

# WEST CHRISTCHURCH RESIDENTS ASSOCIATION

7 Hurn Road, Christchurch, Dorset BH23 2RJ 01202 -473 -658  
[www.wcresidents.co.uk](http://www.wcresidents.co.uk)

## COMMENTARY on the DRAFT ANNUAL PLAN 2011/12

### Royal Bournemouth & Christchurch Hospital

1. This is hardly a consultation document, as it appears so much has already been decided. There seems to be more about the business plan, and how to save money, than really taking into account the needs of staff and patients, who, in fact, should be the priority.
2. Staff are not happy, being subject to gagging orders and threats to their jobs. Nurses are the people in the field, closely in touch with patients, and should be listened to, without these fears.
3. Patients are being sent home too early, elderly patients especially, with relatives/carers not being given adequate notice : both sides are unprepared. No follow-up is made to ensure that they are properly cared for, or, indeed, cared for at all. The hospital does not get in touch with their doctors to ensure that district nurses, or any form of community care, is in place. The patient is just given a letter to take home to give to their GPs, without any apparent thought having been given as to how they can deliver it.
4. In some cases, no assessment is made of their at-home needs, or equipment put in place, before their arrival. All this has to be ensured before a patient is discharged.
5. Most patients are happy with their treatment whilst in hospital, and feel that the doctors and nurses give excellent care.
6. High car parking charges are a disgrace, and a source of financial stress for those patients who have to attend outpatients depts frequently, and for relatives of patients on the wards.
7. Value for money : the oncology ward for example has just been refurbished but new chairs were unnecessary. Such money could better have been spent on equipment or nursing staff. Similarly, significant savings can be realised by ensuring that equipment loaned out to patients is returned, and that staff on both sites are made aware of this stricture.
8. Most wards are understaffed, thanks to staff losses not being made up.
9. Overseas patients should be charged for treatment they receive, and additional income generated thereby.
10. Accident and Emergency Dept. Surely it is not viable to separate the sexes in this area. Patients are there because they need emergency treatment; many are in pain, and just want relief. Most are not aware of, or care about, those being treated next to them.
11. No mention is made in this document of provision for people with disabilities - walking wounded, people in wheelchairs, etc. There are no spaces in the outpatients waiting area for wheelchairs, for instance ( it would be quite easy to remove a few chairs ) and very little of the seating provided has arms to assist with standing. No changing cubicle is big enough to really accommodate a wheelchair. As the most prominent health-care provider in the area, the hospital should be the exemplar in the provision of facilities for the disabled.

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### Christchurch Hospital

Here, again, this is not a real consultation document, just a case of this or that.

However, on the assumption that Option I proceeds, we offer the following observations:

1. We feel that a closure, and loss of, wards is short-sighted in an area of growing elderly population. Statistics show that the area is very attractive to retirees, and has been for many years.
2. Bournemouth often has bed shortages and the overflow comes to Christchurch. If Wards are closed and this coincides with a major emergency, what happens to these patients, as there are certainly not enough beds in care homes ? This situation is stressful for staff and patients.
3. Closing the orthopedic ward is a mistake, as its patients are vulnerable, not all having the back-up of family and/or friends. Even the homes of many are not suitable for recovering in, e.g. flats without lifts, inaccessible toilets, etc.
4. The Community as a whole, especially the GPs, do not want to lose the Macmillan Unit. All patients need the care and dignity that this unit offers, delivered in a calm and tranquil setting.
5. If Option 1 is chosen, we sincerely hope that charges to other health practitioners will be both attractive and realistic.
6. If a rest-home is developed on site, special consideration for low-income residents should be made, along with priority for the people of Christchurch.
7. No "McCarthy & Stone" type of development should be allowed : there is already one on site, on land that was previously part of the hospital's estate.
8. The parkland at the front of the hospital - the tranquility of the trees and grass - must be kept.
9. As it is possible that, under Central Government plans, the Trust will be disbanded in the near future, it is felt that committing to such a radical plan is inappropriate at this time.

Janet M Robson  
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