NHS
Cornwall and
Isles of Scilly

Fowey Community Hospital Engagement Project for the Health and Adult Social Care Overview and Scrutiny Committee

Author and presented by: Tryphaena Doyle, Cornwall & Isles of Scilly Integrated Care Board (CIOSICB), Place Director North & East Cornwall,

Date: 12 March 2025

Executive Summary

The Fowey Community Hospital site was temporarily closed by CFT in 2016. No services have operated from the site since. It is in an increasingly poor state of repair and wearing of personal protective equipment is recommended to enter the site. Cornwall and Isles of Scilly ICB (CIOSICB) is incurring costs relating to the empty building.

A decision on the future of the site is required to mitigate the risks associated with further deterioration of the structure, escalating safety hazards and compounding financial liabilities. There is also the ever-present insurance risk and or potential claims (for injury, fire or building collapse).

In January 2019, NHS Kernow Clinical Commissioning Group started a community engagement project with a wide range of partners and stakeholders to consider

(i) the health needs for the population of Fowey and the surrounding area and
(ii) the role the hospital site could play in meeting these needs.

The project was paused at the start of the Covid pandemic in 2020. It restarted in November 2024. After evaluation of several options, it was concluded that the hospital is no longer suitable to provide healthcare services.

A 5-week public engagement exercise ran from 2 December 2024 to 5 January 2025 to share the findings from the engagement project and to seek feedback from the broadest range of stakeholders.

The May 2025 Cornwall and Isles of Scilly's Integrated Care Board will consider the outcome of the engagement project, including the feedback from the public engagement exercise and combined with and informed by feedback from this committee, and make a final decision about the future of the hospital.

Recommendations

The committee is requested to:

1. review and feedback on the co-production, engagement and evaluation process and outcomes followed in relation to Fowey Community Hospital including the recent, final 5-week phase of public engagement and completion of an equalities impact assessment ahead of the Cornwall and Isles of Scilly Board (CIOSICB) reaching a decision in May 2025

2. Note the significant investment into development and ongoing transformation of community services in the area since the Fowey community hospital was temporarily closed in 2016.

3. Note the recommendation to the CIOSICB that Fowey Community Hospital is not viable for healthcare provision, and that:

    a. The minor injury service and inpatient beds should remain permanently closed.

    b. CFT and NHS Property Services are asked to consider key themes raised during the engagement process in their decision making about the future use of the garden and building and specifically the request that the community benefits from any future use of the site.

    c. CFT in partnership with the Fowey community, explore if and how Fowey Hospital restricted charitable funds can be reallocated to benefit the health of the local community, noting this would require approval by the CFT Board, and possibly an application to, and approval from, the Charity Commission.

    d. CIOISCB continues to engage with the local community to further develop the local model of care using feedback as appropriate from the 5-week engagement process and specifically:

        - Improving access to primary care appointments.
        - Exploring the feasibility of establishing a community hub in Fowey like that provided in Par.
        - Increased focus on long-term condition prevention and management – for example extending the library blood-pressure monitoring scheme to operate from Fowey Pavilions.
        - Optimising use of newer local services that allow people to remain at home or avoid travel to other sites.

    e. CIOSICB develops and implements an action plan (appendix 3) outlining next steps in response to the engagement exercise which includes community and engagement activities such as:

- raising awareness using local channels including **Fowey News** and the **Fowey Town Forum Facebook page** about:
    - how to access the Minor Injury Service provided by Fowey River Practice.
    - new services such as virtual wards, Bodmin Clinical Assessment and Treatment Unit using local case studies.
    - transport options and the how to source help for accessing.

- The benefits of adopting a "Home First" approach when planning hospital discharges, addressing the long-standing misconception that delays in acute hospital discharges (often termed 'bed blocking') are primarily caused by a lack of step-down beds. Evidence should highlight that most people can be safely supported at home with the right care, reducing reliance on community hospital beds.

Fowey Hospital: background and timeline of key events

Site origins and ownership: Built in 1914, the Fowey Hospital building is now owned by NHS Property Services (hospital land). There are no restrictions on the use of the building site identified on the title report. Cornwall Partnership NHS Foundation Trust (CFT) own the adjacent garden space. There are restrictive covenants on the garden, but they do not limit the use of the land for health purposes. There is potential for other uses if legal approval were to be sought.

