied to be available 24/7 which sometimes presents difficulties for older partners and families.

While there are services to support patients and families in such circumstances, which can include overnight sitting and sometimes overnight support from the rapid response team for people who are assessed as needing this, it is recognised that in some cases

more support may be needed.

Given the ageing population in Northumberland and the need to ensure that future services are delivered at an appropriate level, together with the rurality associated with the area, the CCG is therefore proposing that community based specialist nursing be increased by recruiting an additional palliative care nurse who would be based in Rothbury and work closely with the community nurses.

There were also comments during the consultation about lack of respite beds in Rothbury and initially strong views expressed that the hospital beds could be used for this purpose. While NHS hospitals are not funded to provide respite care, provision is available in Rothbury House, run by Royal Air Force Association.

5.2. Disability

The beds at Rothbury Community Hospital have been used to care for those patients who require step up or step down care, some of whom may have physical difficulties which would affect mobility.

However, in line with national and local policy, these patients are now being cared for increasingly in their own homes. The bed usage review carried out prior to consultation showed a decline over the years with on average only 50% occupancy during 2015/16, mainly as a result of medical advances. There has also been an increase in care provided in people's own homes by health and social care staff.

This strategic direction is intended to improve the quality of care for patients as evidence suggests hospital care carries more risk to patient health than care at home, in terms of risk of infection. It can also lead to a loss of independence for patients.

Should this cohort of patients require admission to a community hospital bed, there is adequate capacity at Alnwick Infirmary or the Whalton Unit at Morpeth.

As set out in Section 5.1 above, the CCG has listened to comments from local people about the impact of the interim bed closure and has proposed some actions to address these.

Rothbury House provides a respite care accommodation in a number of specially adapted rooms. Disabled access is available throughout the house and all rooms are fitted with care call systems.

5.3. Gender reassignment

No impact anticipated for this equality group.

5.4. Marriage and civil partnership

No impact anticipated for this equality group.

5.5. Pregnancy and maternity

No impact anticipated for this equality group.

5.6. Race

No impact anticipated for this equality group.

5.7. Religion or belief

No impact anticipated for this equality group.

5.8. Sex or gender

Section 4 above outlines patient comments that older women could be discriminated against as they are often widowed after looking after their partners and then alone in their own homes with no one to look after them. Section 5.1 above outlines the proposals to mitigate this issue.

5.9. Sexual orientation

No impact anticipated for this equality group.

6. Implications of our work for the health inclusion groups listed below
Focusing on the work described in sections 1 and 2, in relation to each health inclusion group listed below, and any others relevant to your work[1], please answer the following questions:

- **Does the health inclusion group experience inequalities in access to healthcare?**
- **Does the health inclusion group experience inequalities in health outcomes?**
- **Could the work be used to tackle any identified inequalities in access to healthcare or health outcomes?**
- **Could the work assist or undermine compliance with the duties to reduce health inequalities?**
- **Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?**
- **As some of the health inclusion groups overlap with equalities groups you may prefer to also respond to these questions about a health inclusion group when responding to 6.1 to 6.9. That is fine just say below if that is what you have done.**
- **If you cannot answer these questions what action will be taken and when?**

[1] Our Guidance Document explains the meaning of these terms if you are not familiar with the language.

6.1. Alcohol and/ or drug misusers

No impact anticipated for this health inclusion group.

6.2. Asylum seekers and/or refugees

No impact anticipated for this health inclusion group.

6.3. Carers

The strategic direction is to provide more community based care and support for people in their own homes to help them stay well and independent and reduce avoidable hospital admissions. The CCG encourages each Northumberland GP practice to have a carer champion to promote the health needs of carers and ensure support is given if needed. This is delivered in partnership with Carers Northumberland.

The CCG fully recognises the challenges associated with full time caring for a family member however the increased levels of community and home based care should generally have a positive impact on carers and will also reduce the need for hospital admissions.

The travel impact analysis commissioned by the CCG shows that the majority of carers of the smaller number of older patients living in Rothbury and the surrounding area who require admission to a community hospital will travel further for visiting purposes to Alnwick Infirmary or the Whalton Unit.

The role played by carers, who are generally unpaid, is very much valued. During the consultation, Healthwatch Northumberland had discussions with a carers group and it was also clear that some people who spoke at the public meetings during the consultation process were carers. Carers comments have been included in the consultation feedback report at Appendix D of the decision making report) and have also been taken into account in the CCG proposals in relation to end of life and respite care outlined in Section 5.1 above.

Strong messages were received during the consultation about the impact of travel and transport on partners, carers and family members in terms of visiting loved ones, who may previously have been admitted to Rothbury Community Hospital, at Alnwick Infirmary or the Whalton Unit. There were also comments made about the practical difficulties for some of caring for a loved one at the end of their life and about the lack of respite beds in Rothbury.

Steps taken to reduce the impact of these pressures are outlined above in Section 5.1 of the decision making report.

6.4. Ex-service personnel/veterans No impact anticipated for this health inclusion group.
6.5. Those who have experienced Female Genital Mutilation (FGM) No impact anticipated for this health inclusion group.
6.6. Gypsies, Roma and Travellers No impact anticipated for this health inclusion group.
6.7. Homeless people and rough sleepers No impact anticipated for this health inclusion group.
6.8. Those who have experienced human trafficking or modern slavery No impact anticipated for this health inclusion group.
6.9. Those living with mental health issues No impact anticipated for this health inclusion group.
6.10. Sex workers No impact anticipated for this health inclusion group.
6.11. Trans people or other members of the non-binary community No impact anticipated for this health inclusion group.
6.12. The overlapping impact on different groups who face health inequalities
N/A
Short explanatory notes - other groups that face health exclusion **a) As we research and gather more data, we learn more about which groups are face health inequalities. If your work has identified more groups that face important health inequalities please answer the questions (7 and 8) below.** **b) If you have not identified additional groups, that face health inequalities, just say not applicable or N/A**.

7. Other groups that face health inequalities that we have identified **Have you have identified other groups that face inequalities in access to healthcare does the group experience inequalities in access to healthcare and/or inequalities in health outcomes? Please circle as appropriate.**

Yes Complete section 8	**No** Go to section 9	**N/A**

N/A
8. Other groups that face health inequalities that we have identified **Could the work be used to tackle any identified inequalities in access to healthcare or health outcomes in relation to these other groups that face health inequalities? Could the work undermine compliance with the duties to reduce health inequalities and, if so, what action should be taken to reduce any adverse impact? Is the work going to help NHS England to comply with the duties to reduce health inequalities? If you have identified other groups that face health inequalities please answer the questions below. You will only answer this question if you have identified additional groups facing important health inequalities.**
N/A
PART C: Promoting integrated services and working with partners
Short explanatory notes: Integrated services and reducing health inequalities **Our detailed guidance explains the duties in relation to integrated services and reducing health inequalities. Please answer the questions listed below**.
9. Opportunities to reduce health inequalities through integrated services **Does the work offer opportunities to encourage integrated services that could reduce health inequalities? If yes please also answer 10.**

Yes Go to section 10	**No** Go to section 11	**No**

Yes
10. How can this work increase integrated services and reduce health inequalities? **If yes please explain below, in a few short sentences, why the work will encourage more integrated services that reduce health inequalities and which partners we will be working with.**
The increase in out of hospital care is underpinned by close working across health and care organisations, with multi-disciplinary teams now supporting older people with complex health conditions in their own homes. The proposed shaping of existing services around a Health and Wellbeing Centre at Rothbury Community Hospital, including the GP practice, and a range of other services

as set out in Section 6 of the decision making report would also provide opportunities for further integration.

