Community and public communication and engagement report

This report outlines the process and timeline for engaging key stakeholders and the local community in identifying and evaluating options for the Fowey hospital site, highlighting the key themes that emerged.

Engagement prior to project pause in March 2020

A dedicated section on NHS Kernow's webpage was created to contain up to date information about the Fowey project

In 2019 722 people from 286 organisations were identified as ***virtual stakeholders*** and received regular email updates including meeting minutes and presentations.

Of these, 95 stakeholders from 29 different organisations were identified to be part of a **representative stakeholder group** and invited to attend 3 workshops in April, June and September 2019.

Between 8 to 21 people, representing 14 different organisations attended the 3 workshops as '**in the room' stakeholders.**

Fowey Workshop 1 - April 23 2019, St.Blazey Football Club

21 (excluding NHS Kernow staff) people attended from

- Age UK
- Cornwall Care
- Cornwall Council – elected councillors
- Cornwall Council – Officers
- Cornwall Partnership NHS Foundation Trust
- Fowey Hospital and Welfare Committee
- Fowey League of Friends
- Fowey Practice Patient Participation Group
- Fowey River Practice
- Fowey Town Council
- Volunteer Cornwall

The objective and main points explored included:

- Identifying a list of options for the possible future shape of community services in the locality, which will determine the future of Fowey Community Hospital
- What are our community needs and what's important to us?
- What are our key challenges in supporting communities and individuals to thrive?

- What do we need to change to provide local care and support services that are fit for the future?

The meeting minutes capture the feedback provided with key themes summarised below:

Transportation & accessibility issues: Major challenges with public transport, especially for elderly residents. Multiple buses needed to reach hospitals, and weekend services are particularly poor, leading to reliance on private transport. **Workforce challenges**: Widespread recruitment and retention difficulties across healthcare services, particularly for specialised roles and GP positions. This affects the ability to provide seven-day services and adequate care packages.

Community demographics & deprivation: Mix of affluent areas and rural deprivation, with significant poverty indicators (e.g., 40% of primary school children requiring food bank support). Particular challenges in engaging younger residents in areas like St Blazey.

Seasonal pressures: Tourism impact with four million summer visitors creating additional healthcare demands, but no corresponding increase in funding. Need for Minor Injury Unit (MIU) services during peak season.

Home care challenges: Insufficient home care providers and staff for comprehensive care packages. Physical limitations of Cornish houses making home care difficult (parking, stairs, equipment access).

Service awareness & communication: Community members often unaware of available services. Library closures have reduced access to information about local services. Need for better coordination between organisations and users.

Residential care needs: Growing demand for both short-term and long-term care facilities. Discussion of alternative options like extra care housing, though limited by site constraints.

Community investment & attachment: Strong local community support for healthcare facilities, evidenced by donations to Fowey Hospital. Frustration over NHS disinvestment in local facilities.

Preventive healthcare gaps: Limited diabetes prevention services and digital connectivity for self-management. Need for regular coaching on healthy lifestyle choices.

Respite care shortage: Lack of local respite care facilities, creating additional pressure on families and carers.

Fowey Workshop 2 - June 3 2019, St.Blazey Football Club

8 people (excluding NHS Kernow staff) attended representing

- Cornwall Council – elected councillors
- Fowey Hospital and Welfare Committee
- Fowey Town Council
- Mencap
- Three Harbours GP Practice
- Volunteer Cornwall

The objective and main discussion points included:

- Obtain common understanding on workshop 1 key themes including:
  - Keep the focus and service provision local to Fowey area - based on local need
  - Focus on prevention, healthy lifestyles, rehabilitation/reablement
  - Promote community resilience and developing networks
  - Think about services not buildings
  - Engagement process to proceed at the right pace for quality and outcomes
  - Provide a decision for the future of Fowey Hospital
  - Ensuring that people get the ideal outcomes for themselves - that they receive the right support, by the right person, in the right place.
- Focussed discussion on the 30-bedded care home proposal
- Option evaluation criteria

Fowey Workshop 3 - September 10 2019, St.Blazey Football Club

8 people (excluding NHS Kernow staff) attended representing

- Fowey Town Council
- Fowey Patient Participation Group
- Middleway Patient Participation Group
- Volunteer Cornwall
- Fowey Hospital and Welfare Committee
- Cornwall Council Officers.

The objective and main discussion points included:

- Option evaluation criteria
- Review of the options considered so far:
  a) Inpatient and MIU provision at the hospital – considered not feasible
  b) Repurposing of the hospital – considered not feasible and no options identified
  c) CFT 30 bed nursing home – unlikely to be feasible as site was too small and care homes smaller than 50 beds were seen as weaker business models unable to secure investment. £10m+ capital investment would be required.

d) A larger nursing home at a different site – library site was under consideration.

- There was a discussion on the current Neighbourhood Development Plan status which currently outlines the policy to maintain the hospital site for the health and wellbeing of Fowey residents.
- Care Home Market Development work being led by Cornwall Council and NHS Kernow

November 2019 to December 2019 General election pre-election 'period of sensitivity' led to a pause on further community stakeholder workshops after workshop 3

15th November 2019 – South-West Clinical Senate recommendations on community hospitals shared with stakeholders which included "16 beds are the minimum in a community hospital, staffed by 2 registered nurses (and increasing in multiples of 8)"

25th November 2019 – Communication to stakeholders about the evaluation process for Edward Hain community hospital options which would apply and have relevance to evaluating the feasibility of Fowey Community Hospital reopening for inpatient provision or alternative services

4th December 2019 – Stakeholders notified of Healthwatch Cornwall 'Ask Cornwall' portal and invited to share thoughts about the Fowey community and hospital service review

March 2020 – Fowey project paused with the support of key stakeholders for the duration of the Covid pandemic to enable members of the multi-agency project team to prioritise supporting the COVID-19 response.

During this time discussion and meetings were also held with individuals and key groups.