The hospital building was leased to Peninsula Community Health (PCH) and Cornwall Partnership NHS Foundation Trust (CFT) from 1 April 2016 whilst occupied. Since then, the ICB has been charged for void costs.

2015 - CFT closed the hospital's minor injury service (MIU), which provided a basic service with no x-ray. The service had been provided by registered nurses from the inpatient ward as opposed to there being a dedicated MIU and was rarely used, with just 59 attendances (equivalent of 1.1 visit a week) in the 12 months prior to closure. This had led to concerns that staff were not only being diverted from supporting ward patients, but that they were also not gaining sufficient experience to maintain essential skills in stitching and the unit had not issued any medicines to patients in the nine months from April to December 2014. As a local comparator, St Austell MIU (8 miles and 20 minutes car drive away) has x-ray facilities and sees 13,000 attendances a year (250 a week).

Fowey River Practice had always provided some minor injury provision and increasingly so in the years before the hospital service closed because not all of the hospital nurses were trained in minor injury services. It is available by phoning the practice or using their online e-consult system to arrange a timed appointment at Fowey or Par daily and Polruan when there is a doctor clinic (usually a Monday afternoon). Most doctors in the surgery are able to do suturing, but those with injuries likely to need sutures, X-rays or plaster cast are referred on to be more appropriately supported at the St.Austell Minor Injury (8 miles away) or Treliske Emergency Department (23 miles away) if more specialist involvement is required.

Attendance figures remain low (an average of 20-25 visits a month) with those needing more specialist care still able to travel to St Austell.

March 2016 - PCH reduced inpatient beds from 10 to 6 due to fire safety concerns.

April 2016 – CFT secure contract for delivery of community services. Service responsibilities transfer from PCH to CFT.

August 2016 - CFT temporarily closed the 6 remaining inpatient beds due to infection control concerns linked to the condition of the building.

2016 onwards - The fabric of the building deteriorated (due to damp and structural concerns), and all remaining services ceased operating from the site.

2018 - NHS Kernow Clinical Commissioning Group initiated a project designed to engage with relevant stakeholders to identify potential options for the future use of the site. 3 stakeholder workshops held.

2020 - The project group concluded that

i. The site is not suitable for inpatient provision and is non-compliant with the minimum bed number of 16 for a community hospital site recommended by the NHS South West Clinical Senate. Fowey had 6 beds, less than Edward Hain Community Hospital in St.Ives, which was formally evaluated to be non-viable from a clinical, safety and financial viewpoint in 2020.

ii. There are no viable alternatives for the use of the site. The Fowey stakeholder group had requested that the site be considered as a care home but concluded this not viable due to size and access limitations. The site would also be too small to accommodate a viable care home (a minimum of 50 beds), even if there were sufficient local demand for such a facility.

The project had reached a stage where the next step would be to undertake public engagement on the future use of the hospital site. The purpose of the planned 4-week engagement was to ensure the broadest views from the public are sought and understood.

March 2020 - The start of the Covid pandemic led to the public engagement project being paused.

November 2022 - The ICB commissioned The Consultation Institute to provide advice on next steps to reach a permanent decision on Fowey Hospital. It recommended:

1. The ICB produces an issues paper including the current situation and options previously considered and discounted, updating the rationale for change to reflect any changes in local need and circumstances in the intervening period
2. The Fowey Hospital Stakeholder group is re-convened
3. The ICB shares the issues paper with the stakeholder group and that the group is re-engaged to confirm the current position and that no new options need consideration.

4. An equalities and impact assessment is completed
5. The ICB leads a targeted public-engagement exercise, modelled on the one taken for Edward Hain community hospital in 2020 based around the issues paper and discussions with the Fowey Hospital Stakeholder group. The purpose being to ensure the broadest possible range of views have been sought and considered.
6. The HASCOSC is kept briefed.

November 2024 – Engagement project restarted. Stakeholder workshop held and considered all options for the site. None were identified as viable.

December 2024 – **January 2025** 5-week public engagement exercise including public engagement event, online and paper surveys.

12 March 2025 – Presentation to Health and Social Care Overview and Scrutiny Committee

May 2025 – Cornwall & Isles of Scilly Integrated Care Board decision on future of hospital site.