This is in line with Northumberland's involvement in the national Vanguard programme, and the development of an Accountable Care Organisation which is predicated on close working across health and care organisations.

PART D: engagement and involvement

11. Engagement and involvement activities already undertaken
How were stakeholders, who could comment on equalities and health inequalities engaged, or involved with this work? For example in gathering evidence, commenting on evidence, commenting on proposals or in other ways? And what were the key outputs?

Rothbury has a higher older population than other parts of Northumberland (which in turn has a higher proportion of older people than other parts of the region) and therefore any engagement activity in the town is likely to attract attendance by older people.

Three engagement sessions were held in Rothbury during autumn 2016 following the interim suspension of the inpatient ward due to low bed occupancy levels. There was then a public meeting attended by around 300 people to share with them the outcome of the review on how beds were being used in the hospital.

During this engagement activity, a number of themes emerged (see Section 13 below) which were used to inform discussions about options for how the hospital could be used going forward.

There have been ongoing discussions with key stakeholders including the local MP, and councillor, Healthwatch Northumberland and members of a local campaign group which includes carers and current and retired healthcare professionals.

During the process of formal consultation, the CCG made concerted efforts to reach local people and also to ensure that the views of older people were heard. (See the consultation feedback report at Appendix D.) There were two very well attended public meetings, four-drop in sessions, all of which had significant attendance by older people and by local people with an interest in the local community.

Healthwatch Northumberland was asked to have discussions with groups either working with or for older people. Healthwatch made contact with 26 groups and had discussions with five:

- Rothbury Surgery Patient Participation Group
- Upper Coquetdale Churches together
- University of the Third Age
- Rothbury Women's Institute
- Carers attending the Carers Northumberland Support Group.

In addition, formal comments were received from 15 members of the public and from the following groups and individuals:

- Coquetdale League of Friends
- Upper Coquetdale Churches together
- Thropton Women's Institute
- County councillor for Rothbury
- MP for Berwick-upon-Tweed
- Six parish councils – Alwinton, Glanton, Hepple, Rothbury, Thropton and Netherton and Biddlestone.

An online survey (also available on paper) was completed by 376, with 81% of those responding being over the age of 51. 31% said they had a long term condition or disability and 13% cared for someone with a long term condition or disability.

Themes that emerged during the consultation are outlined in the consultation feedback report which is available as Appendix D of the decision making report. Section 5 of the decision making report also includes the themes and responses to them, with proposed steps to reduce any impact of the proposed permanent closure of the inpatient ward.

12. Which stakeholders and equalities and health inclusion groups were involved?

As outlined in the previous section.

13. Key information from the engagement and involvement activities undertaken Were key issues, concerns or questions expressed by stakeholders and if so what were these and how were they addressed? Were stakeholders broadly supportive of this work?

Feedback during pre-consultation period

During the engagement activities that took place during autumn 2016, it was clear that people had valued the inpatient beds and felt a sense of loss with the interim suspension of the ward. There was also a desire for the provision of more services to be available at the hospital, including the relocation of the GP practice (which had been under discussion for some time).

A number of themes emerged which were taken into account in the development and appraisal of the potential options. The assessment of these options was made available on the CCG's website (www.northumberlandccg.nhs.uk/get-involved/RCHconsultation). Further information is at Appendix C of the decision making report.

- **Referral process**

  There was a little confusion about the referral process into the hospital and anecdotal reports that people were either not being referred or, in some cases, being refused hospital care. There were also different perceptions about the type of

care provided at the hospital. Some questions were raised about bed blocking and the bed management process, and many people suggested using the ward to alleviate bed blocking elsewhere in the system.

- **Care in the community**

Many people said that people did not want care at home and queried the quality of care that would be given and level of resource required to deliver it. There was a sense that care in the community is inadequate and also intrusive, and makes it more difficult for friends and family to visit those receiving care.

- **Rurality and travel**

A significant number of comments concerned the area's rurality. Many people felt that this was not taken into account in the county's healthcare decision making process. There was an overall sense that people are treated unfairly in rural areas. There was also concern about the lack of public transport serving the village and the associated difficulties in visiting loved ones admitted to other hospitals.

- **Future use of the building**

Many people feared that the hospital would close. Others supported the extension of current services, for example relocating the Rothbury GP practice or increasing physiotherapy services, podiatry and diabetes clinics. Some wanted a small general hospital in place with urgent and emergency care facilities as well as inpatient and outpatient services.

- **Combined use**

An overarching theme was the need to consider a combination of health and social care beds. The use of the ward for convalescing, respite, end of life and palliative care was valued enormously, particularly because of the lack of a local nursing home.

Feedback received during consultation process

During the consultation process there were strong views expressed that the inpatient ward at Rothbury Community Hospital should be re-opened. While the consultation also sought views on what services might be included in the shaping of existing services in a Health and Wellbeing Centre on the hospital site, discussions were dominated by concerns about the closure of beds and the impact this would have on older people and on other health and care services. There was also scepticism around how the beds had been managed and about financial savings that would be accrued.

A petition with around 5,000 signatures (80% of signatories lived in Northumberland, of whom 43% were resident in the Rothbury ward) was presented to the CCG which stated: "The Save Rothbury Hospital Campaign believe that the suspension of inpatient services at Rothbury is having significant adverse consequences for our local population…"

Section 5.2 of the decision making report includes the themes that emerged during the consultation with responses from the NHS. Themes and responses included:

- **Concern about travel and distance** – The CCG recognises that there would be an impact in terms of travel and distance. It has received confirmation over use of the Getabout service and is committed to working with the GP practice, the Trust and the Council to ensure that health and care staff working in the community are aware of how this service can be used. The Trust has also confirmed that for people relying on lifts and public transport the flexible arrangements in place over visiting times where needed will continue.

- **Lack of local palliative care beds** – While there are services to support patients and families which can include overnight sitting and sometimes overnight support from the rapid response team for people who are assessed as needing this, it is recognised that in some cases more support may be needed. Given the ageing population in Northumberland and the need to ensure that future services are delivered at an appropriate level, together with the rurality associated with the area, the CCG is therefore proposing that community based specialist nursing be increased by recruiting an additional palliative care nurse who would be based in Rothbury and work closely with the community nurses.

- **Lack of evidence to temporarily close the beds** – The review clearly showed the decline in bed usage which is due to medical advances and more care being provided in people's own homes which is in line with national policy.

- **Closure of beds is resulting in 'significant adverse consequences' for the local population** – Neither the Trust nor the CCG has been made aware of any individual suffering significant adverse health consequences, nor have they received any formal complaints or issues raised through the Patient Advice and Liaison Service which indicate that this has been the case.

- **Better management of beds across community and acute hospitals would help maintain a need for an inpatient ward at Rothbury Community Hospital** – The decline in bed usage is due to medical advances and more care being provided in people's own homes, in line with national policy.

- **Scepticism around financial savings** – Section 10.2 of the decision making report provides more information about financial considerations.

- **Capacity and quality of health and care services provided to people in their own homes** – No issues have emerged during patient experience surveys which continue to show high levels of satisfaction and no complaints have been received.

- **Adverse impact on GP, community and social care services** – **T**he CCG has sought and received confirmation that following the interim closure of the inpatient beds there has been no impact on these and other services as set out in Section 10.3 of the decision making report.

- **The need to future proof** – The CCG could not fund a service which was not being used fully on the basis that in future years it may be needed.

- **Lack of local respite beds** – Respite provision is available at Rothbury House, which is managed by the Royal Air Force Association.

