Minutes of a Town Meeting held on Monday 5th September 2016 at 7:00pm in the Guildhall, High Street, Shaftesbury

Present:

Councillor R Tippins (Chairman)
Councillor Brown
Councillor K Tippins
Councillor Francis (Vice-Chairman)
Councillor Taylor

In attendance:

Mrs Claire Commons (Interim Deputy Town Clerk)
250 members of the public

MINUTES

1. **Introduction to the meeting**
   The Mayor welcomed everyone to the meeting and confirmed that a second meeting would be held to ensure that all who wanted to attend would be given the opportunity to.

2. **Presentations on the Dorset Clinical Services Review and the impact on Shaftesbury.**
   Presentations were given by Dr Simone Yule – GP and Dorset CCG Locality Lead for North Dorset, Nichola Arathoon – Dorset CCG, Principal Programme Lead, Review and Frances Aviss – Dorset CCG, Engagement and Communications Lead.

   A review of all services relating to health was being carried out throughout Dorset. The CCG decided to carry out their own review rather than have things forced upon them in order to remedy the deficit.

   North Dorset has the second highest elderly population in Dorset. There is a rise in diabetes, workforce challenges for example Shaftesbury has been 2 doctors short for the last 2 years.

   Looking at better access to clinics closer to home rather than travelling to hospital. Looking at how we can use community hospitals as hubs and make better use of them. There has been lots of work in the background and huge stakeholder engagement.

   The CCG is actively seeking views, communicating and consulting. An invitation was extended to subscribe to the feedback bulletin and to tell family and friends about it. www.dorsetvision.nhs.uk.

   The review started in late 2014, working with Bournemouth University for feedback and the message was that with community care people wanted care closer to home, more access and better continuity of care.

   The CCG acknowledged the need to consider the realities, population growth, transport and neighbouring counties. Throughout 2015 there were hundreds of events, the focus was ‘your’ perspectives. What is working well and not so well. Strong themes emerged. In

June 2016 there were 2 large scale informed audience events. Members of the league of friends were included and we tested out emerging thoughts. We did a roadshow and spoke with thousands of people. We took the advice of local patients and said we would visit the 5 key towns. The strongest messages were:

- Integrated service
- Voluntary transport
- Physical and mental health
- Joined up IT systems
- Better prevention an education
- Better access
- Consideration of geography

The background to assimilate data, the CCG is looking at various criteria.

Workforce – GP's working differently, joined up service and being more proactive. They know they can do better by supporting people at home but that means more domiciliary care.

Community beds. There is a disparity over the whole of Dorset looking at the capacity per area. They are also talking to Wiltshire and Somerset CCG. Historically North Dorset has had more community beds than statistically appropriate (national criteria)

Reorganise a lot of work, NEED to have a strong strategy for domiciliary care.

Community Hubs. Dynamic building with lots of clinics to be able to see people quickly and provide a proactive service - to have a holistic emphasis and be accessible to more of the population.

Evaluation. The same evaluation criteria were used as the CCG review.

Access. Travel time. The data showed that North Dorset was peculiar with its borders. There was a need to have as much access as possible but perhaps not configured the way it currently is. Data shows that people can get to Blandford or Sherborne quicker than Shaftesbury. Dr Yule expressed surprise at this data and said that she had challenged that.

There was an undertaking that there would be beds in Shaftesbury but possibly in a different way. It was noted that if you visit Blandford or Sherborne the sites are accessible and good buildings. Access to Shaftesbury hospital is very difficult and the upkeep of the building is expensive. The possible development of joint working between Dorset Healthcare and GP's to provide an acute primary care service is impossible in the current Westminster Memorial Hospital setting.

Minor injuries need high input – approximately 30,000 attendances. Shaftesbury is currently 3,246. Desire to prepare ourselves for a 7-day service and trying to be more proactive. The CCG want to reach more people to prevent them from getting into hospital in the first place. Shaftesbury is to be community hub but still needs some beds for palliative care so possible use step-up step-down beds in care homes.

No decision has been made yet and won't be until well into 2017.

Vision of Shaftesbury in the future. Current estate struggles. Access in and out is difficult and cannot develop services on that site. We want to provide blood transfusions, IV's, Chemotherapy etc. as well as exercise classes for long term conditions and education to make the hub a centre of well-being and a centre to provide holistic care

Shaftesbury hospital at the moment beds are sometimes used by patients from outside the area and some are used for a very long time. We have the 1st Gold Standard Framework accreditation for palliative care, we don't want to lose access to those beds. CCG is looking to commission beds from the care homes in Shaftesbury and Gillingham. These would be specific beds bought by the CCG providing a higher level of care exactly as is provided in hospital. These are 35-40% cheaper than providing community hospital beds.

This is a partnership. The long term view is that 10 years down the line we have a vibrant hub. A passion for local people, local beds and local care

Q&A Session with the CCG Panel

The panel consisted of:
Francis Avis– Dorset CCG, Engagement and Communications Lead
Sally O'Donnel – Dorset Health Care
Nichola Arathoon – Dorset CCG, Principal Programme Lead, Review
Dr Simone Yule – GP and Dorset CCG Locality Lead for North Dorset,

Q1. You provide an excellent service. There is a petition here signed by 3,000 people. I hope when I need services my friends will visit but they won't if I'm in Sherborne or Blandford. I want to see the new facility open before the Westminster Memorial Hospital is closed. You have consulted but have you consulted with the patients?
A1. We are all patients, we've talked to thousands of people and will continue to do so.