Community services development since 2016

During the 8 years since closure, innovative models of community-based health and care have evolved to more effectively serve the local population in line with national and local strategy to shift from hospital towards community-based care. This approach anticipates people living for longer with more complex needs; in the last 20 years there has been a 50% increase in people aged over 65.

The 2019 Embrace Care Diagnostic found 67% of community hospital beds are occupied by people who would be better suited elsewhere (they had no medical or nursing need) and that people are staying longer than necessary due to reasons including lack of community provision. Analysis showed that if the right community services and support were available, fewer beds would be needed. The impact of these extended and unnecessary hospital stays can be devastating for individuals; it is well evidenced that for every 10 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. This is the equivalent of ageing 10 years in 10 days. [i]

There is an additional risk of getting a hospital-acquired infection, which can cause serious complications or even death.

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 re-establish.[ii]

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 residential care.

People living in Cornwall and the Isles of Scilly do not want their hospital stay prolonged unnecessarily and find delayed transfers of care distressing[iii].

Since the hospital closed, additional community services and capacity have come online that provide alternative models of care designed around the following principles:

- **Personalised Care** – shaped around what matters to the individual, their needs, strengths and circumstances, and their stage in life.
- **Focused on prevention** – health creation, healthy living, early detection to stop development of disease, preventing its progression, reducing its impact.
- **Place-based** – trusted local relationships, harnessing community strengths and assets, tackling inequity, increasing local services for care and rehabilitation.
- **Integrated** – holistic support from integrated neighbourhood teams wrapped around people.

Service developments include:

Bedded care

2 extra end of life beds at Mount Edgcumbe Hospice (10 in total) which provides expert, personalised care. Local GPs and community teams also provide more end-of-life care in people's homes (if they wish) rather than a hospital, hospice bed or care home. Between November 2023 and November 2024, 7 people from Fowey received continuing health care funded end-of-life care in a care home.11 people received care at home.

5 Dementia assessment beds at Hendra Court, Par (3.7 miles from Fowey). These have been commissioned to provide intermediate care for people following a hospital stay. Initially sourced from a care home in Truro, this service is now available at Hendra Court in Par, with medical support provided by Fowey River Practice. While accessible to individuals across Cornwall, the closer proximity of these beds to Fowey offers residents a more convenient option near home when they need it. Hendra Court provides 24-hour personalised care and assistance for those living with dementia, in a safe and comfortable environment.

24 Beds Bodmin Community Assessment and Treatment Unit (12 miles from Fowey) - 27 people from Fowey were seen between November 2023 and November 2024

People from Fowey can still use **other community hospital beds** at locations that offer a higher level of care and more diagnostic services than Fowey Hospital could provide. The closest community hospitals are St.Austell (8 miles away) and Bodmin (12 miles from Fowey)

A **Transfer of care hub** helps organise care for people in both the community and hospitals, making sure they get the right support in the right place. On average, the hub supports 63 people from Fowey each month.

Urgent Care

Falls Response Car - 10% of ambulance call outs are to respond to falls, many of them non injurious, but to respond to the frailer person who is simply unable to get up unaided and has no one to help them. The Cornwall Falls Response Car service has been commissioned to address this issue. Cars staffed by highly experience pre-hospital care professionals ensure the fallen person receives the right support wherever possible to stay at home. The service provided by Cornwall Ambulance Service has been rated by the Care Quality Commission as outstanding.

X-Ray Car - CIOISCB has commissioned the Cornwall X-Ray Car service - an innovative, mobile radiography initiative that brings essential diagnostic imaging directly to people in their communities. A car with portable X-ray equipment and two operators are dispatched to people who need checking after a fall or injury, but are at low risk of a fracture negating the need for Fowey residents to travel to Treliske unnecessarily for x-rays

Urgent Care and Acute Care at Home Services – In alignment with government policy to enhance community-based urgent care, Cornwall Partnership NHS Foundation Trust (CFT) has introduced a new Urgent Care Responder function and expanded its Acute Care at Home service, allowing more people to receive crisis support at home. 147 people registered with the Fowey River Practice were seen by the Acute Care at Home service in the 12 months before Fowey closed. This increased to 193 people in a comparative 12 month period between 2023 and 2024.