- **Equity for people living in rural areas** – The CCG commissioned a travel impact analysis to understand the travel implications of the interim and proposed closure of the inpatient beds (available at Appendix G of the decision making report). It has also proposed steps to reduce the impact of some of the concerns raised. Also, the proposed reshaping of existing services around a Health and Wellbeing Centre would provide more services for a larger proportion of the local population than is currently the case.

- **Criticism of the consultation process** – The CCG has run a comprehensive process of consultation which provided a range of ways for people to ask questions and make their comments known. All of the feedback received has been analysed and made public.

14. Stakeholders were not broadly supportive but we need to go ahead
If stakeholders were not broadly supportive of the work but you are recommending progressing with the work anyway, why are you making this recommendation?
There was broad healthcare system support for the proposal. However the following sections outline general consultation feedback.

Pre-consultation

During the engagement process it was clear that many people wished to see the reinstatement of the inpatient beds. They were also keen to see further services provided from the hospital, including the relocation of the GP practice (which had been under discussion for some time).

The recommendation takes into account the desire to see more services provided from the hospital and is in line with national and local policy to provide more out of hospital care so that frail older people in particular have more support in their own homes to help them stay well and independent.

Also, as the review showed, there has been a decline in bed occupancy at the hospital in recent years, mainly due to medical advances and also an increase in the care provided at home by health and care staff. Given the growth in services provided in people's own homes, it is not expected that bed occupancy will improve significantly.

Increased support in the community to reduce avoidable hospital admissions is aimed at improving the quality of care provided. There is evidence to show that hospital care presents a greater risk, for example, of infection, for older people. Hospital care can also impact on an older person's ability to remain independent.

Given the predictions of a significant increase in the older population in the coming years, the development now of more community based care will mean that services are better equipped to cope with increasing demand in the future.

- Over the next 10 years the number of people aged 19-64 years is set to reduce by 7.9% and the 65 and over group is projected to increase by 22.8%.
- Over the next 20 years the number of people aged 19-64 years is set to reduce by 17% and the 65 and over group is projected to increase by 44.8%.

Rothbury ward has a higher proportion of people aged 65 years and over who state that they are in very good or good health when compared to the Northumberland, North East and England.

Also, in terms of providing more respite care for people in Rothbury, a social provider would need to be identified who would then need to register with the Care Quality Commission. Given the small number of beds, it is unlikely that such an arrangement would be viable or sustainable. See Section 5.1 for mitigating proposals.

In terms of end of life care, figures show a small number of people dying in the hospital with much more support being provided to families so that loved ones can die at home if that is their choice. See Section 5.1 for mitigating proposals.

In addition, the proposal represents more efficient and effective use of staff and financial resources.

In conclusion, it was agreed to consult on the preferred option for the following reasons:

- It enables better use of health resources due to low occupancy levels;
- It allows nursing resource to be moved to higher occupancy hospital site making it a better use of resources;
- The temporary suspension has tested the capacity within the Trust's other inpatient services and within community services and no unexpected service pressures have been experienced;
- It delivers local health services (which was supported by residents in the review) and provides the opportunity for suggestions to shape future provision by the local community;
- It enables further services to be delivered in and or based at the hospital;
- It supports the strategic direction set out in the 'Five Year Forward View' by NHS England.

Post consultation

Strong views were expressed that the inpatient ward should be re-opened and there was clearly a perception that the closure of the beds would have significant adverse consequences on local people.

The decision making report includes a section on themes raised during the consultation with responses to them (Section 5.2 of the decision making report).

Section 10.3 of the decision making report also includes consideration of any possible impact on other local health and care services, including GP services, community nursing, other community hospitals, acute hospitals, the Northumbria Specialist Emergency Care Hospital and the ambulance service. There was no evidence emerging of any adverse health impact following the interim suspension of the inpatient beds.

There was some support for the shaping of existing services around a Health and Wellbeing Centre, there were also strong suggestions that this should be developed alongside the retention of the beds. A solution proposed by the campaign group was assessed by the CCG (included in Section 5.1 of the decision making report).

15. Further engagement and involvement activities planned
Are further engagement and involvement activities planned and if so what is planned, when and why?
The CCG is committed to working with the community and with key stakeholders. It would seek to establish a working group (local community representatives, CCG, GP surgery, local authority and relevant NHS Trusts) as soon as possible post decision to discuss local health and wellbeing needs and how best to address them.

PART E: Monitoring and Evaluation

16. In relation to equalities and reducing health inequalities, please summarise the most important monitoring and evaluation activities undertaken in relation to this work

Northumbria Healthcare NHS Foundation Trust is monitoring the impact of the temporary closure and monitoring patients within the system, both as inpatients and within the community. Monitoring to date has shown no adverse health consequences for patients and no impact on overall system capacity. The small number of patients requiring a community hospital bed have been accommodated at Alnwick Infirmary or at the Whalton Unit, Morpeth, which are the nearest community hospitals with inpatient beds.

Through the travel impact analysis the CCG recognises that the proposal will have an impact for families and loved ones in terms of travel. Mitigating proposals are outlined in section 5.1 above. Additional outpatient appointments in the proposed Health and Wellbeing Centre will however reduce the community's travel overall and result in better health outcomes.

The CCG will continue to monitor the situation via standard reporting mechanisms with the Trust augmented by bespoke reports as required. Travel demand will be monitored by the local authority's oversight of the Getabout service and the CCG will seek patient

feedback data from health consumer organisations.

17. Please identify the main data sets and sources that you have drawn on in relation to this work. Which key reports or data sets have you drawn on?

Rothbury Community Hospital Inpatient Service Review

Travel Impact Analysis

NHS England Five Year Forward View

Northumberland, Tyne and Wear and North Durham STP

18. Important equalities or health inequalities data gaps or gaps in relation to evaluation

In relation to this work have you identified any

- Important equalities or health inequalities data gaps or
- Gaps in relation to monitoring and evaluation?
-

Yes	No X

19. Planned action to address important equalities or health inequalities data gaps or gaps in relation to evaluation

If you have identified important gaps and you have identified action to be taken, what action are you planning to take, when and why?

N/A

PART F: Summary analysis and recommended action

20. Contributing to the first PSED equality aim
Can this work contribute to eliminating discrimination, harassment or victimisation? Please circle as appropriate.

Yes	**✓ No**	**Do not know**

If yes please explain how, in a few short sentences

21. Contributing to the second PSED equality aim

Can this policy or piece of work contribute to advancing equality of opportunity? Please circle as appropriate.

✓ Yes	**No**	**Do not know**

If yes please explain how, in a few short sentences

The ongoing strategy is to provide more support for people in their own homes. Also the reshaping of existing services around a Health and Wellbeing Centre will provide benefits for the wider population.

22. Contributing to the third PSED equality aim
Can this policy or piece of work contribute to fostering good relations between groups? Please circle as appropriate.

✓ Yes	No	Do not know

If yes please explain how, in a few short sentences

The further reshaping of existing services in a proposed Health and Wellbeing Centre would result in closer worker across health and care professionals. For example, the re-location of the GP practice will mean that primary care staff are working in the same building alongside a range of health and care professionals, including health trainers.

23. Contributing to reducing inequalities in access to health services
Can this policy or piece of work contribute to reducing inequalities in access to health services?

Yes *	No	Do not know

If yes which groups should benefit and how and/or might any group lose out?

The wider Rothbury population would benefit from the reshaping of existing services around a Health and Wellbeing Centre. One specific example is the embedding of health trainer services in the Health and Wellbeing Centre. They have traditionally worked in more populated areas of Northumberland and welcomed the opportunity to have a base from which to work with the rural community of Rothbury and the surrounding areas.

