Our Local Hospitals

ACRA received via SAMRA an e-mail from Derek Chaffey (DC) written in his capacity as a local Hospital Trustee. We asked The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (**The Trust**) to comment and their commentary follows on each of DC's points.

DC: We need local representation. Under the new plans Christchurch is incorporated in the whole of Dorset. Local knowledge and representation is all important particularly at this time of change. We need local candidates for the future elections otherwise representatives from Bournemouth, Poole, The Isle of Purbeck and rest of Dorset will be making decisions that affect us in Christchurch. We need a definite number of Governors allocated for Christchurch who are local people.

The Trust: There are no changes proposed to the constituency which includes Christchurch and which is responsible for electing 6 of the 18 Public Governors on the Council of Governors at The Trust.

This constituency is called Christchurch and Dorset County and represents the electoral areas covered by Christchurch Borough Council and Dorset County Council. The number of Governors from Christchurch and the rest of Dorset County at present broadly reflect the distribution of members of the Trust in those areas.

It is important to note that the Governors from any constituency are responsible for representing the interests and views *of that constituency as a whole and not one part of it*. Therefore a Governor who lives in Christchurch must also represent the interests and views of the rest of Dorset. If a Governor fails to do this they are not properly fulfilling their responsibilities as a Governor.

In addition, the Council of Governors as a whole body has a *statutory duty* to represent the interests of the members of the Trust as a whole and the interests of the public so the Governors from individual constituencies *must consider the views of all people locally* when making decisions and carrying out their duties as part of the Council of Governors.

DC: We need to have patient and visitor transport. St Leonards Hospital is now meant to be our nearest community hospital which is some miles away and doesn't have any public transport links with Christchurch which has 53,000 citizens (ACRA note: not sure about that number – the population of Christchurch is 47,300 - JB)

The Trust: Some financial support is provided by the NHS for patients requiring transport to hospital based on medical need or financial means but this does not extend to relatives and friends of patients. Thus, The Trust is not able to support transport schemes for friends and relatives out of NHS funds.

Local authorities are responsible for public transport and subsidise (fully or partly) local bus services which would not be financially viable otherwise. Local authorities regularly conduct surveys and other consultation exercises in relation to public transport to which members of the public may contribute their views. There are also a variety of voluntary car schemes, dial-a-ride and other community transport initiatives across Dorset, details of which can be found on the Dorset County Council website and at www.wcresidents.co.uk

There is a recognised shortage of community hospital beds for the population served by The Trust. However, the Trust is responsible for providing *acute care* for patients and does not provide *community hospital services*.

The services provided by the Trust are commissioned by local clinical commissioning groups and NHS England (for specialist commissioning). Locally Dorset Healthcare University NHS Foundation Trust *is responsible for the provision of community hospitals*, including St Leonards Community Hospital.

The other community hospitals available locally to which the Royal Bournemouth Hospital can discharge patients who need ongoing non-acute care include Alderney Hospital (Poole), Blandford Community Hospital, Fordingbridge Hospital, Lymington New Forest Hospital, Swanage Community Hospital, Victoria Community Hospital (Wimborne) and Wareham Community Hospital.

For clarification, Christchurch Hospital *was never registered as a community hospital* when it had inpatient beds.

DC: We need twenty four hour NHS beds at Christchurch Hospital Site, either stand alone or incorporated in the new-build. To have a private nursing home of eighty beds on NHS land without any NHS beds and have St Leonards Hospital as our nearest community hospital is unacceptable.

The Trust: The private nursing home *will have NHS and social services funded care* as part of its business.

However, the nursing home will be run by a separate company which will make decisions on the number of beds to be provided for NHS/social services funded care and it is not for The Trust to dictate this number.

The overall ability of the Trust to secure and improve the hospital services provided at Christchurch Hospital was the most important element of the plans *but these had to be self-funding* which is why the inclusion of the nursing home and key worker housing on the site were so critical to the delivery of the Trust's overall plans.

There is a clear demand for nursing home beds in Christchurch Hospital. Funding for nursing home care *is not provided by the NHS* as this is considered to be a social care service and is funded by local authorities dependent on the financial means of those being cared for. Health services, in contrast, are free at the point of delivery.

NHS funded beds in an acute hospital are expensive and the level of specialist care provided is not required for nursing home care. Reducing patients' length of stay in an acute hospital setting has also been proven to achieve the best outcomes for patients and improve their recovery. For the same reason the Trust is also advocating that assessments for patients for NHS continuing healthcare and needs assessments for social services are carried out outside an acute hospital setting (in community hospitals and in step down beds in community settings) as the results are often better in terms of accurately assessing the longer-term needs of patients.

DC: We need trauma orthopaedic outpatients at Christchurch Hospital or The Royal Bournemouth Hospital. The current practice of sending patients all the way to Poole Gen Hospital just because they are trauma patients is obviously wrong (ACRA note: no evidence provided to support this assertion - JB) when this service can and should be provided more locally. X Rays and notes can be sent electronically from one end of the

country to the other. To make elderly patients travel more than necessary is bad practice. BH23 has the highest attendance rate to Poole Gen Hospital, Trauma and Orthopaedic Fracture Outpatient attendances out of all the BH post codes.

The Trust: There is an agreement in place that Orthopaedic patients with fractures or following trauma admissions should be seen at Poole Hospital and the majority of elective patients should be seen at the Royal Bournemouth Hospital.

This division of services has allowed the systems for treating patients to be streamlined and to benefit from economies of scale. This has been of overall benefit to the majority of patients and has allowed The Trust to offer some of the shortest waiting times for elective Orthopaedic services.

ACRA Comment: This is clearly a complex subject that does not benefit from quick-fix solutions based upon a narrow perspective. We are aware of the lengthy planning and negotiation that has gone into the new hospital arrangements which have inevitably given rise to compromises. By definition nobody is 100% happy with a compromise but that is not a sound basis for picking upon pieces of the structure and attempting to change them without recognising the effect one could and would have upon the larger picture.