The Health and Social Care Overview and Scrutiny Committee were also regularly briefed

- October 2018 committee received an update on and endorsed the process and project timelines at that stage.
- 2 July 2019 committee received an update on progress and revised timelines.
- Identified committee representatives received regular email briefings
- 20 November 2020 Fowey update included in report detailing the outcome of the completed Edward Hain community hospital engagement project. This stated:
  "*The community stakeholder group broadly accept that the site is not suitable for inpatient provision and has stated they would like a nursing home in Fowey. The option of a Fowey care home has been explored with community*

stakeholders through reviewing data, local strategy and undertaking site visits to assess site feasibility.

In April 2018, CFT publicly proposed to the Fowey community an option to build a new 30-bedded care home which would include 7 car park spaces and 3 staff flats. This decision was based on the available intelligence at the time. Subsequent to that, particularly due to work on the part of Cornwall Council and the joint care home market development strategy, we now have a more informed view of local demand. NHS Kernow and Cornwall Council's joint Care Homes Market Development Strategy outlines joint strategic commissioning intentions for 2020 to 2025. Whilst there is an acknowledged shortage of nursing and specialist dementia care provision countywide, Fowey and the surrounding area does not have the highest demand and lowest availability of care home provision and is therefore not a current priority site for care home development…. As yet, there are no further working ideas or options that the community have identified for the potential use of Fowey Community Hospital."

Engagement between March 2020 (pause) and November 2024 (restart)

November 2022 – The CIOISCB commissioned The Consultation Institute to undertake a gap analysis on the previous engagement work undertaken by the Fowey project. Acknowledging the length of time that has passed since the project paused, this recommended that

- An issues paper be prepared and discussed with a reconvened Fowey Stakeholder group
- Previous options are revisited, any new options are assessed,
- and if no new viable options are identified a 4 week period of public engagement to gather broader perspectives, that replicates the approach taken with Edward Hain is undertaken.
- The HASCOSC is kept appraised

May 2023 – January 2024 - The CIOISCB undertook Community Conversations Engagement to inform its 10 year integrated care strategy and 5 year forward plan. With the help and support of partners, the ICB engaged with other 10,000 people using a variety of engagement methods, that included face to face conversations. Some were recorded on audio, completing online surveys, filling in our question poster at events to creative, personalised methods to mee individual needs. The full report can be read here.

The feedback helped to shape the 6 system change programmes in the 2024-2025 operating plan with a focus on providing more care in local communities and intervening earlier to prevent ill health and deterioration, in line with the aspirations of those involved in the earlier engagement relating to Fowey as outlined above:

- 24/7 Integrated urgent care including enhanced community provision (for example same day urgent care and community assessment and treatment units.
- Primary Care Hubs
- Discharge to assess (reducing length of stay in hospital)
- Transforming our approach to major conditions including diabetes, cardiovascular and respiratory
- Mental health: increasing access to services and maximising the value of investment to improve equity with physical health
- Providing 24/7 end of life care in local communities

Engagement after project restart in November 2024

22 November 2024 – Stakeholder group reconvened to recap on previous project work, to review all previously considered options and to examine any newly identified options. The event was attended by representatives from Fowey Town Council, Healthwatch, Fowey Forum, CFT, NHS Property Services and NHS England. It was noted that representatives from the Fowey Hospital and Welfare Committee had attended previous project workshops in 2019 and efforts had been made to invite them to this session. However, a search of the charity name on the Charity Commission website identified it had a status of 'removed charity'.

Presentation slides and minutes were made available online. This concluded that the site was not suitable for health and care services and that a 5-week public engagement exercise should run from 3rd December 2024 to 5th January 2025.

The purpose of this exercise would be to seek feedback on 3 questions:

1. How has the temporary closure of Fowey Community hospital affected you, your friends, family and community, and what might help with any concerns you have?
2. If the hospital was permanently closed, how would this affect you, your friends, family and community and what might help with any concerns you have
3. Do you have any ideas about how we can continue to improve health and care services or access to these in Fowey and the surrounding area?

An updated webpage was added to the Cornwall and Isles of Scilly Integrated Care Board website: Talk to us about health services in Fowey and the surrounding area - NHS Cornwall and Isles of Scilly

This included

an information booklet
an online survey

a downloadable copy of the survey which could be returned by email, post or dropped at the town hall.
An easy-read version of the survey
The ability to register for email updates
A video tour of the community hospital
Clinical Senate Council: Community settings of care report
Link to NHS Kernow webpage
Previous workshop slides and minutes

CIOSICB issued social media posts and a media statement about the public engagement exercise and this was covered by
Cornwall Live – 5 December,
BBC online, BBC Radio Cornwall – 7 December

December public drop-in and engagement event at Fowey Pavillions

Prior promotion & media coverage

Posters: Fowey Town Council and Fowey Forum helped raise awareness of public drop-in engagement event on 7 December 2024 by placing posters in key sites around Fowey and promoting via Facebook social media.

Digital & social media:

NHS Cornwall and Isles of Scilly ICB
Fowey Town Forum
Cornwall Live
Noah Law MP

Media statement – The CIOSICB media statement promoted the event. This was covered by Cornwall Live (website and facebook post), BBC online, BBC Radio Cornwall.

Running the event - Storm Darragh emergency planning considerations

An amber wind warning was issued the day before due to Storm Darragh. CIOISCB sought the views from internal emergency planning and corporate governance experts and Fowey Town Council about whether to proceed. The decision was made to continue, in part because Fowey Town Council advised a Christmas Fair running adjacent to the planned drop-in was continuing and it was hoped this would help increase attendance figures.

Event structure:

People were greeted on arrival and offered the information booklet and a paper survey, along with accessible versions (easy-read and larger print) and a QR code to fill in the survey online.
They were also offered a hot drink and mince pie, directed to a video with case studies showing how the NHS is caring for people differently, recent footage from inside the hospital and a walk through with the previous matron explaining some of the challenges.
They were also shown to display boards with accessible posters explaining why the hospital closed, what had happened since and how care is delivered differently through virtual wards, community diagnostic centres, the elective hub and X-ray car.
Finally, there were three senior staff members sat with chairs around them having qualitative conversations with people who joined them. Members of the public were invited to take a seat and join in.