24. Contributing to reducing inequalities in health outcomes
Can this work contribute to reducing inequalities in health outcomes?

Yes *	No	Do not know

If yes which groups should benefit and how and/or might any group lose out?

As above this should result in benefits for the wider population through the range of services that could be provided in the reshaping of existing services in a proposed Health and Wellbeing Centre.

25. Contributing to the PSED and reducing health inequalities
How will the policy or piece of work contribute to the achieving the PSED and reducing health inequalities in access and outcomes? Please describe below in a few short sentences.

The direction of travel is to provide more services out of hospital in people's own homes which will mainly benefit those older people living with complex long term conditions, who are being supported to stay well and independent in their own homes.

The proposed reshaping of existing services around a Health and Wellbeing Centre on the hospital site would result in benefits for the wider population, as a result of the greater integration of services and the potential availability of more services,

particularly using technology, in the hospital.

26. Agreed or recommended actions

What actions are proposed to address any key concerns identified in this EHIA and/or to ensure that the work contributes to the reducing unlawful discrimination/acts, advancing equality of opportunity, fostering good relations and/or reducing health inequalities?

Action	Public Sector Equality Duty	Health Inequality	By when	By whom
Ensure healthcare professionals and patient groups are aware of the transport options for families of patients admitted to other community hospitals	Yes	N/A	3 months post decision	CCG
If proposal approved – recruit an additional palliative care nurse	Yes	Yes	3 months post decision	CCG
If proposal approved – develop a post decision implementation plan	N/A	N/A	3 months post decision	CCG
If proposal approved – establish a working group to further discuss local general health and wellbeing needs	Yes	N/A	Post decision	CCG

PART G: Record keeping

27.1. Date draft circulated to E&HIU	N/A
27.1. Date draft EHIA completed:	4 August 2017
27.2: Date final EHIA produced:	11 September 2017
27.3. Date signed off by Director:	15 September 2017
27.4: Date EHIA published:	To be confirmed
27.5. Review date:	To be confirmed

28. Details of the person completing this EHIA

Name	Post held	E-mail address
Stephen Young	CCG Strategic Head of Corporate Affairs	stephen.young7@nhs.net

29: Name of the responsible Director	
Name	**Directorate**
Annie Topping 	Director of Nursing, Quality and Patient Safety

Appendix G

Travel Impact Analysis by North of England Commissioning Support

Partners in improving local health

North of England
Commissioning Support

Rothbury Travel Impact Analysis

July 2017

Table of Contents

Recipient	Andrea Brown and Stephen Young
Period	
Data Sources	Trust locality information - www.northumbria.nhs.uk
Data Description	Travel time analysis exploring access to selected NHS sites
Criteria	
Request Number	
Path	I:\CSUs\NECS\Information Services\Analysis\Reports\Ad-Hoc\North\AndrewH_NECS_Intelligence\North Tyneside\R9463 Rothbury Travel Impact
Produced By	Andrew Haxton
Checked By	Richard Sims

Version History

Version	Author	Comments
1	AH	

Introduction

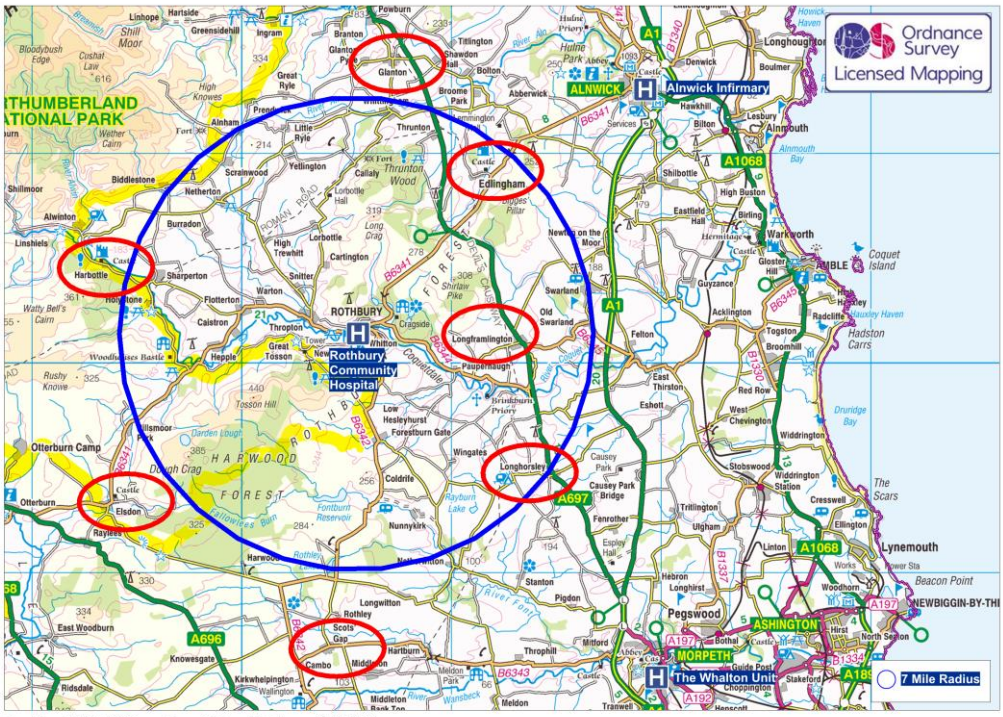
This paper will explore the travel impact (journey costs and times) for residents having to travel to Alnwick Infirmary or The Whalton Unit, Morpeth as a result of the closure of the inpatient ward at the Rothbury Community Hospital.

The map below shows where these three hospitals are located across Northumberland. The areas circled in **red** have been selected as most affected areas. The **blue** circle represents the average distance travelled for patients attending Rothbury Community Hospital (7 miles) during April 2014 to October 2016.

The modes of transport being explored in this paper include bus routes, fastest and shortest car journeys and taxi services.

Travel distances and costs by car, bus and taxi have been identified from Rothbury to Alnwick & Morpeth and from the settlements circled on the map to Rothbury, Alnwick & Morpeth, using Northumberland.gov.uk (links to Traveline North East & Arriva) for the bus routes, google maps for the car journeys and Blue line taxis for the taxi services.

Rothbury Community Hospital - Inpatient Ward Closure Travel Impact



Contains OS data © Crown Copyright and database right (2014).

Population Statistics

The areas which are being considered for where patients are traveling form are:

Area	Population	Area (Hectares)	Population density
North East	**2,596,886**	**857,317**	**3.0**
Northumberland	**316,028**	**501,302**	**0.5**

Area	Parish	Population	Area (hectares)	Density
Central	Rothbury	2107	393	5.6
North	Glanton	239	514	0.6
North	Edlingham	191	4,237	0
West	Harbottle	256	4,145	0.1
West	Elsdon	242	4,969	0
South	Scots Gap*	369	2,837	0.1
East	Longhorsley	887	2,513	0.3
East	Longframlington	1,032	2,063	0.5
Total		**5,323**	**21,671**	**0.2**

Value derived by aggregating data supplied using the Neighbourhood Statistics Geography Hierarchy – Parish boundaries*Scot Gap is within the Parish of Wallington Demesne – Northumberland

With the exception of central Rothbury the population density is relatively small total population of these areas are 5,323, within an area or 21,671 hectares population density of 0.24 people per hectare.

Rothbury Community Hospital

Rothbury Community Hospital is located in the south side of the village. With effect from Friday 2 September 2016, the 12-bed inpatient ward has been temporarily closed to admissions. All other services that operate from the hospital will continue as normal, such as physiotherapy, occupational therapy, outpatient, child health clinics and community paramedic services.

