NHS
Cornwall and
Isles of Scilly

ICB response to Reopen Fowey Community Hospital letter

Thank you for your letter and for taking the time to write to us about Fowey Community Hospital. My apologies for not writing back to you sooner, I have been on annual leave over the Easter period.

As you noted you are writing on behalf of local residents, including those who attended a public meeting on 11 March, I felt it was important for this response be made publicly available. It will therefore be published on our webpage dedicated to the Fowey Community Hospital engagement project following local elections. This site can be found at https://cios.icb.nhs.uk/fowey and also contains several helpful documents outlining why the hospital, which has been closed for nearly nine years, is no longer considered suitable for healthcare use, and how local health services have developed and grown since the hospital was closed.

Fowey Community Hospital was closed in 2016, following serious concerns about the safety and suitability of the building for inpatient care - particularly in relation to infection control and fire safety. These concerns remain. The building layout and ward configuration do not meet current national standards for inpatient environments. Small room sizes restrict the safe movement of equipment, increase the risk of falls, and compromise privacy, dignity, and infection control for both patients and staff. Further detail is available on pages 1–2 of the Equality Impact Assessment on our website.

Since the closure, several alternative uses for the site, including community health, primary care, and office-based services, have been explored. All were ultimately discounted due to the significant structural and compliance issues with the building and the prohibitive costs of bringing it up to standard.

I fully recognise the concerns you raise about pressures on our acute hospitals; particularly regarding delayed discharges and the impact on waiting times in emergency departments. We have seen improvements in getting people home from hospital and now we have only around 6% of our hospitals beds occupied by patients waiting to get home – which has been a result of our collaboration with community and voluntary partners. Neither the less, these are complex, system-wide challenges, and I am committed to improving patient flow and experience across the whole pathway.

People consistently tell us they prefer to be cared for in or close to their own homes. Thanks to medical and technological advances, this is now possible in ways that simply weren't available when Fowey Hospital was last open. For this reason, we are investing in preventative and community-based services, such as virtual wards, x-ray and falls response cars, community assessment and treatment units, and community diagnostic centres. These

new services, introduced since the hospital's closure, are specifically designed to help people stay well and avoid unnecessary hospital admissions.

In response to your suggestion that Fowey needs transitional or 'step-down' care, the data shows that most people experiencing delays in discharge from acute hospitals are not waiting for a community hospital bed, but for care and support to be arranged at home. Moreover, independent and expert reviews have found that up to 67% of people in community hospital beds are also delayed, waiting to return home. This evidence clearly shows that with the right community services in place, fewer beds would be required.

National evidence supports this approach. A shift from hospital-based to community-led care is associated with better outcomes. For older people in particular, unnecessary time in a hospital bed can be harmful—just 10 days of bed rest in someone over 75 can result in a 10% loss of aerobic capacity and a 14% reduction in muscle strength. This is the equivalent of around 10 years of ageing in just 10 days.

This is why both national and local healthcare strategies focus on moving care closer to home and reducing reliance on hospital beds wherever possible.

Over the past eight years, our approach has evolved in line with this evidence and with national and local strategy, and we have invested in a range of expanded and modernised community resources to provide a broader and more effective range of support closer to home. For example, in the last 2 years we have:

- Built a new elective surgical hub in St Austell, over 1,000 patients have been seen so far, and it will deliver around 5,000-day surgery procedures annually providing closer care for people in your locality.

- Increased community diagnostics, providing a range of tests for local people, including in Bodmin.

- Enhanced digital x-ray capability at Bodmin and St Austell hospital sites

- Increased the use of virtual wards – you can watch a film clip of a lady who recently received hospital care at home: https://www.youtube.com/watch?v=5tyjqZdfUXE&t=38s

- Tailored support provided at home for those who have recently left hospital

- Commissioned new community response vehicles which can visit a person at home who may have experienced a fall or broken bone which is seeing 80% of people visited by the mobile services treated and kept at home: You can watch a film clip about our Falls car service: https://www.youtube.com/watch?v=kkeWrEms5KU

A more detailed overview of these services and other developments can be found on pages 5-9 of our March report to the Health and Adult Social Care Overview and Scrutiny Committee, (available online at https://docs.cios.icb.nhs.uk/DocumentsLibrary/NHSCornwallAndIslesOfScilly/WebDocuments/Internet/WebVersionOfFoweyCommunityHospitalEngagement.pdf)

Please be assured that we are listening carefully to the community and our partners as we shape future plans. The Engagement Report (available online at https://docs.cios.icb.nhs.uk/DocumentsLibrary/NHSCornwallAndIslesOfScilly/WebDocuments/Internet/WebVersionFoweyHospitalEngagementReport.pdf) demonstrates the extensive community engagement undertaken to date, our most recent phase of engagement reinforced

the issues previously raised by members of the local community and gave us confidence that we had not missed any of the issues that were of importance to the public.

These included the issues set out in your letter, all of which we responded to in full, with integrity and honesty, in our report (see link above) presented to Cornwall Council's Health and Social Care Overview and Scrutiny Committee meeting held in public in March. I do not accept the analysis is flawed and am not aware of inaccuracies or contradictions. However, since these were not set out in your letter I cannot comment further.

I acknowledge your request for a further public meeting. However, for the reasons set out above and the need to adhere to national guidance (www.england.nhs.uk/publication/pre-election-guidance-for-nhs-organisations/) about the restrictions on public body communication activities during the pre-election sensitivity period, the next time when we will be discussing this matter in public will be at the NHS Cornwall and Isles of Scilly Integrated Care Board meeting on **Thursday 8 May.** I have requested a copy of your letter be included with the Board papers so all factors including those raised by yourself and other correspondents are taken into account in making a final decision.

Ahead of the Board making a decision on the future of the hospital, it would be inappropriate for us to be commenting on any future disposal of the building and land.

I do of course understand the passion local communities have for their local health services. Members of the public are welcome to submit questions in advance of our Board meeting by emailing **ciosicb.corporategovernance@nhs.net** by **3pm on Monday 5 May**.

There is also the opportunity to attend the meeting in person. We ask that anyone wishing to attend contacts the corporate governance team in advance, using the same email address, to request a place.

Thank you once again for your letter. I hope this response provides assurance about our commitment to local community services, explains the engagement process to date, and outlines the next steps regarding the future of Fowey Community Hospital.

Yours sincerely

Kate Shields
Chief Executive