Evaluation and key themes:

90 people attended including the MP Noah Law

The key themes arising from the qualitative conversations are summarised below:

Concerns Regarding the Potential Sale of the Hospital and Garden

a) Proceeds from Sale

- The community fears they will not see any benefit from a potential sale of the NHS Property Services owned building and/or CFT-owned garden land.
- Many referenced the need to honour and respect the Treffry family legacy that the site should serve the community.
- Questions were raised about the fate of money donated to the hospital by relatives – either directly to CFT or Fowey Friends. Some recalled that funds from the Fowey Friends charity were distributed to local groups when the charity disbanded, but the specifics were unclear.

b) Local Benefit

- Strong calls for assurances that proceeds from any sale will be used for the benefit of Fowey and not diverted to other areas or NHS budgets.

c) Community Hospital beds needed to relieve pressure on Treliske Hospital

- Several people suggested reopening the beds at Fowey would relieve ‘bed blocking’ in Treliske. Some reported a change in view when it was explained that many people’s admission to Treliske could have been avoided with better community urgent care services such as the new Bodmin Community Assessment and Treatment Unit (12 miles away), that most people ready to leave Treliske are waiting to return to their own home and that long stays in hospital can lead to devastating loss of aerobic and muscle capacity which

can in turn lead to people never being able to return to their own home and instead being admitted into a care home for their final years of life.

d) Loss of Green Space

- The preservation of the garden was a recurring concern.

e) Fear of Second Homes Development

- Concerns were raised that the site could be developed for second homes, further reducing community access.

f) Community Ownership

- Some attendees suggested exploring community-led ownership and management of the site, citing the Edward Hain Hospital in St. Ives as an example.

2. Expanding Local Services to Address Access Challenges

Given limited public transport and the difficulty of travel especially for older people without access to their own transport, attendees highlighted the need for additional services in Fowey:

1. **Minor Injuries Unit (MIU):** Walk-in provision for minor injuries, including stitching, given the working harbour's accident risks.
2. **GP Access:** Easier access to appointments, as availability is currently limited.
3. **Community Hub Activities:** Services like those at Par Cornubia Hub, e.g., armchair aerobics and community meals.
4. **Physiotherapy:** Local provision to reduce travel to Treliske, especially for post-surgery patients.
5. **Mobile Scanning Services**
6. **Enhanced Falls Response Services and X-Ray Car**
7. **GP-Employed Paramedics**
8. **Respite Care Options**
9. **Care Home-Style Facilities**
10. **Library Borrowing Services:** Blood pressure monitors and mould detectors were suggested.

3. Frustration with Delayed Decisions

- Attendees were aware of delays caused by the COVID-19 pandemic but emphasised the need for a decision soon.

4. Awareness and understanding of current services

- Many were unaware of existing services, such as the MIU provision at the GP practice, and sought clarification on access.

- Suggestions to improve awareness included:
    - Using **Radio Cornwall** to promote services like GP MIU, virtual wards, falls response car, and x-ray car.
    - Publishing updates in **Fowey News** and on the **Fowey Town Forum Facebook page**.
    - Keeping GPs briefed
    - Making sure 111 had up to date information

5. Positive Feedback on Current Services

Attendees appreciated:

1. **Social Prescribing** (Par Running Track centre runs some fitness classes)
2. **Bodmin Community Assessment and Treatment Unit (CATU)**
3. **Par Community Hub's Offerings:** Armchair aerobics and social opportunities.

6. Improving Awareness of the Engagement Process

One person raised concern that social media had been the only route used to publicise the event, and they were not aware/had not seen the posters.

Suggestions for increasing engagement included:

- Publishing in **Fowey News** and displaying posters at venues frequented by older residents (e.g., churches, yacht club, library, GP practice).
- Providing assistance for completing online or paper surveys.
- 1 person challenged that 5 weeks was not long enough, but most people were emphasising the need to make decision.

7. Data Use and Historical Clarifications

- One person raised concerns about how activity data was being used but did not elaborate.
- Clarifications provided to attendees included:
    - **Bed Numbers:** One attendee suggested that Fowey once had 14 beds. It was explained that data shows only 10 beds were available in 2016.
    - **X-Ray Services:** One attended suggested that Fowey once had had x-ray. It was explained this was not the case in 2016 when the service shut.

Actions taken following drop-in event

Following feedback recommending greater promotion of the public engagement and the opportunity to complete online and physical surveys, CIOISCB created new posters about how to provide feedback and delivered these, plus additional paper surveys and information booklets at key sites around Fowey.

Surveys & posters:

- **Fowey River Trading**
- **Fowey Church**
- **Boots – Chemist –** surveys would be offered to people collecting prescriptions.

Posters & information booklets:

- **Royal Fowey Yacht Club**
- **Gallants Sailing Club**
- **Royal British Legion Club on Town QuayFour Turnings Garage** (Poster)
- **Spar shop/Post Office –** (Poster)
- **Kittow's Butchers –** (Poster)
- **Brown Sugar Café** (Poster)
- **Fowey Pavilion –** (Poster)
- **Hospital –** (Poster)r

In addition to the option to return paper surveys to the Town Hall, a freepost option was also created to make posting more accessible.

The editor of the Fowey News was contacted by phone and email several times requesting the engagement exercise be added to the next edition, but no response was received.

Public survey process, responses and evaluation

A survey was run from 2 December 2024 until 5 January 2025 with 3 questions and demographic data collection. These were the questions asked:

1. How has the temporary closure of Fowey Community hospital affected you, your friends, family and community, and what might help with any concerns you have?
2. If the hospital was permanently closed, how would this affect you, your friends, family and community and what might help with any concerns you have?
3. Do you have any ideas about how we can continue to improve health and care services or access to these in Fowey and the surrounding area?