This paper will be looking at the inpatient activity at Rothbury Community Hospital for the 30 month period April 2014 to September 2016. During this period:

Inpatient Activity

- 203 patients, with a total of 367 admissions.

This is based on patients admitted to Rothbury for the complete consultant episode only. A small number of additional patients were transferred to Rothbury from another site during their hospital episode, and although these do not form part of the work described here, analysis shows that inclusion of these patients would have had no impact on the findings.

Admissions

- Average number of admissions per patient was 1.8
- 69% (140/203) of the patients having only one stay

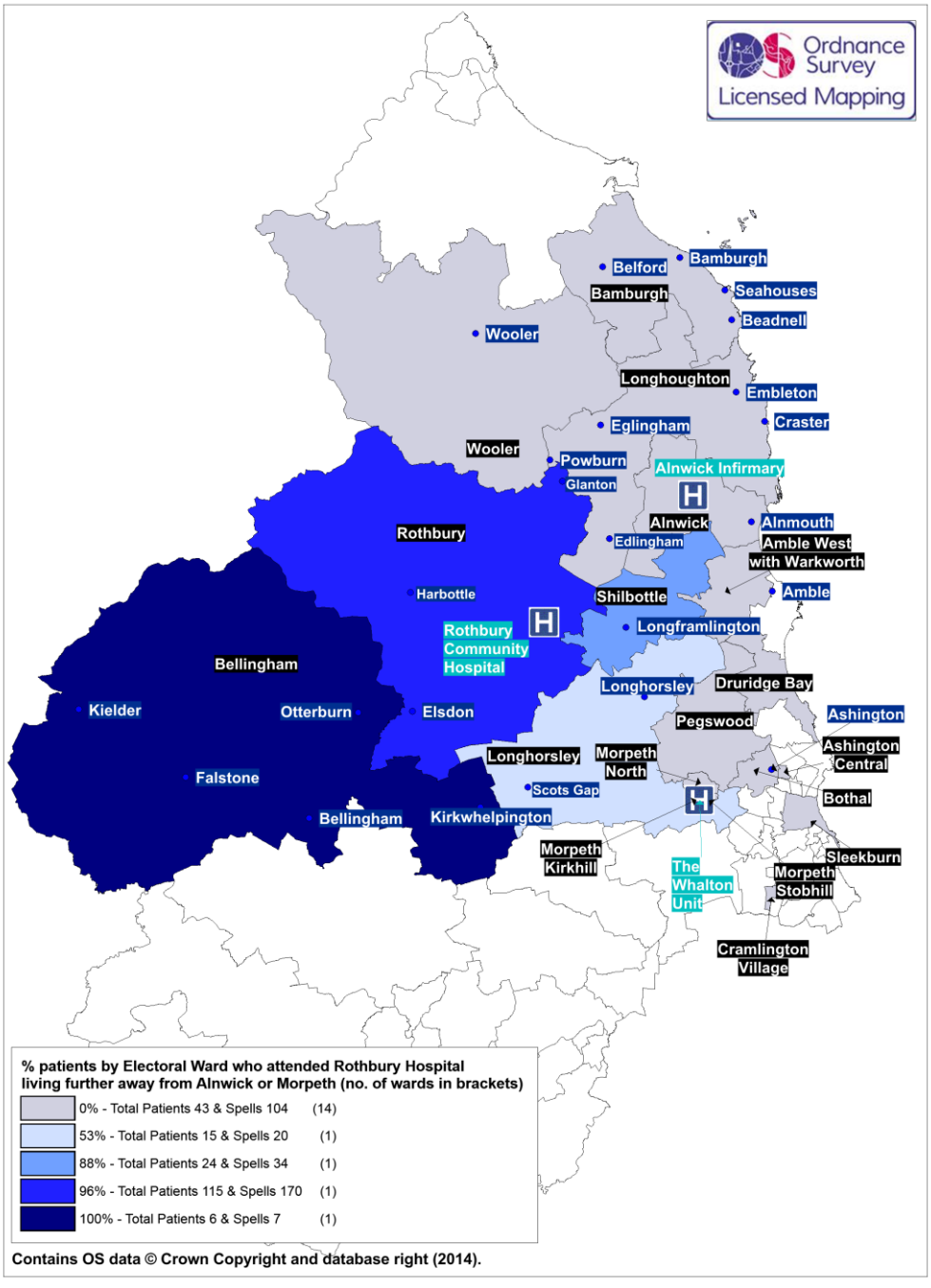
Length of stay – hospital duration

- Longest length of stay 89 days
- Average (mean) length of stay 12 days
- 3.2% (12/367) of admissions were completed on the same day, as day cases

Travel Impact

Based on the patients' ward of residence, 21% (43 of 203) would be closer to Alnwick Infirmary or The Whalton Unit, Morpeth than Rothbury Community Hospital. The map below shows the areas which would have been most affected if patients had to travel to Alnwick Infirmary or The Whalton Unit, Morpeth.

Rothbury Community Hospital - Inpatient Ward Closure Travel Impact
Admissions to Rothbury Inpatient Ward - April 2014 to October 2016



All of the patients living in the Bellingham ward, 96% of the patients living in the Rothbury ward, 87% of the patients living in Shilbottle ward and 53% of patients living in Longhorsley ward who had attended Rothbury Community Hospital would have had to travel further to Alnwick Infirmary or The Whalton Unit Morpeth.

Distance travelled

Patients on average travelled 7 miles from their usual place of residence to Rothbury Community Hospital for the time period covered in this analysis. This would have been a total of 1,416 miles one way if each patient attended only once. Due to multiple attendances by 29% of patients this journey distance increased to 2,489 miles for the total admissions.

From the 203 patients, 145 would have to travel further if they were either admitted to Alnwick Infirmary or The Whalton Unit, Morpeth and all lived in the following wards

- Bellingham
- Rothbury
- Shilbottle
- Longhorsley

These 145 patients on average travelled 3.8 miles with the closest patient only travelling 0.4 miles from the site and the furthest had a 15 mile journey. The overall distance travelled by these patients was 841 (average 5.8) miles for the 214 admissions from the 145 patients living nearer to Rothbury. If they were to go to the next nearest site this would increase by 1,994 miles with the average journey increasing by 13.8 miles.

The remaining 58 patients admitted to Rothbury Community Hospital would have to travel less if they were either admitted to Alnwick Infirmary or The Whalton Unit, Morpeth. These patient on average travelled 15 miles, with the closest patient only 8.8 miles from the site and the furthest 27 miles away. The overall distance travelled by these patients was 1,648 (average 28.4) miles for the 121 admissions. If they were to go to the next nearest site this would reduce by 823 miles, with the average journey being 14.2 miles less.

Mode of transport

The information used in this analysis does not contain the mode of transport each patient used. It has been assumed that one of the following has been used: bus, car, taxi or patient transport. NECS does receive information about the use of the patient transport system, but it is not detailed enough to show which patient used it to either convey them to Rothbury Community Hospital as an inpatient or their return journey. Appendix I details direction and transport to each site.

