



Northumberland
Clinical Commissioning Group

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12 October 2017

David Thompson
Chair
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Dear David

Thank you for your letter of 5 October 2017 outlining your thoughts following the CCG's Joint Locality Executive Board (JLEB) meeting on 27th September to discuss the future of Rothbury Community Hospital. I welcome your proposal that Healthwatch Northumberland is involved in further engagement after the full process is complete and the final decision is announced. but I am surprised that you take the opportunity to provide comment now, given that the consultation period, in which Healthwatch was directly, and rightly, involved, finished in April this year. Most of your points are fully covered by the lengthy decision making report, but I will respond to some of the issues that you raised in the order you outlined them in your letter.

It is important at the outset to clarify that the meeting you attended was not a public engagement meeting but a regular decision making Board meeting convened in public for transparency reasons. By this stage the people of Rothbury had previously had a number of opportunities during the early engagement sessions (attended by Healthwatch Northumberland) and the consultation public meetings and drop in sessions, to voice their issues and concerns. The period of consultation ended on 25 April and all comments received were taken into consideration and the feedback report made public.

The CCG is not aware that the local authority changes the venue of council meetings away from Morpeth County Hall according to which area of the county is being discussed but in any event this was not a public meeting as explained above. All the engagement and consultation events were held in Rothbury, on different days and times to ensure that as many people as possible had the opportunity to attend. The JLEB meeting was held late morning in Morpeth to ensure that people could travel at a reasonable time of the day to attend the meeting. The venue and time were widely communicated and the campaign group was fully aware of the meeting and attended in large numbers.

The meeting's papers were published on the CCG's website 5 working days ahead of the meeting in accordance with the CCG's standard protocols for all meetings held in public. The JLEB decision making report was published to ensure that the process was transparent. The campaign group made a request to attend the meeting and we agreed. We also agreed to allow the campaign group leader to speak at the meeting. If Healthwatch Northumberland had requested the same opportunity, as the independent patient champion, we would have also agreed. However the purpose of the meeting was decision making following a period of consultation and not to have another question and answer session with the public.

I also wish to clarify the situation in relation to the temporary suspension of the inpatient beds. Your letter implies that this was done by the CCG in September 2016. In fact CCGs are not empowered to temporarily close wards, such decisions are a matter for NHS hospital trusts. In this case Northumbria Healthcare NHS Foundation Trust, with the agreement of the CCG, took the decision to temporarily suspend inpatient admissions, something it regularly does across all its sites, although clearly the significance is greater when this is the only ward in a locality

Turning to your comments about the 'clinical aspects of the issue', the reason for closing the beds permanently is not that no patients have suffered adverse health consequences and that the system had not experienced any discernible or unmanageable increase in demand. The reason was that the beds were underused over an extensive period. As you would expect, the CCG monitored Northumberland's health and care economy throughout the period of temporary closure to assure itself of the patient safety issues, but this monitoring was for the purpose of assurance and not justification. The justification remains that the beds were underused over an extensive period and any option to retain them would not represent an efficient, effective and economical use of public resource.

You also say that the decision is underpinned by the fact that GP member practices in the North Locality supported the closure and question if this assertion should have been made available earlier in the consultation period; page 18 of the consultation document did so. It is worth noting that all Northumberland localities supported the closure, as evidenced by the 4 clinical locality directors (3 GPs and 1 practice manager) voting in favour. While the support of Northumberland practices is important within the decision making process, the justification remains unchanged and has to reflect an efficient, effective and economical use of public resource.

You comment that the Healthwatch Board considered that more information should have been provided during the consultation about the availability of Northumberland hospital beds and argue that future-proofing evidence, concerning an ageing population and increasing population levels, should have been shown. Potential local future population growth and Northumberland community hospital occupancy levels were shown at page 14 of the consultation document. It is also important to note that the CCG was conducting a proportionate consultation on the future of a 12 bed in-patient ward in Rothbury and not the county-wide future provision of inpatient services; these beds represent less than 1% of the total bed stock available to Northumberland residents

In terms of future-proofing, the national drive continues to be to deliver more out of hospital care and, as has been evidenced over the last 10 years, future medical advances will continue to result in shorter hospital stays and fewer beds needing to be made available. An important point to note is that, contrary to the national situation on 'bed blocking', Northumberland is one of the highest performing areas in the country in terms of low levels of Delayed Transfers of Care, something our health and social care providers are rightly proud of. Of course the CCG remains cognisant of potential winter pressures, although it is also important to note that Northumberland has one of the highest levels of inpatient beds in the

country. The retention of 12 inpatient beds in Rothbury, delivering the level of care that was previously available, would have a negligible impact on overall capacity in times of surge. These local contexts are clearly essential in any local decision-making process.