Overview of engagement response

Between 2 December 2024 and 11.59 on 5 January 2025, CIOSICB received a total of 46 items of feedback, this included:

- 40 online surveys from individuals
- 5 handwritten surveys (3 dropped at Fowey drop-off points, 1 received by post and 1 received within 1 week of the closing date was also included)
- 1 email response from Fowey Town Council:

The CIOISCIB was grateful to receive such in-depth and detailed feedback from respondents.

There were no new themes arising from this engagement, providing confidence that proposals have taken into account the widest set of perspectives

Ensuring our engagement was accessible

Our guiding principle is to ensure engagement is accessible to all and to support, that our engagement included:

- An online survey available through a link on our website and through QR codes advertised on communication materials such as posters
- Survey versions included download versions on website with standard format and easy read, printed copies in standard format, larger print, and easy read document
- Public event held in local venue with disability access
- Responses to engagement could be done via email or through a freepost address with several local locations around the town offered as drop off venues for survey returns.
- Printed copies of the booklet and survey were made available in local businesses and at the in-person event.
- People could also write to us or email us to provide feedback, without filling in the survey.

We advertised our engagement methods:

- through our in-person event
- posters around the local area
- boosted social media posts to the Fowey area
- dedicated webpage
- by sharing content with local influencers/ social media group admins
- set up a subscription service that people could sign up to receive regular emails updates throughout the engagement period

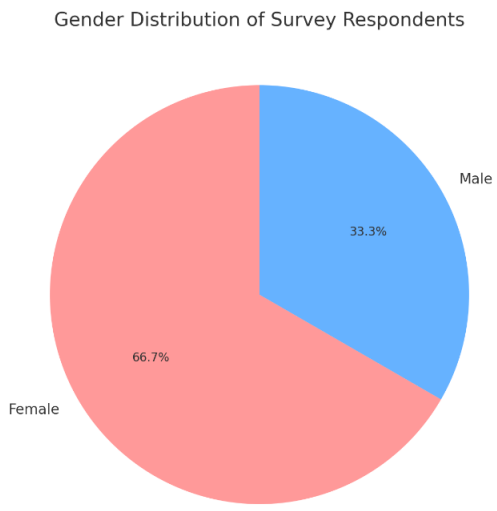
All responses have been used to develop and update the equalities impact assessment (Appendix 2)

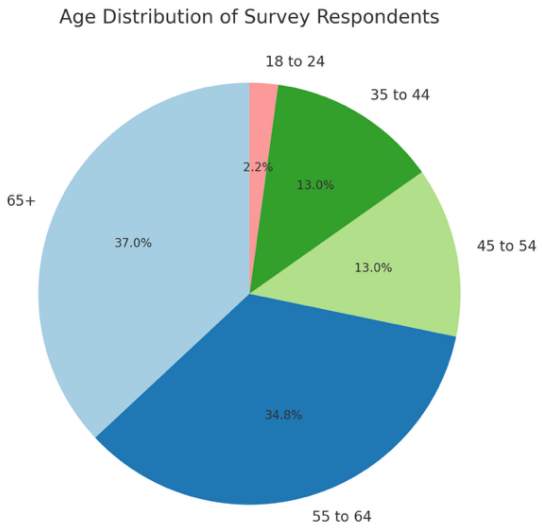
The feedback received has informed the recommendations to the May meeting of the CIOS ICB about the future use of Fowey Community Hospital and health provision in the area.

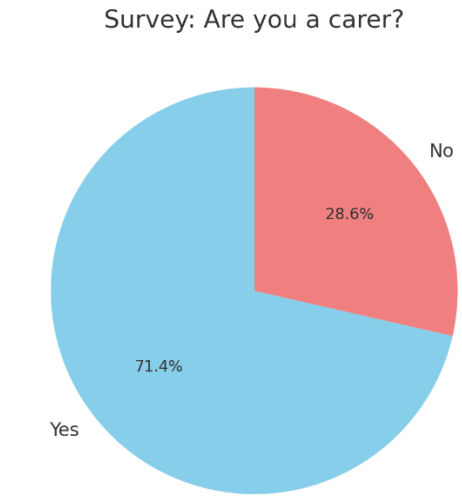
Demographic analysis

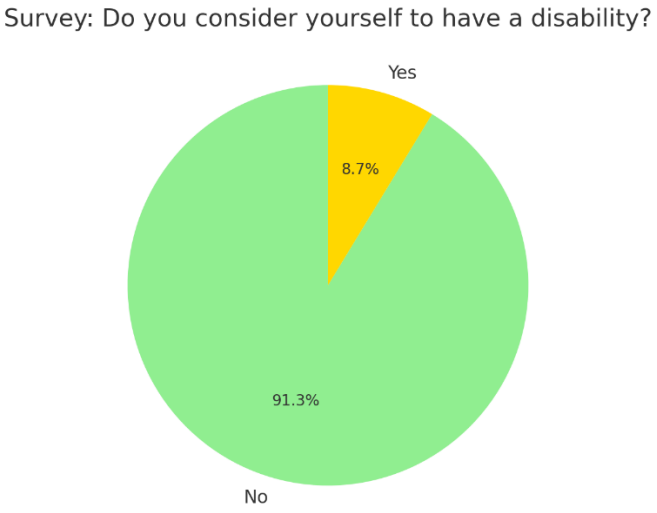
Demographics:

- All but one responder identified as English, British or Cornish
- 2/3 were female and 1/3 male
- 2/3 were over 55
- 71% have caring responsibilities
- 9% have a disability. Of those who identified as having a disability 2 were long standing conditions, 2 were mobility issues and 1 was another condition
- 20% report having health conditions
- Location: Primarily PL23 postcodes (Fowey/Polruan area)









Evaluation methodology

The analysis was based on 45 written responses to the 3 open-ended questions

For the each of the 3 question datasets, we carried out 6 stages of analysis

1. Initial Reading
- Each response was read in full to understand the overall context
- Initial notes were made about recurring topics and ideas
- Key phrases and suggestions were highlighted