Travel Impact

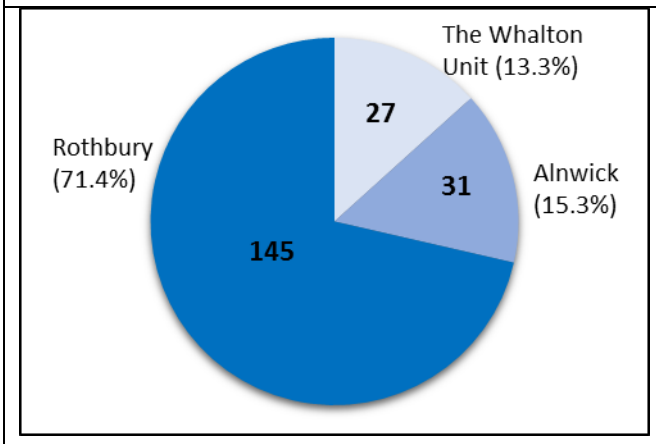
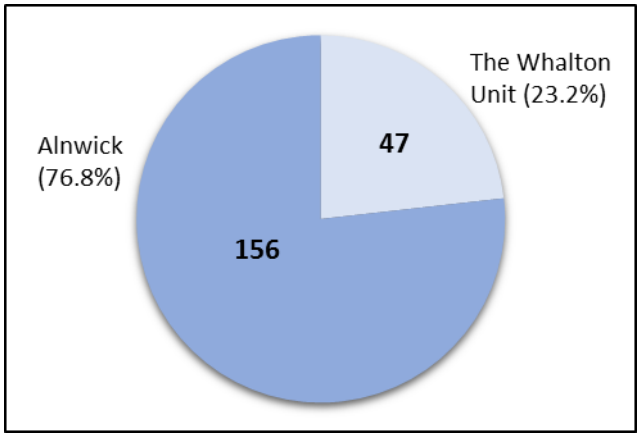
This section looks at bus journeys between selected areas and the hospital sites and excludes any further commute from the closest bus stop to the final destination.

The journey time from Rothbury to Alnwick Infirmary is 25 minutes, this would have added an extra 68 hours to travel times if all the 165 admissions (110 patients resident in the Rothbury Ward) attended Alnwick Infirmary and used public transport. The journey time from Rothbury to The Whalton Unit, Morpeth is 36 minutes adding an extra 99 hours travelling times for the same cohort of patients.

Patients travelling from Edlingham or Glanton would have a shorter journey and travelling time to Alnwick Infirmary. Patients in Longhorsley would see little change if they need to commute to The Whalton Unit.

If a patient travelled to Alnwick Infirmary from the various locations identified in Appendix III the patient journey times would increase on average by 7 miles adding an extra 9.5 minutes and if Blueline Taxis were used this would equate to £10.55 per journey. Similarly if patient were to travel to The Whalton Unit the impact would on average increase the commute to 5.5 miles, 9.5 minutes and £8.48 if a taxi was used.

Closest site for patient

<table>
<tr><td><u>The site which would be closest for the 203 patients with Rothbury Community Hospital open</u></td><td></td></tr>
<tr><td> 
</td><td>This illustration shows the proportion of which site would be closest if the hospital remained open for the 203 patients who attended Rothbury Community Hospital during April 2014 to September 2016:
71.4% (145 patients) - Rothbury was their closest site
15.3% (31 patients) - Alnwick Infirmary was their closest site
13.3% (27 patients) - The Whalton Unit, Morpeth was their closest site</td></tr>
<tr><td><u>The site which would be closest for the 203 patients with Rothbury Community Hospital closed</u></td><td></td></tr>
<tr><td>This illustration shows the proportion of which site would be closest with the hospital closed for the 203 patients who attended Rothbury Community Hospital during April 2014 to September 2016:
76.8% (156 patients of 203) – Alnwick Infirmary would be the closest site
- with 31 of the 156 patients living closer to Alnwick than Rothbury
23.2% (47 patients of 203) – The Whalton Unit, Morpeth would be the closest site
- with 27 of the 47 patients living closer to Morpeth than Rothbury</td><td> 
</td></tr>
</table>

Summary

Over a 30 month period from April 2014 to September 2016, 203 patients were admitted to Rothbury Community Hospital, 59% were discharged on the same day.

From the 203 patients admitted 31 lived closer to Alnwick Infirmary and 27 closer to The Whalton Unit. If these 58 patients attended their closest site on average the patient commute to hospital would be 14.2 miles less per admission.

The total distance for the 203 patients from their place of residence to Rothbury Community Hospital was 1,416 miles, this would increase by 837 miles if each patient travelled to the next nearest site.

Alnwick Infirmary would be the next closest site for 86% of those patients who lived closer to Rothbury Community Hospital.

Patients living in wards west of Rothbury (Rothbury & Bellingham) would be most affected having to travel further to Alnwick Infirmary or The Whalton Unit. From Harbottle there are only 2 bus services to Rothbury on a Tuesday and Thursday and no bus services direct to Alnwick or Morpeth. By car there would be an additional 12 miles (20 minutes) to Alnwick Infirmary. From Elsdon there are no direct bus services to Rothbury, Alnwick or Morpeth. By car there would be an additional 6 miles (7 minutes) to The Whalton Unit, Morpeth.

The additional travelling distance, both by care and bus would clearly also result in increased travelling time for those concerned.

Appendix I

Directions & Transport

Rothbury Community Hospital

Location

Rothbury Cottage Hospital is located in the village on south side of the River Coquet.

By road

From the A1 turn left onto A697 signposted Rothbury/Coldstream. Turn left onto B6344 signposted for Rothbury. Continue straight ahead onto B6341 (Town Foot). Once you have reached Rothbury follow the signs to turn left at the Jubilee Hall onto Bridge Street, and then turn right onto Whitton Bank Road with the hospital is on the right.

By bus

There are a number of services which stop directly in the centre of Rothbury. The community hospital is a ten minute walk from the bus stop. Up-to-date bus information is available from the Traveline service (http://www.traveline.info/).

By rail

Rothbury is not accessible by rail.

Alnwick Infirmary

Location

Alnwick Infirmary is located on the outskirts of the town of Alnwick Infirmary, Northumberland.

By road

From the north: From the A1 take the second exit for Alnwick Infirmary. At the first roundabout turn right, then turn left at second roundabout. Continue for about 400 metres with the hospital on the right. From the south: From the A1 take the first exit for Alnwick Infirmary. At the first roundabout go straight on, then turn left at second roundabout. Continue for about 400 metres with the hospital on the right.

By bus

Up-to-date bus information is available from the Traveline service (http://www.traveline.info/).

By rail

Closest railway station is Alnmouth (for Alnwick Infirmary) Station. Timetables of all services are available from The Trainline (www.thetrainline.com).

Whalton Unit, Morpeth

Location

The Whalton Unit is situated, off the A1, on the approach road into the town of Morpeth.

By road

From the A1 South: Take the first exit for Morpeth, continue along A197 for 1.5 miles with the hospital on your right.

From the A1 North: Take the first exit for Morpeth continue along A192. Turn left at roundabout, continue along the A192. Turn right at roundabout, continue along the A192, Turn right at roundabout continue for 0.5 miles with the unit on your left.

By bus

Up-to-date bus information is available from the Traveline service (http://www.traveline.info/).

By rail

The Whalton Unit is a 10 - 15 minute walk from Morpeth railway station. Timetables of all services are available from The Trainline (www.thetrainline.com).

Appendix II

Rothbury Community Hospital - Inpatient Ward Closure Travel Impact

Bus Routes and Travelling Times (Week Days)

Harbottle - The number 16 (PCL Travel), runs only two services to Rothbury, Queens Head on a Tuesday and Thursday. There is no bus services direct to Morpeth or Alnwick.

Elsdon - There is no bus services direct to Rothbury, Morpeth or Alnwick.