Bodmin Same Day Emergency Care (12 miles from Fowey)– This service provides an alternative to attending the Treliske Emergency Department. In a 12 month period between 2023 and 2024: 9 attendances, 10 telephone consultations from Fowey residents.

Virtual Wards - People receive hospital-level care in their homes, including monitoring of conditions like Chronic Obstructive Pulmonary Disease and heart failure. Virtual wards reduce the need for hospital visits and support faster discharge from hospital, providing continuity of care in a familiar setting. Work is now underway to open virtual cardiology and respiratory wards. Between October 2024 and January 2025 41 people from Fowey used Virtual Ward service.

Additional reablement capacity - Multi-million investment into services that help people regain independence after illness or injury. These services offer short-term support at home. They include CFT's Home First service which has increased the number of support workers in its team since the hospital closed. The Cornwall and Isles of Scilly Integrated Care Board has also commissioned additional capacity from Stay at Home Cornwall, Humans and Age UK to support more people to receive reablement support in their own home. These services support the avoidance of a hospital admission and help them return home more quickly after a hospital stay. This is important because repeated audits show that many people are placed in and/or delayed leaving community hospitals when they could recover in their own home.

Long-term care at home - Cornwall Council launched a newly commissioned model of providing long-term home care on 18th October 2024. This new model is aimed at enhancing productivity and expanding capacity through the creation of 4 new Home Care Alliances across 11 geographical zones. This is intended to reduce referral transaction time and allow providers to improve the efficiency of home care delivery, which will increase the available market capacity from the existing workforce. Increased capacity in these services will allow people to leave acute and community hospital more quickly, in turn creating capacity in community hospitals where people require temporary bedded care.

Services available from the GP practice

More on the day appointments are available from a primary care hub in Bodmin (12 miles away) with plans being developed to allow access to the St.Austell hub and potentially a service closer to Fowey.

2 social prescribers - Social prescribers work with patients to identify non-clinical support options that address broader health determinants, like housing or mental health support. This service links Fowey residents to a variety of community resources that support well-being.

A new 1.4 WTE first Contact **Physiotherapist** service supporting Lostwithiel, Fowey & Middleway practices

A **mental health practitioner** supporting Lostwithiel, Fowey & Middleway practices

Enhanced pharmacy support for people post discharge including medication reviews, for example for those who may be most vulnerable such as the frail and elderly and those in care homes. 2 WTE pharmacists and a pharmacy technician support the Lostwithiel, Fowey & Middleway practices.

Additional sexual health services provision – 1 WTE specialist nurse supporting all practices in the Bosvenna & Three PCN.

Planned Care Services

St Austell Elective Surgical Hub - (8 miles from Fowey) opened in October with 2 theatres with annual capacity to provide 5,000 planned day-case procedures.

Community Diagnostic Centre provision at Bodmin (12 miles away) including CT and MRI scans now negates the need for many residents to travel to Treliske Hospital (23 miles away). At least 1600 people registered at Fowey River Practice have been seen since January 2024.

Prevention and voluntary sector investment

The CIOISCB has provided investment to several voluntary sector organisations to develop the Kernow Gateway which provides a dedicated telephone line to access a range of voluntary sector support. Cornwall's charities and community groups have combined forces to support people.

Additional investment has been provided to support the development of Community hubs including the Cornubia Hub in Par (3.7 miles from Fowey) since October 2022 which offer a range of support for people who often seek help from general practice but do not require a medical intervention. They are a place to deliver practical support, preventative measures and social interaction helping people to find the support they need based on what matters to them.

5 Options considered

Since the start of the engagement project in 2018, several options for the Fowey Hospital site have been proposed, evaluated and considered not viable. These are summarised below.

Re-open the minor injury service

This was deemed neither viable nor necessary from quality, operational or financial standpoints:

Limited service: The former service was not a dedicated minor injuries unit; nurses were often diverted from ward duties to handle walk-in patients. There was no x-ray nor any other diagnostic provision. The Fowey River practice had been providing an equivalent service for several years before the hospital service closed in 2015 and increasingly so in the latter years due to not all of the hospital nurses being minor-injury trained or able to prescribe medications.

Low demand: Prior to its closure in 2015, usage of the minor injury service was low, averaging just one attendance per week.