2. Theme Identification
- Common topics were grouped together to identify main themes
- Similar ideas were clustered under broader categories
- Each theme was given a clear, descriptive label
- Sub-themes were identified within major categories

3. Coding and Counting
- Each response was reviewed again and coded according to the identified themes
- Individual responses could contain multiple themes
- Each mention of a theme was counted to understand frequency

4. Quantitative Analysis
- The number of mentions for each theme was counted
- Frequencies were calculated to show the relative importance of different themes
- Data was organised to show the distribution of responses across themes

5. Quality Checks
- The coding was reviewed to ensure consistency
- Themes were checked to ensure they accurately represented the responses
- Categories were refined to avoid overlap
- The analysis was reviewed to ensure no significant themes were missed

6. Data Presentation
- Results were presented both numerically and visually
- Clear language was used to explain findings
- Visual representations were created to show the distribution of themes
- Key quotes were selected to illustrate main themes

This methodology allowed for a systematic analysis of the qualitative responses while maintaining the integrity of the original feedback. The approach ensured that both major themes and individual concerns were captured in the final analysis

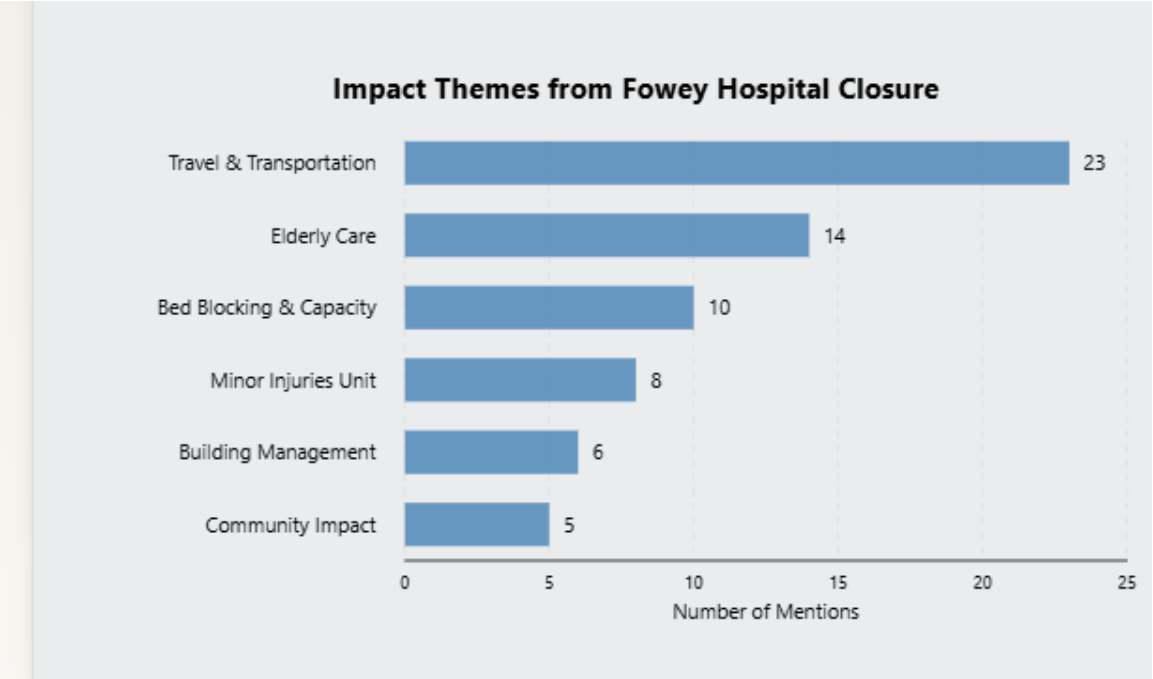
Overarching summary themes

Themes previously raised during engagement workshops and the public drop-in sessions were echoed in the survey responses and summarised below:

Analysis of responses to question 1: If the hospital was permanently closed, how would this affect you, your friends, family and community and what might help with any concerns you have?

We have listed the themes and sample feedback in priority of number of mentions made to this question. We have also provided a factual response to these points by theme.

In response to feedback, there are several tasks that the ICB will need to deliver, we will set these out in a separate Fowey engagement action plan to ensure that happens.



This graph shows the key themes from the feedback for this question, which are explained below:

Theme 1 Travel and Access Burden (23 mentions)
This included the following examples of feedback:

- Distance to main hospitals: "an hour trip by car from Fowey plus parking charges probably for a 10-minute consultation".
- Living in Polruan it was always a blessing that our elderly relatives could be in Fowey hospital so easy visit
- Our elderly relatives (Fowey residents) ended their lives moved from hospital to hospital, finally dying miles from home with no familiar faces. Prior to that,

other elderly relatives were in Fowey hospital and knew the staff and felt comfortable there.

- It has meant that I haven't had access to emergency health care and that I have had to travel further away to receive it which is difficult for me because I can't drive.
- My partner had a hip replacement 18 months ago which meant several trips to Hayle Hospital. One trip was to have bloods taken "all that way and back is a joke"
- Public transport challenges: "catching a bus from Fowey to Par station, then a train to Truro and another bus to the Hospital. This takes all day"
- Parking issues: "parking charges NOT GOOD for older people"
- Environmental concerns: "people using cars to this extent is not helping the environment"
- "For end of life nursing care for the elderly in Fowey it meant that residents and families had to travel to St Austell or further to see them and for elderly friends who didn't drive could not see them."

Response Whilst a small number of people may now have to travel further to access community hospital inpatient provision at St.Austell and Bodmin, it must be remembered that those with complex needs and disabilities could never be well supported at Fowey due to the lack of medical cover, advanced nursing/therapy skills, diagnostics and estate limitations. In the last 12 months prior to closure, only 23% of admissions were from Fowey practice patients. There have also been significant community healthcare developments over the eight years since bed closure described above in the section titled 'Community services development'. These have reduced the need for hospital admission and provided increased step down capacity supporting more people in their own homes. Alternative community hospital facilities also offer improved environments with modern facilities better equipped to deliver care with enhanced diagnostic capabilities and access to nursing and medical staff with specialist skills, leading to better health outcomes

Whilst recognising it does not provide a solution for all, transport options include

- *Volunteer transport schemes (including accessible vehicles) provided by TAP Cornwall and Volunteer Cornwall.*
- *NHS-funded patient transport for eligible patients meeting the clinical and financial criteria for support or assistance on or after the journey*
- *Advice available via a centralised booking service (01872 252211) and online*

We will continue to promote this information to the Fowey community.