	Scots Gap					
	Rothbury Community Hospital					
	Depart	Arrive	Changes	Duration (bus & Walking)	Services	Comments
Scots Gap	11:18	14:34	1	03:16	M1 (PCL Travel) to Morpeth & X14 to Thropton (Arriva Northumbria)	No Return from Scots Gap to Rothbury in the same day
	15:03	15:47	0	00:44	M1 to Thropton (PCL Travel)	
Return	10:50	11:24	0	00:34	M1 to Morpeth (PCL Travel)	
	12:51	15:09	1	02:18	X14 to Newcastle (Arriva Northumbria), M1 to Thropton (PCL Travel)	
	The Whalton Unit, Morpeth					
Scots Gap	11:18	11:58	1	00:40	M1 to Morpeth (PCL Travel) & X15 to Newcastle (Arriva Northumbria)	1 return bus on the same day
	15:03	16:46	2	01:43	M1 to Thropton (PCL Travel), M1 to Morpeth (PCL Travel), X14 Newcastle (Arriva Northumbria)	
Return	09:39	11:24	2	01:45	X14 to Morpeth (Arriva Northumbria), M1 to Thropton (PCL Travel), M1 to Morpeth (PCL Travel)	
	14:24	15:09	1	00:45	X18 to Berwick (Arriva Northumbria), M1 to Thropton (PCL Travel)	

	Longhorsley					
	Rothbury Community Hospital					
	Depart	Arrive	Changes	Duration (bus & Walking)	Services	Comments
Longhorsley			0	00:35	X14 to Thropton (Arriva Northumbria)	Sevices run from 6:53 am until 19:13 pm
			0	00:29	M1 to Thropton (P C L Travel)	
Return			0	00:36	X14 to Newcastle (Arriva Northumbria)	Sevices run from 6:32 am until 18:57 pm
			0	00:23	M1 to Thropton (P C L Travel)	
	The Whalton Unit, Morpeth					
Longhorsley			0	00:26	X14 to Newcastle (Arriva Northumbria)	Sevices run from 7:00 am until 17:25 pm
						19:25 is the last bus, travelling on the X14 and changing to the X18 at Morpeth Bus Station. Duration 1 hour 11 minutes.
Return			0	00:32	X14 to Thropton (Arriva Northumbria)	Services run from 8:34 am unti 18:49 pm

	Longframlington					
	Rothbury Community Hospital					
	Depart	Arrive	Changes	Duration (bus & Walking)	Services	Comments
Longframlington			0	00:29	X14 to Thropton (Arriva Northumbria)	Services run from 6:59 am unti 19:19 pm
Return			0	00:30	X14 to Newcastle (Arriva Northumbria)	Services run from 6:32 am unti 18:57 pm
	The Whalton Unit, Morpeth					
Longframlington			0	00:34	X14 to Newcastle (Arriva Northumbria)	Services run from 6:52 am unti 17:17 pm
						19:17 is the last bus, travelling on the X14 and changing to the X18 at Morpeth Bus Station. Duration 1 hour 19 minutes.
Return			0	00:40	X14 to Thropton (Arriva Northumbria)	Services run from 8:34 am unti 18:49 pm
	Alnwick Infirmary					
Longframlington			1	Various times from 57	X14 to Thropton (Arriva Northumbria) & 15 (P C L Travel) from Rothbury	Services run from 6:59 am unti 19:17 pm
			1	mins to 2 hours 20 mins	X14 to Morpeth (Arriva Northumbria) & X15 to Alnwick (Arriva Northumbria)	
			1	(Majority 1 hour 48	X14 to Newcastle (Arriva Northumbria) & X18 (Arriva Northumbria) from Morpeth	
Return			1	Various times from 59	15 (P C L Travel) & X14 (Arriva Northumbria)	Services run from 7:42 am unti 18:07 pm
			1	mins to 2 hours 3 mins	X15 (Arriva Northumbria) & X14 (Arriva Northumbria)	
			1	(Majority 1 hour 22	X18 (Arriva Northumbria) & X14 (Arriva Northumbria)	

	Rothbury Community Hospital					
	Alnwick Infirmary					
	Depart	Arrive	Changes	Duration (bus & Walking)	Services	Comments
Rothbury Hospital			0	00:39	15 (P C L Travel)	Services run from 7:45 am unti 11:45 am and a bus at 15:50. Other Services with a change take 2 hours (Last bus is 19:01 with a duartion of 2 hours 4 minutes
Return			0	00:39	15 to Thropton (P C L Travel)	Services run from 8:48 am unti 17:28 pm. Other services with a change take around 1 hour 37 mins (Last bus is 18:07 with a duration of 1 hour 37 minutes)
	The Whalton Unit, Morpeth					
Rothbury Hospital			0	00:50	X14 to Newcastle (Arriva Northumbria)	Services run from 6:36 am until 17:01 pm. Other services with a change take around 1 to 2 hours. 19:01 is the last bus, travelling on the X14 and changing to the X18 at Morpeth Bus Station. Duration 1 hour 35 minutes.
Return			0	00:55	X14 to Thropton (Arriva Northumbria)	Services run from 8:34 am until 18:49 pm. Other services with a change take around 1 to 1 hour 45 mins

