Anne-Marie Trevelyan MP



HOUSE OF COMMONS LONDON SW1A 0AA

Dr Alistair Blair Chief Clinical Officer Clinical Commissioning Group County Hall Morpeth NE61 2EF

Dear Mistair,

23 April 2017

Our Ref: ZA5815

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.

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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.

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