Alternative provision: Fowey River GP practice now provides a comparable service, and demand remains minimal – an average of 20-25 visits a month.

Cost: Major capital investment would be necessary to upgrade the building to an acceptable standard for any clinic-based services.

Low priority: Even if capital funding were available, other CFT sites where services are being delivered would be prioritised for such funding.

Re-provide inpatient beds

Deemed not viable because:

Building condition: The building is outdated, costly to maintain and in poor state of repair. It is unsuitable for people with complex needs like dementia. Modern inpatient care needs a greater standard of environment than the site can provide. Staff who worked there did not think the environment was appropriate to deliver good quality care

Room size and bed spacing: The current room sizes do not meet Health Building Note (HBN) compliance standards, with the two single rooms at only 58% and 64%

of the recommended 19m². Bed spacing falls below Department of Health standards, compromising patient safety and limiting the movement of staff and equipment. This increases risks, such as falls and infection transmission, and restricts staff from safely using essential equipment.

Limited service There is no medical imaging such as an X-ray or CT scan. People with more complex needs requiring additional medical supervision, specialist physiotherapist and /or occupational therapist input were supported at other community hospitals like St Austell (8 miles from Fowey). The people most likely to need to use such a facility would be elderly and frail with a range of physical disabilities. The site would therefore not provide safe care, and we are increasingly avoiding the need for frail elderly patients to need to be admitted to hospital for their care.

Minimum bed requirement: Clinical Senate guidance recommends a minimum of 16 beds to sustain a viable community hospital. Previous evaluations, such as for Edward Hain Hospital (which had 12 beds), concluded that hospitals with fewer than 16 beds are not viable. Fowey Community Hospital, with only 6 beds, does not meet this threshold.

Location, Parking and Access Constraints: The hospital is in a residential area with no scope to expand. There is limited public transport and very little parking on site, with no segregation between vehicles and pedestrians and vehicle access to the site is difficult.

Cost: Higher priority for any capital that became available would be given to other Cornwall Foundation Trust (CFT) sites that serve larger populations and can provide greater service impact.

Repurpose as a care home

In 2018, CFT led discussions with residents and the town council about the future use of Fowey Community Hospital. This included a meeting with the Fowey Parish Council in April 2018 where a proposal to redevelop the hospital site as a 30 bedded nursing home with 7 parking spaces and 3 staff flats was explored. This was presented in good faith, based on information available at the time. Subsequent detailed analysis of the proposal summarised below deemed it would not be feasible due to financial, operational, and strategic constraints. The same logic rules out its use for Extra Care housing.

Not financially viable: National benchmarking states 50 beds is the minimum for a profitable home. Local providers highlight banks are reluctant to fund smaller homes and they are harder to sell.

Site size and location: Too small with limited parking, access and public transport provision. Additional traffic would place extra burden on road/parking infrastructure in a popular tourist destination.

Recruitment challenges: The area's high cost of living and its popularity as a tourist destination hindered the recruitment of registered nurses and other staff.

Cost: CFT do not have £10-15m capital funding available to develop the site. And if it were available, other operational sites with backlog maintenance issues would take priority.

Whilst the community may wish to continue to explore whether another site could be developed as a care home, it is important to note that NHS Property Services' financial arrangements preclude any funding associated with the hospital to be redirected to any other site.

Day services or clinics

This was deemed not viable because:

No clinics previously offered at this site.
No identified demand for such services in the area.
Building constraints and cost.
Alternative locations are available.

Office accommodation

This was deemed not viable because of the building constraints and costs.

Community Hub

This was deemed not viable because of

Building constraints and costs
Alternative community venues are available
Beyond NHS core responsibilities – similar hubs are typically managed by the voluntary sector

Key themes arising from community and public communication and engagement

Appendix 1 Community and public communication and engagement report outlines the process and timeline for engaging key stakeholders and the local community in identifying and evaluating options for the Fowey hospital site. It highlights the themes that emerged.

Over the six-year engagement period, both before the COVID-19 pandemic and during the recent public engagement exercise, consistent themes have emerged, reinforcing confidence that a broad range of opinions has been considered.

Key Themes are summarised below alongside the ICB's response. All feedback has been used to inform the equalities impact assessment (Appendix 2) and inform the recommendations to this committee and May meeting of the CIOS ICB about the future use of Fowey Community Hospital and health provision in the area.