Appendix III

	Rothbury Community Hospital NE65 7RW						Alnwick Infirmary NE66 2NS										The Whalton Unit, Morpeth NE61 2BT									
	Car			Taxi (4 seater)			Car					Taxi (4 seater)					Car					Taxi (4 seater)				
	Fastest/Shortest Route	Distance (Miles)	Time (Minutes)	Distance (Miles)	Time (Minutes)	Price	Fastest/Shortest Route	Distance (Miles)	Time (Minutes)	Difference Shortest Route (Distance)	Difference Shortest Route (Time)	Distance (Miles)	Time (Minutes)	Price	Difference (Distance)	Difference (Time)	Difference (Price)	Fastest/Shortest Route	Distance (Miles)	Time (Minutes)	Difference Shortest Route (Distance)	Difference Shortest Route (Time)	Distance (Miles)	Time (Minutes)	Price	Difference (Distance)	Difference (Time)	Difference (Price)
Glanton	via A697 and B6341	10.7	17	10.72	17.87	£18.40	via B6341	9.6	17	-1.1	0	9.63	17.25	£16.90	-1.09	-0.62	-£1.50	via A697	21.9	35	11.2	18	21.93	33.48	£34.90	11.21	15.61	£16.50
Glanton	via Roman Road	11.1	27				via A1	11.9	21									via A697 and A1	24.1	39								
Rothbury							via B6341	12.1	21	12.1	21	12.13	21.07	£21.40	12.13	21.07	£21.40	via B6344 and A697	16.2	32	16.2	32	16.18	29.18	£27.40	16.18	29.18	£27.40
Rothbury							via B6341 and A1	14.4	25									via B6344 and A1	18.3	35								
Harbottle	via B6341	9	19	9.02	18.5	£16.90	via 68 and B6341	20.7	39	11.7	20	20.77	37.4	£33.40	11.75	18.9	£16.50	via A697	24.8	48	15.8	29	24.83	45.52	£39.40	15.81	27.02	£22.50
Harbottle	via 68	11.1	31				via B6341	20.8	37									via B6342	30.3	55								
Elsdon	via 68 and B6341	13.6	30	15.58	28.18	£25.90	via B6342 and B6341	27.6	49	14	19	29.25	47.12	£46.90	13.67	18.94	£21.00	via B6343	19.3	37	5.7	7	19.31	36.5	£31.90	3.73	8.32	£6.00
Elsdon	via B6342	15.6	29				via A1	29.3	47									via B6342 and B6343	20.3	39								
Scots Gap	via B6342	11	19	10.97	18.65	£18.40	via B6342 and B6341	23	39	12	20	24.65	37.62	£39.40	13.68	18.97	£21.00	via B6343	12.1	23	1.1	4	12.13	22.9	£21.40	1.16	4.25	£3.00
Scots Gap							via A1	24.6	38									via B6524	15.1	27								
Longhorsley	via A697 and B6344	9.3	18	9.35	17.93	£16.90	via A1	13.1	18	3.8	0	13.13	18.08	£22.90	3.78	0.15	£6.00	via A697	7.9	20	-1.4	2	7.87	15.83	£13.90	-1.48	-2.1	-£3.00
Longhorsley	via A697 and B6341	13.4	21				via A697 and B6341	16.6	25									via A697 and A197	9.8	21								
Longframlington	via B6344	7.8	15	9.06	14.77	£16.90	via A1	10.1	17	2.3	2	10.07	16.68	£18.40	1.01	1.91	£1.50	via A697	11.5	23	3.7	8	11.51	19.2	£19.90	2.45	4.43	£3.00
Longframlington	via A697 and B6341	9.1	15				via A697 and B6341	12.2	18									via A697 and A197	13.4	24								
Edlingham	via B6341	7.5	17	7.54	16.33	£13.90	via B6341	6.5	13	-1	-4	6.51	13.65	£12.40	-1.03	-2.68	-£1.50	via A697	18.8	35	11.3	18	18.75	32.02	£30.40	11.21	15.69	£16.50
Edlingham							via A1	8.7	17									via A1	21.5	39								
Bellingham	via B6320 and B6341	23.4	42	23.4	41.65	£37.90	via B6341	35.1	61	11.7	19	35.15	60.55	£55.90	11.75	18.9	£18.00	via B6343	28.1	50	4.7	8	28.78	45.28	£45.40	5.38	3.63	£7.50
Bellingham	via B6342	26.2	44				via A1	39.9	63									via A696 and B6524	28.8	45								
West Woodburn	via B6341	20.1	37	21.93	36.47	£34.90	via B6341	31.8	56	11.7	19	31.81	55.88	£49.90	9.88	19.41	£15.00	via B6343	23.9	43	3.8	6	24.49	37.83	£39.40	2.56	1.36	£4.50
West Woodburn	via B6342	21.9	37				via A1	35.6	56									via A696 and B6524	24.5	38								
East Woodburn	via B6341	21.5	43	21.74	38.68	£34.90	via B6341	33.2	61	11.7	18	35.42	57.63	£55.90	13.68	18.95	£21.00	via B6343	23.7	45	2.2	2	24.3	40.05	£39.40	2.56	1.37	£4.50
East Woodburn	via B6342	21.7	39				via A1	35.4	58									via A696 and B6524	24.3	40								
Kirkwhelpington	via B6342	15.4	27	15.44	26.98	£25.90	via A1	29.1	46	13.7	19	29.11	45.93	£46.90	13.67	18.95	£21.00	via A696 and B6524	16.4	25	1	-2	16.43	25.47	£27.40	0.99	-1.51	£1.50
Kirkwhelpington							via A696 and A1	35.3	52																			
Capheaton	via B6342	16.8	31	16.81	30.18	£27.40	via B6342 and B6341	28.8	51	12	20	30.49	49.15	£48.80	13.68	18.97	£21.40	via A696 and B6524	13.6	24	-3.2	-7	13.64	23.58	£22.90	-3.17	-6.6	-£4.50
Capheaton							via A1	30.5	50									via B6343	17.7	34								
Belsay	via B6342	18.1	33	18.08	32.22	£30.40	via A1	27.5	44	9.4	11	27.53	42.27	£43.90	9.45	10.05	£13.50	via B6524	8.7	16	-9.4	-17	8.68	16.08	£15.40	-9.4	-16.14	-£15.00
Belsay	via A696 and B6342	21.4	35				via A696 and A1	34.3	47																			
Hartburn	via B6342	14.5	26	14.54	25.5	£22.40	via A1	23.5	34	9	8	23.51	34.02	£37.90	8.97	8.52	£15.50	via B6343	8.6	17	-5.9	-9	8.64	16.85	£15.40	-5.9	-8.65	-£7.00
Hartburn	via Longwitton and B634	14.7	29				via The Trench and A1	28.2	44									via B6343 and A192	9.2	23								
Stanton	via B6344	12.3	27	12.25	26.83	£21.40	via A1	16.7	29	4.4	2	16.66	28.68	£27.40	4.41	1.85	£6.00	via A192	7.3	20	-5	-7	7.28	18.75	£13.90	-4.97	-8.08	-£7.50
Stanton	via B6342	12.5	28				via A697	22.9	38									via A697 and A192	7.8	21								
Nunnykirk	via B6342	7.5	16	7.23	15	£13.90	via A1	19	30	11.5	14	19.15	30.58	£31.90	11.92	15.58	£18.00	via A192	11.3	30	3.8	14	13.27	26.8	£22.90	6.04	11.8	£9.00
Nunnykirk	via Ritton Bank and B634	8.6	23				via B6342 and B6341	19.5	37									via A697	13.3	28								
Newton-on-the M	via B6344	10.9	23	12.77	21.1	£21.40	via A1	5.4	9	-5.5	-14	5.41	8.6	£10.90	-7.36	-12.5	-£10.50	via A1	14	23	3.1	0	14	22.52	£22.90	1.23	1.42	£1.50
Newton-on-the M	via A697 and B6341	12.8	21															via A697 and A1	15.8	28								
Eglingham	via A697 and B6341	14.3	26	14.27	25.68	£24.40	via B6346	7.8	16	-6.5	-10	7.85	15.75	£13.90	-6.42	-9.93	-£10.50	via A697	25.5	42	11.2	16	27.99	39.45	£43.90	13.72	13.77	£19.50
Eglingham	via B6346 and B6341	19.3	33															via A1	28	40								
Powburn	via A697 and B6341	11.9	18	11.87	18.38	£19.90	via A697 and B6341	10.8	18	-1.1	0	10.79	17.77	£18.40	-1.08	-0.61	-£1.50	via A697	23.1	35	11.2	17	23.09	34.02	£37.90	11.22	15.64	£18.00
Powburn	via Roman Road	12.7	29				via A697	13	22									via A1	25.8	40								
Thrunton	via A697 and B6341	8.2	15	8.16	14.45	£15.40	via B6341	8.4	15	0.2	0	8.45	15.28	£15.40	0.29	0.83	£0.00	via A697	19.4	31	11.2	16	19.37	30.08	£31.90	11.21	15.63	£16.50
Thrunton							via A1	10.7	19									via A1	23.4	37								
Netherton	via B6341	7.2	17	7.25	17.05	£13.90	via B6341	15.1	28	7.9	11	15.08	28.22	£25.90	7.83	11.17	£12.00	via A697	23	45	15.8	28	23.05	44.07	£37.90	15.8	27.02	£24.00
Netherton	via B6341 and Whitton B	8.4	21				via B6341 and B6346	19	36									via A697 and A192	27.4	45								
Otterburn	via B6341	15.3	30	15.29	29.45	£25.90	via B6341	27	49	11.7	19	27.04	48.35	£43.90	11.75	18.9	£18.00	via A696 and B6343	24.6	40	9.3	10	25.23	34.82	£40.90	9.94	5.37	£15.00
Otterburn	via A696 and B6342	22.7	34				via A1	36.4	53									via A696 and B6524	25.2	35								
Lorbottle	via B6341	5.2	13	5.21	13.02	£10.90	via B6341	13.4	27	8.2	14	13.36	26.48	£22.90	8.15	13.46	£12.00	via B6342 and A697	20.9	48	15.7	35	21.01	40.03	£34.90	15.8	27.01	£24.00
Lorbottle							via A1	15.6	31									via B6344 and A697	21	41								
Travell impact										6.8	9.5						£10.55				5.5	9.5						£8.48