In relation to workforce issues, you say that the Rothbury beds were closed to enable the nurses to be moved elsewhere in a busy healthcare system in Northumberland. Whilst this has an operational benefit for Northumbria Healthcare, it was not a key driver for change. As outlined above it was clear from an early stage of the process that the hospital was underused. Continuing this model of care was no longer an efficient use of either finance or workforce, particularly at a time when pressures in both respects are experienced in other areas of Northumberland.

From a financial perspective it should be noted that the CCG's JLEB is primarily concerned with costs that are directly attributable to the CCG. It is a fact that the block contract has been reduced by £500,000 and that, if the closure is permanent, this saving will be made recurrently. Page 45 of the report outlines the potential costs that would be directly experienced by the CCG, including those for additional nursing. The small inpatient numbers now cared for in alternative dispositions have not required any additional resources to be made available and have supported the efficient use of the remaining community hospitals, which also operate on a block contract basis.

Given that the beds have now been closed for one year we have had significant evidence of the lack of impact on all aspects of the healthcare system and have been assured that there has been no measurable effect on community nursing, general practice, local authority social care, other community hospitals, the Northumbria hospital and the North East Ambulance service. This was also part of the assurance behind the decision making process. Pages 46 to 51 of the decision making report describes there being very little effect over the year-long closure. Of course this impact assessment will be periodically reviewed moving forward, but in the light of evidence to date, the CCG considers that any change in the patterns of activity experienced over the last year is highly unlikely.

I fully understand that Healthwatch Northumberland wishes to continue to engage with the people of Rothbury and the surrounding areas to further understand the impact of the closure. The CCG wishes to do likewise and I hope that our respective organisations can continue to work together in this area.

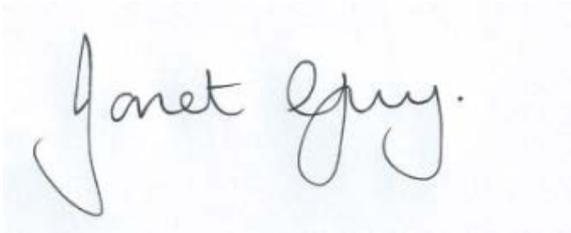
The CCG considers it has worked closely with Healthwatch Northumberland throughout this process and beyond. It was very pleased that your organisation helped canvass the opinion of older local people and grateful for the resulting report which was included in the consultation feedback report considered by JLEB earlier in the year. A senior Healthwatch representative attended both the CCG's mid-consultation appraisal meeting and the Health and Wellbeing Overview and Scrutiny Committee that received the CCG's consultation report. At no point in either forum, or indeed earlier in the initial engagement phase, did anyone from Healthwatch Northumberland take the opportunity to raise any issues with the CCG. If issues had been raised, mitigating actions would have been taken. I am therefore surprised and disappointed that you consider that the further period of engagement discussed above may highlight significant lessons to be learnt from the engagement, consultation and decision making process at this late stage.

The CCG recognises that Healthwatch Northumberland will continue in its role as an independent health champion, ready to challenge where it deems appropriate. The CCG has always relied on this work as part of its consultation role and has greatly valued the additional insight it has obtained as a result. The CCG very much wishes to continue the constructive working relationship it has enjoyed with Healthwatch over the last four years and hopes that in

future, should you have concerns about our work, you will raise them with us at the earliest opportunity so that we can discuss them with you.

I also hope that Healthwatch continues to consider all individual health issues against the landscape of a need to ensure county-wide value to the public purse and equity of access and treatment for all Northumberland residents.

Yours sincerely

A handwritten signature in black ink on a light blue background. The signature reads "Janet Guy." with a period at the end. The handwriting is cursive and fluid.

Janet Guy
Lay Chair