The role of the Lambert Memorial Hospital in future healthcare in Thirsk and District

Submission to Hambleton, Richmondshire and Whitby Clinical Commissioning Group by the Lambert Hospital Action Group

June 2016

Contents

Summary

At present there is a growing need but a major gap in the provision of in-patient and palliative care for patients in Thirsk and district, as a direct result of the closure of the Lambert Memorial Hospital (LMH). This can be reversed by transferring the management of LMH to a North Yorkshire-based hospital trust and developing an integrated healthcare programme based on treating all patients at home or as close to home as possible, with minimum use of acute hospitals, and LMH providing specialist rehabilitative and palliative care.

Lambert Hospital Action Group

The function of LHAG is to identify and advocate the most appropriate role for the LMH in present and future healthcare provision in Thirsk and district.

The Lambert Hospital Action Group (LHAG) was formed immediately after the closure of LMH in September 2015. It was originally a probably unique coming together of councillors at town, parish, District and County level in response to the fact of the closure and the manner in which it took place. It has since evolved into a wider-based community group. LHAG is grateful to the many councillors who took this necessary initial action.

The closure of the Lambert Memorial Hospital

The LMH was closed on 4 September 2015 by the South Tees Hospitals NHS Foundation Trust (STT). Members of the CCG will be aware of these circumstances and they are not

repeated here, but they bear on the views of the LHAG about future management arrangements.
STT have insisted that the sole reason for the closure was safety based on insufficient numbers of registered nurses. That means that SST accepts that there should be a community hospital facility in Thirsk. LHAG expects CCG to take the same view.

Thirsk and District

Thirsk is growing as a community and as the centre for the surrounding district, which is also growing. Thirsk and the surrounding area are planned to grow substantially.

There is already a significant elderly population, and this will grow at a larger rate than the population as a whole. It is an attractive area in which to live and work, and retire. The work of Welcome to Yorkshire and exposure through events such as the Tour de France and the Tour de Yorkshire and programmes such as the Yorkshire Vet are advertising the attractions repeatedly.

An overall healthcare plan

LHAG fully endorses the overview formulated by CCG, that care for patients should take place at home or otherwise as close to home as possible, in the context of the increasing gradual focus of acute care at the James Cook University Hospital, which is a long way from Thirsk and district.

A healthcare plan should also focus on preventing disease and illness, and support GP practices in this respect. It should also endeavour to co-ordinate and integrate education, prevention and treatment by all services, eg GPs, dentists, opticians, district nurses, community care, nursing homes, voluntary sector services, eg St John's Ambulance, Yorkshire Air Ambulance and Herriot Hospice Homecare.

In that integrated and co-ordinated plan LMH has a key role to play. It has demonstrated this over 125 years, developing and changing as medical services and needs have themselves changed. LMH holds a special place in the hearts of local people, very many of whom have either received care there themselves or have family members or friends who have. This cannot be ignored, even if it is not a medical consideration.

The role of the LMH

Latterly LMH has performed three functions:

1. Rehabilitation
2. Palliative
3. Out-patient physiotherapy

- Rehabilitation

After treatment in an acute hospital, patients often need a period of rehabilitation to enable them to return safely home. Current thinking points to mobilising and discharging patients as soon as possible. This aids their recovery. Unfortunately it can also appeal to hospital trust accountants by reducing the cost per patient of in-patient care, and to hospital administrators by reducing the gap between demand for beds and available beds. The risk of sending a patient home too early is that the patient cannot cope, fails to recover or even regresses, and has soon to be re-admitted, thereby ultimately increasing the cost and duration of in-patient treatment and distress and discomfort for the patient.

A patient who cannot be offered rehabilitative care in LMH has to be accommodated elsewhere. From a GP's point of view, LMH is a gift, on their practice doorsteps.
LMH also has the advantage over a larger hospital of being on a more human scale, something which can only assist in the psychology of recovery. Physiotherapy is available on-site.

- Palliative

The recent announcement by Herriot Hospice Homecare that they can no longer afford to provide home end of life care is disappointing. It also illustrates the hole in palliative care provision in the Thirsk area.

A significant and growing number of the elderly live alone, including widows and widowers. They value what they term their independence, but in reality they are dependent on others, such as family, friends and neighbours and support services. For them, the commonly held ideal of dying peacefully at home is not attractive, for they will die alone. Palliative care has to be delivered elsewhere. At present that means the Friarage or the James Cook, or alternative, temporary and unattractive provision. Placing an end of life patient in the Friarage and all the more so in the James Cook means placing them well away from their home, from their friends, church etc.

The LMH has a valued history of providing palliative care, and custom-designed facilities.

In reaction to the sudden closure of the LMH, CCG made an arrangement with Sowerby House nursing home to provide a palliative bed. There are also care homes at Meadowfield and soon at Herriot Gardens on the outskirts of Thirsk. To formulate a healthcare policy around ad hoc use of such facilities would be a risky strategy. The carers would be under-qualified for the role, and lacking in the volume experience of a permanent hospice facility. CPD would be inferior. It also raises questions about the proper inspection and assessment by the CQC. Furthermore, the whole care home market is under intense financial stress at present, with the prospect of consequent closures or inadequate staffing and resources.

An alternative to South Tees Hospitals NHS Foundation Trust

By its behaviour over the closure of the LMH and the failure to tackle the problem of staffing, STT has demonstrated that it lacks the will and the skill to operate a community hospital in another county. The episode has severely damaged the confidence in STT of many in the general public and among health carers and councillors. LHAG does not believe that STT is the right body to continue to manage the LMH, and that consideration should be given to the transfer of the management to a North Yorkshire-based hospital trust with a track record of running one or more community hospitals successfully. This will allow SST to get on with the task it wishes to perform, running the James Cook.

Lambert Hospital Action Group
June 2016