Q2. Castle Hill provides 62 people beds, care, palliative care and end of life care. We welcome these suggestions but want more information and want to work with you.
A2. No answer required. We will work together for the benefit of the community

Q3. What are step up step down beds?
A3. Step up is if you are unwell at home and can't be looked after at home but do not need of intense medical care. Step down is when you've been in acute hospital and can't come home for whatever reason so you go to community hospital for rehabilitation prior to home

Q4. If you're taking beds from existing care homes how will we get beds when we are old?
A4. Not all beds are currently filled with local people. When looking for patient to 'step down' they will look for any available bed. If there are the right community services people won't be institutionalised and we can get them back home. We are in early talks about beds.

Q5. We want to be at home not hospital. Work towards enablement and support
A5. No answer required but agree with the principle

Q6. Concerned that the hospital was given by Marquis of Westminster to Shaftesbury in 1897.
A6. We understand your passion for the hospital. The clinical services review has to look forward for 50-100 years. We love the building dearly but can't keep pouring money in to it. Don't be bound by the building but the services for the future.

Q7. Condition of hospital and access. Are you thinking strategically? A site between Gillingham and Shaftesbury or are you not at that stage yet?
A7. Not at that stage yet. Open to ideas but consultation required.

Q8. Fantastic presentation. Great solution> Are the slides and statistics available? I'm from Tisbury – are we consulted too?
A8. We are talking to Wiltshire CCG. The information is available at www.dorsetsvision.nhs.uk

Q9. You have mentioned Shaftesbury's borders. Shaftesbury has doubled, you mentioned Gillingham is the fastest growing population in South West England, this is a big issue. Health services are consulted on planning applications, how have we got to this situation.
A9. I am not the Chief Executive of the CCG so I can't answer for all aspects. I'll try to find out.

Q10. Thank you Mayor and for the second meeting. Most patients get referred to Wiltshire and Somerset.
A10. We have been in consultation with Salisbury Hospital and local care organisations.

Q11. How are we going to replace the beds? No doubt we need the beds. What services are we getting? How can you justify swapping beds which work in hospital with the beds in care homes?
A11. They are not as expensive. The hub is a centre for services for local people. 7 day and minor injuries, physiotherapy etc. and social care. Shaftesbury doesn't currently have extensive rehabilitation services. The bed issue is multifunction. There are too many beds in North Dorset, there should be 20 beds per 50,000 people, at the moment North Dorset has 69 beds for 95,000 population. When funding beds, the nursing home beds are less expensive even with the higher specification beds. Approximately 40% cheaper.

Q12. I live in Shaftesbury and work in Sherborne. Take Sherborne out of the strategy because there is no public transport. A lot of these problems were envisioned long before the Eastern Development was built. Everyone was asked if they needed any land and said

no. As long as you consult with us every stop of the way I think you'll find we're behind you.

A12. No answer required

Q13. It takes 10 years to train a doctor, you won't get nurses and physios – where are the staff coming from?

A13. You're right. Recruiting, training and retaining quality staff is an issue. We have talked about integration so there is no longer duplication and gaps. Patients would be referred to a single team as a key worker. I know it doesn't fully answer the question but where this is working we are able to stretch resources and people are less likely to end up in hospital.

Q14. I don't object to improvements. The crux of the issue is the loss of beds. As hospital is bequeathed to the town would you consider gifting it back to Cedars so that they can continue the good work.

A14. I hear that as a proposal and will take that on board but have to consider the cost.

Q15. Has a quality impact assessment been done and published as legally required?

A15. I'm not a legal expert but I'm sure it's being done correctly. Everything should be on www.dorsetsvision.nhs.uk

Q16. With ward community rehabilitation if you need to call colleagues across the corridor that is possible when it wouldn't be if they were in another town.

A16. Integrated teams must wrap themselves around patient care wherever they are.

Q17. My husband improved rapidly once he was moved from Salisbury to Shaftesbury hospital.

A17. No answer required

Q18. Referring to access to the hospital, surely you're going to be making access harder. Could you spend the money improving access instead?

A18. When we get to looking at feasibility we must look at all options.

Q19. Westminster Memorial Hospital is a rehabilitation hospital. You're saying you can't recruit people, how are you going to recruit people to work in the nursing homes and how will you pay them?

A19. At the moment we have those teams so we will mobilise them. We will also need to recruit. We have a skill mix.

Q20. This is a political process. How much is real need and how much is cost-cutting. Increase beds in other areas and not reduce ours.

A20. The NHS is underfunded. Dorset CCG is County-wide. There is a £158million deficit which we are heading towards if we don't do anything.

The Mayor confirmed that there would be another meeting held in a few weeks. He asked for a show of hands to indicate whether those present were in favour or against the proposals. Approximately 1/5th showed against and the predominant call was for more information.

The Mayor thanked everyone for attending. There being no further business the meeting closed at 8:45pm.

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