Theme 2 Impact on Elderly Care (14 mentions)
This included the following examples of feedback:

- Separation from community: "elderly relatives (Fowey residents) ended their lives moved from hospital to hospital, finally dying miles from home with no familiar faces"
- Visit difficulties: "elderly friends who didn't drive could not see them"

- "It has made it really difficult for my 80 year old mother. She has had 5 operations this year with the initial consultations being in Hayle, Penzance Bodmin and Falmouth. All of which are difficult to access from Polruan without first taking a ferry then a bus to Par. Polruan residents are poorly served."

Response: The CIOSICB is committed to improving services for older people and this is a core priority, which is set out in our Joint Forward Plan with programmes of work in place to do this which includes a shift in providing more care locally, in people's homes or in local areas to address this theme.

For example, minor injury and inpatient healthcare will continue to be delivered from environments that are safe and better able to meet people's individual needs and improve their chances of returning to independence. The Tour of Fowey Community Hospital highlights Fowey Hospital's estates limitations with the minor injury waiting and clinical areas, ward spaces that are too small, lack of disabled facilities and serious restrictions in providing safe and dignified care for those receiving inpatient care.

The main report section titled Community services development details service improvements that have been made since the hospital closure that are aligned to the national and local strategy to increase and improve community and home based reablement and redirecting resources to expand the number and range of people who can benefit increasingly enabled via technical solutions and in their own homes.

A further benefit of this approach is reducing the reliance on bed-based care and reducing the avoidable risk of hospital acquired physiological harm from unnecessary or prolonged hospitalisation. Hospitals are often not the right environment for older people - especially if they have no medical or nursing requirement to be there. Evidence for this is below:

- For older people, longer stays in hospital can lead to worse health outcomes and can increase their long-term care needs as they can quickly lose confidence, their mobility and the ability to do everyday tasks such as bathing and dressing once they're admitted to hospital.[i]
- There is 43% increased mortality after ten days being in hospital if people are admitted via a crowded emergency department. This is important as most people who are admitted to acute and community hospitals generally come via emergency departments.
- For every ten days of bed rest in a person over the age of 75, there is 10% loss of aerobic capacity and 14% loss of muscle strength – the equivalent of ageing ten years in ten days[ii]
- There's a risk of getting a hospital-acquired infection, which can cause serious complications or even death. [iii]
- If someone is already receiving regular care at home, sending someone into hospital can interrupt the relationship with their carer. This bond can be hard to reestablish.
- Older people are also at significantly increased risk of developing a state of acute confusion called delirium if they are admitted to hospital. It can have serious effects, such as

accelerating or triggering dementia, and often leads to people spending a longer time in hospital and eventually ending up in a care home.

- Local evidence shows that current use of acute and community hospital beds is less than ideal and does not always meet people's needs - for 67% of people in community hospitals that is not the ideal outcome for them. (Embrace Care diagnostic 2019). When we discharge people from the acute hospital into another short-term setting (community hospital, residential or nursing care home) that is currently only the ideal outcome for half of the people. (Embrace Care Diagnostic 2019).
- People living in Cornwall and the Isles of Scilly do not want their hospital stay prolonged unnecessarily and find delayed transfers of care distressing.[iv]

Theme 3 Minor Injuries Unit Loss (8 mentions)
This included the following examples of feedback:

- Summer demand: "Fowey is a town visited by many people, especially in the summer - where sailing and other water sports occur"
- School needs: "We have a primary and secondary school where accidents could frequently happen"
- Without Fowey Hospital it is extremely difficult to access a Minor Injury Unit

Response: Fowey Community Hospital originally provided a basic minor injury service which closed in 2015. It was rarely used before it closed; about 1 person a week attended. Most people from the area chose to travel to the minor injury unit in St. Austell (8 miles away) which has X-ray facilities. People with basic minor injuries can also access treatment from the local GP practice in Fowey. The practice had always provided some minor injury provision prior to the closure of the hospital-based service in 2015 especially in the latter years as not all the nurses working in the hospital were minor injury-trained. Those with more serious injuries can still go to St. Austell, which also has x-ray facilities.
As it is evident that the local community are not sufficiently aware that they can access a minor injury service from the local GP practice this will be actively promoted via local relevant local communication channels.

Theme 4. Concerns about wider system impacts and 'bed blocking' (10 mentions)
This included the following examples of feedback:

- Surely if we had care (especially for the elderly) locally this would free up spaces at our main hospital and stop bed blocking.
- Main hospital pressure: "Bed blocking in Treliske as less beds available in smaller hospitals"
- Transition care: "nowhere in Fowey for hospital returners to stay while being rehabilitated"
- System efficiency: "freed up beds due to its convalescence/step down care"

Response: The main report section titled *'Community Services Development'* evidences the implementation of new services such as Virtual Wards, the Bodmin Same Day Emergency Care (SDEC), and Community Assessment Units (CAUs), which have all been established since Fowey Hospital closed. These services provide effective alternatives to acute hospital admissions and align with the strategic shift toward a community-first model of care by providing same day, locally or at home delivered care.

However, the survey responses underscore a critical gap in awareness and understanding among the public regarding how these services operate and their role in alleviating system pressures. The responses also highlight misconceptions around delayed discharges. Most people awaiting discharge from acute and community hospitals are waiting for home-based care services, not community hospital beds. This reflects a need for targeted communication to bridge the knowledge gap and ensure the public understands the risks of prolonged hospital stays for older people who are ready for discharge, as previously detailed in the *Response to Theme 1*. CIOSICB will continue to

- raise awareness of community-based services, using case studies to demonstrate how these services are reducing admissions and supporting timely discharge
- highlight the importance of home-based recovery for older people, emphasising the risks of extended hospital stays (e.g. deconditioning and loss of independence)
- Expand and strengthen community-based services in Fowey and the surrounding area, collaborating where necessary with Cornwall Council to address gaps in home-based support services that are delaying discharges.