1. **Travel and access challenges** – Significant concerns about poor public transport, particularly affecting elderly residents and those living in Polruan.

   Response *Whilst a small number of people from Fowey and Polruan 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 travel by reducing hospital admissions and providing increased step down capacity supporting more people to return earlier to 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.

2. **Local Benefit and Funding** – Strong calls for assurance that previously raised funds for the hospital, and/or proceeds from any sale of the site or garden, will be reinvested to benefit the Fowey community. Many emphasised the need to honour the Treffry family legacy, which intended the site to serve local residents.

   Response: 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.

3. **Frustration with Delayed Decision-Making** – Concerns over prolonged indecision and the associated costs, such as maintaining an unused building.

Response: *The hospital site has been in a state of closure for an extended period, leading to deterioration and associated maintenance costs.*

We regret the uncertainty about the future of the hospital since 2018. It is acknowledged that the process has taken time. It was important to us not to rush and to get it right. We are aware that the community have been keen to draw this process to a conclusion for some time to end uncertainty over the building.

There were 'pauses' in the engagement activity due to general election (November to December 2019) and resources being diverted to the COVID-19 response (March to November 2024).

However, the process has not held up the development of the local model of care which has continued throughout this time as detailed in the report section titled, 'Community Services development since 2016'.

4. **Potential impact on Elderly Care and loss of local bedded care provisions.**

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.*[iv]

- *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*[v]
- *There's a risk of getting a hospital-acquired infection, which can cause serious complications or even death.* [vi]
- *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.*[vii]

5. **Minor Injuries Unit Loss**

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.

6. **Need for better access to GP services**

   Response: *The 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 hub capacity that has been commissioned including providing access to the St.Austell Hub and looking to provide clinics closer to Fowey. We will improve communication and raise local awareness of additional services as they become available using local relevant communication channels.*

7. **Need for More Local Services** – Particular emphasis on improving access to GP services.

   Response*: the 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 improve communication and raise local awareness of additional services as they become available using local relevant communication channels.*

8. **Wider System Impacts** – Concerns about bed capacity across the system and the risk of 'bed blocking.'

   Response: *The 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 and Treatment Units (CATUs), 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.

9. **Service Awareness and Communication** – Many residents were unaware of existing services, such as the minor injury care provided by Fowey River Practice, or recent developments in community healthcare.

   Response: *As it is evident that the local community are not aware that they can access a minor injury service from the local GP practice, nor recent developments in community healthcare, this will be actively promoted via local relevant local communication channels.as detailed in Appendix 3 Fowey Communication and engagement action plan.*

10. **Alternative Uses for the Building** – Some suggestions for repurposing the hospital building, despite these options having been assessed as non-viable.

    Response *Section 5 of this 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.*

External Support

In order to ensure compliance with required guidelines for planning, assuring and delivering service change, CIOSICB has worked with the following organisations.

NHS England

The CIOSICB has held regular review meetings and provided briefings to NHS England who require us to follow a process for service change and engagement and assess compliance with national guidance and the following 4 assurance tests:

1. Strong public and patient engagement.
2. Consistency with current and prospective need for patient choice.
3. Clear, clinical evidence base.
4. Support for proposals from clinical commissioners.

NHS England's additional fifth test, the 'bed test' requires that in any proposal including plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet 1 of the following 3 conditions:

1. Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it.
2. Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions.
3. Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care.

Evidence of compliance with the bed test is provided in the report section, 'Community services development since 2016'

The Consultation Institute

A national not-for-profit best practice institute, promoting high-quality public and stakeholder consultation in the public, private and voluntary sectors. In November 2022, the ICB commissioned The Consultation Institute to provide advice on next steps to reach a permanent decision on Fowey Hospital. The Institute's recommendations are detailed in section 3 'Fowey Hospital: background and timeline of key events' and were followed in full and comprehensively

Next steps

The CIOSICB May 2025 board meeting will consider the outcome of the engagement feedback combined with and informed by feedback from the 12 March HASCOSC to make a decision about the future of the hospital.

---

[i] 9The Journals of Gerontology (2008). Functional Impact of 10 Days of Bed Rest in Healthy Older Adults. Kortebein et al

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

[iii] 11 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

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

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

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

[vii] 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