Theme 5. Building and community Impact (6 mentions)
This included the following examples of feedback:

- Local employment: "some people who live in Fowey have lost their jobs due to the closure"
- Building left empty and unused
- Community identity: "valuable part of the town and a lifeline"
- If Fowey Hospital dose close who benefits from it? What happens to the building - will it be given back to the people of Fowey or sold so that it can be knocked down and more houses built?
- It becomes a self-fulfilling prophecy that the building becomes 'unfit for purpose'
- Effect on neighbouring communities like Polruan
- Fowey Town Council wrote "*"Further to our involvement in the Stakeholder Meeting and the Public Engagement Meeting about the future of the Fowey Hospital, Fowey Town Council is keen to explore options in relation to facilitating the promotion of improved health care provision in Fowey through our Library service.*
  As far as Fowey Hospital is concerned it it clear that NHS services are not viable at the site and that, sadly, it will be closed. We are, however, concerned that the land will be sold to the highest bidder and be added to the growing amount of expensive and unobtainable housing for local people.

We consider that the site must be secured for our community, possibly as affordable or sheltered housing for our aging population. Fowey Town Council would like to work with Cornwall NHS Trust to explore this option."

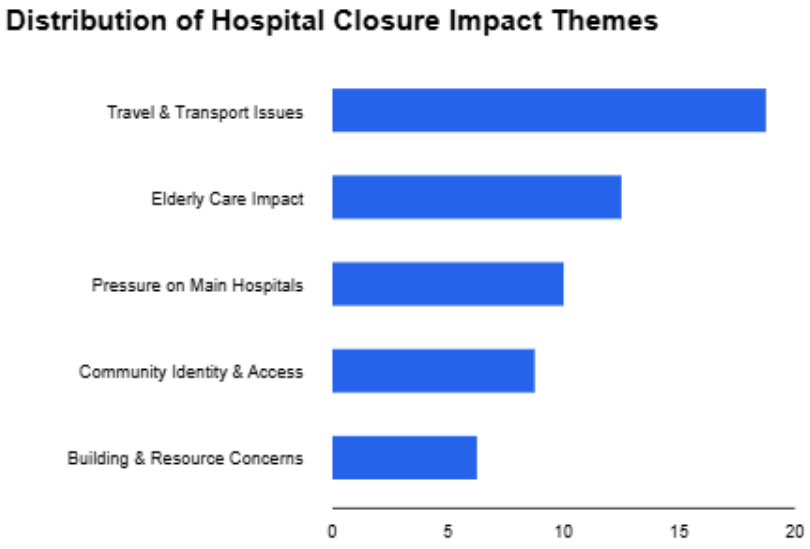
Response: The hospital site has been in a state of closure for an extended period, leading to deterioration and associated maintenance costs. Staff who previously worked in the hospital were redeployed to work in other community services.

There is no capital funding available to redevelop the site for healthcare purposes, and all potential options for its use have been carefully considered and excluded due to financial and logistical constraints.

The building is owned by NHS Property Services. Cornwall Partnership NHS Foundation Trust (CFT) own the garden and adjacent land. Survey feedback will be shared with both partners Both organisations will be made aware of the community's strong desire for the future use of the building and garden to benefit the community and if the May meeting of the CIOSICB concludes that there is no clinical use for the site, will formally request that they work together and take this into consideration in in their decision making about the future use of the building, garden and restricted charitable funds associated with the hospital.

Analysis of responses to question 2: If the hospital was permanently closed, how would this affect you, your friends, family and community and what might help with any concerns you have?

This graph shows the key themes from the feedback for this question, which are explained below:



Theme 1Travel and transport Issues (15 mentions)
This included the following examples of feedback:

Travel burden was the most frequently cited concern.

- Long distances to alternative hospitals at Truro, St.Austell and Bodmin
- Impact on elderly particularly emphasised:
- Public transport limitations: "Public transport is extremely unreliable to access these places, and for some very costly"
- Car dependency concerns: "there is the assumption that everyone has their own car - which is not necessarily the case"
- “Access to community hospitals, particularly from Polruan/Bodinnick is difficult, particularly via public transport - Fowey hospital relatively easier to access”

Response: Same theme raised in response to first survey question and therefore same response applies.

Theme 2 Impact on Elderly Care (10 mentions)

This included the following examples of feedback:

- Recovery and rehabilitation needs:
- Visiting difficulties: “My brother is 77 and is struggling looking after himself at home after a fall, his familyhad to travel to St Austell or further to see them and for elderly friends who didn't drive could not see them"
- Cost implications: "parking charges NOT GOOD for older people"

Response: Same theme raised in response to first survey question and therefore same response applies.

Theme 3. Pressure on Main Hospitals (8 mentions)

This included the following examples of feedback:

- Bed blocking issues: "lack of support for care in the village for people to be able to come home to recuperate and therefore bed block in hospital". “"People used to feel it was a final stage before coming home"
- Summer capacity: "In the summer months (with the increase in holiday makers) our main hospital can't cope"
- Perceived system inefficiency: "The closure of Fowey and other hospitals like it has placed huge pressure on Treliske and Derriford"

Response: Repeat of theme raised in responses to Question 1. Response 4 applies here equally.

Theme 4 Community identity and access (7 mentions)

This included the following examples of feedback:

- Loss of local services: "Fowey would lose another piece of its identity as a functioning town"
- Healthcare accessibility: "Unlike Par or St Austell, Fowey is more inaccessible and our public transport is spotty at best"
- Accessibility for people in Polruan “We are already seeing the worst access to health and social care on the east side of the Fowey river, particularly Polruan”. “There is a dire community care need especially in Polruan and having this site open would enable more elderly to be cared for”

Response: The response to Theme 1 applies equally here.

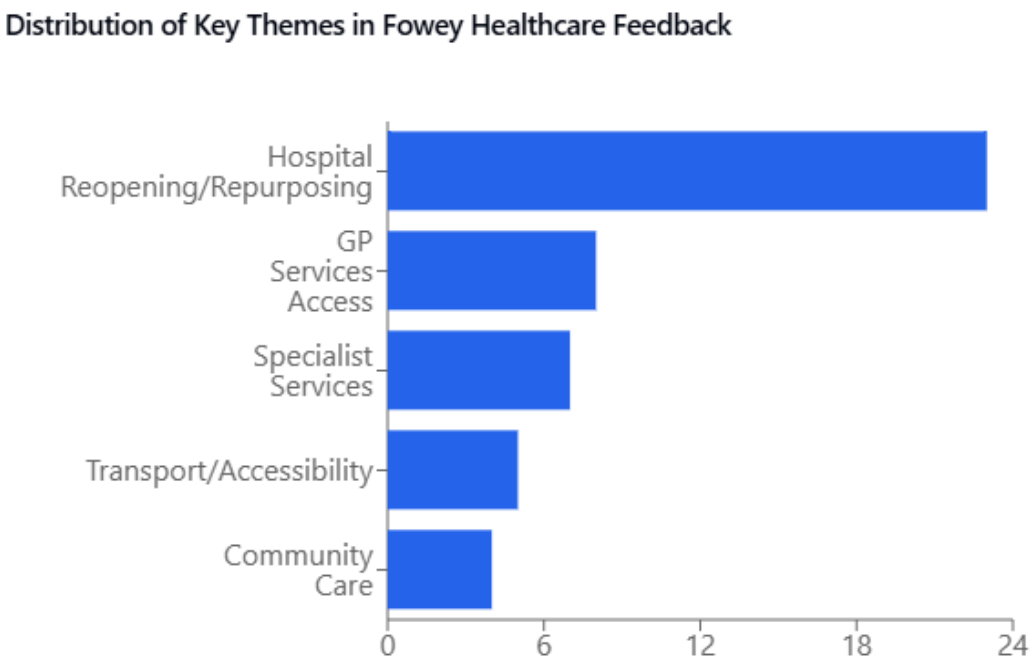
Theme 5 Building and resource concerns (5 mentions)
This included the following examples of feedback:

- Current state: "The hospital has been left closed for far too long resulting in poor state of repair"
- Maintenance costs: "costing lots of money in its closed state"
- Future potential: "There is a great asset to be used here and it is shortsighted if it wasn't made use of"

Response: Same theme raised in response to question 1. Question 1, response 5 applies here equally.

Analysis of responses to question 3: Do you have any ideas about how we can continue to improve health and care services or access to these in Fowey and the surrounding area?

This graph shows the key themes from the feedback for this question:



Theme 1: The overwhelming majority of responses (23 out of 47 total comments) focused on the hospital facility, **particularly its potential reopening or repurposing for local community use, ideas included**

- Convalescence/recovery facility
- Care home conversion

- Community health hub
- Minor injury unit

Response: *Section 5 of the main report describes all the options considered for the future use of Fowey Hospital and includes all raised in the survey. No option has been deemed viable.*

Theme 2: Access to GP services was the second most common theme (8 mentions), with particular emphasis on appointment availability and the need for more staff.

- Appointment availability
- Extended hours
- More staff at reception
- Face-to-face consultations

This included the following examples of feedback:

- "If the hospital is sold it would be good if that money could be used to improve the GP surgery in Fowey. Maybe better or more clinics close by so people did not have to travel to Truro. Or, if no in Fowey to improve facilities in Par or Penrice so travel time could be reduced."
- "Perhaps the Fowey Surgery GP network (Fowey/Polruan/Par) can extend their services? I understand this not be possible due to the contract model. However, at the very least they could stop sending Fowey patients to the Par surgery."
- 3 responses specifically mentioned Poluran raising the following issues - Need for more regular doctors in Polruan, request for improved opening hours at Polruan surgery, concern about clinician availability, dispensing for Polruan patients should be enhanced or at least returned to previous levels of service

Response: The main report section titled "Services available from the GP practice" details the enhancements to primary care services since the closure of Fowey hospital. We will do further work to increase Fowey and Polruan resident access to the additional primary care appointments. We will improve communication and raise local awareness of additional services as they become available using local relevant communication channels.

Theme 3: More specialist services and clinics received 7 mentions with following specifical raised: Physiotherapy, mental health support, baby clinics, specialist consultations

Response: The main report section, "Community services development since 2016" details several enhancements to specialist services that are now available to the Fowey population. The CIOSICB will continue to work with the population of Fowey and the surrounding area to develop further local services. We will raise improve communication and raise local awareness of additional services as they become available using local relevant communication channels.

Theme 4: Transport and accessibility received 5 mentions

- Difficult travel to main hospitals
- Parking issues
- Need for local services
- Public transport limitations

Response: Question 1, theme response applies.

Theme 5: **maintaining community-based healthcare** received 4 mentions

- Social care needs
- Elderly care
- Local support services
- Community integration

Response: *The main report section, "Community services development since 2016" details how innovative models of community-based health and care have evolved since the hospital closure so more people can receive care at home. We will continue to work with the community of Fowey and the surrounding area to create local, integrated services and ensure improvements are well communicated to increase confidence in local services.*

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[i] Discharging older patients from hospital, National Audit Office, Department of Health, 2016.

[ii] The Journals of Gerontology (2008). Functional Impact of 10 Days of Bed Rest in Healthy Older Adults. Kortebein et al

[iii] Nuffield Department of Population Health: Hospital or 'hospital at home' – what's best for older people? 2019

[iv] Delayed Transfers of Care: What it's like for patients and families. A snapshot of people's experiences of delayed transfers of care from hospitals in Cornwall, during July 2019. Healthwatch Cornwall