

# Matlock Hospitals League of Friends

Charity No 260510



Response to

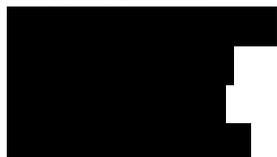
## **Better Care Closer To Home Consultation CLARIFICATION**

Issued by North Derbyshire & Hardwick  
Clinical Commissioning Groups (CCG)

With special consideration of The Whitworth Hospital

22nd November 2016

### Contact Details



E [info@mhlof.co.uk](mailto:info@mhlof.co.uk)

W [www.mhlof.co.uk](http://www.mhlof.co.uk)

1	<b>Introduction</b>	<p>Matlock Hospitals League of Friends delivered two copies of our response to the "Better Care Closer To Home" Consultation to the Chairman and Accountable Officer of North Derbyshire Clinical Commissioning Group (CCG) on Friday 28th October 2016.</p> <p>The League was astounded to receive a further document titled "Better Care Closer To Home Consultation Clarification" on Monday 31st October 2016 which confessed to errors in the Business Case to which they had been alerted by responses to the original Questionnaire.</p>														
2	<b>Trust in costings</b>	<p>As a result the League is distrustful of figures within the plan and their effect on decisions reached, particularly regarding the drastic reduction in Community Hospital Beds and the proposals for the placements of the remaining 32 beds.</p> <p>The local population is as horrified as The League about the blunder in the figures and wants to know how both the original and the new figures were arrived at. If the answer is that the new ones are the correct working cost figures and that it makes no difference to the decision about the rehabilitation beds then this indicates a "done deal" - a decision to which the figures were made to apply.</p>														
3	<b>Wording of Clarification document</b>	<p>As before, the feedback tick boxes are not relevant to the questions needing answers, have caused confusion and could potentially be misinterpreted and we have advised respondents to ignore them.</p> <p>We also fully expect that all replies will be seen by the Independent Assessor. If this is not the case, it should be made public.</p>														
4	<b>Costing</b>	<p><b>With respect to the table indicating total costs of Community Beds (page 60 of PCBC) under the present system, the League notes that there is a 24% reduction in the projected cost of 20 beds at Whitworth Hospital over 5 years.</b></p> <div style="text-align: center;">  <p><b>Better Care Closer to Home Consultation Clarification</b></p> <p><b>Please read and reply</b></p> </div> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #003366; color: white;"> <th rowspan="2">Existing Beds before 21c</th> <th colspan="2">Original Figures (£'000s)</th> <th colspan="2">Corrected Figures (£'000s)</th> </tr> <tr style="background-color: #003366; color: white;"> <th>Baseline (2014-15)</th> <th>Projected (+5 years) 2019-20</th> <th>Baseline (2014-15)</th> <th>Projected (+5 years) 2019-20</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">- Whitworth (20)</td> <td>2,760</td> <td>3,357</td> <td style="color: red;">2,107</td> <td style="color: red;">2,563</td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 10px;">  <p>24% less</p> </div>	Existing Beds before 21c	Original Figures (£'000s)		Corrected Figures (£'000s)		Baseline (2014-15)	Projected (+5 years) 2019-20	Baseline (2014-15)	Projected (+5 years) 2019-20	- Whitworth (20)	2,760	3,357	2,107	2,563
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		<p>This information does not coincide with the corrected raised cost of providing an unspecified number of beds in Option 3 on page 81 of the PCBC appendices. It raises the inexactitude of this table because no option states the number of beds concerned.</p> <p>Oker Ward at Whitworth Hospital in the table of page 60 is costed for only 20 beds. It currently runs at a higher number due to overflow from The Chesterfield Royal Hospital which is already full before Winter starts. The present budget covers only 16 beds. As a result of the underfunding the extra nursing staff required are Agency Nurses at a considerably higher cost. A budget covering actual patient numbers would decrease running costs.</p> <p>The new figures do not confirm if like-for-like services have been costed and compared. This is particularly relevant for Oker Ward at Whitworth Hospital. If it is closed there will be stranded costs unless there is an unknown plan for the future use of the building.</p> <p>Estimated costs at Chesterfield Royal are partly guesswork since there is no equivalent service in place and we have not received any clarification on payment of rented space at Chesterfield.</p>
5	<p><b>Quality of Service</b></p>	<p>Chesterfield Royal Hospital would take many years to come anywhere near the standard of Oker Ward, which has recently won:</p> <ul style="list-style-type: none"> <li>• Derbyshire Community Health Services NHS Trust Chairman's Special Award for Care and Compassion</li> <li>• Derbyshire Community Health Services NHS Trust Highly Commended Award for Diversity</li> </ul> <p>The Care and Quality Commission (CQC) also rated Oker Ward in 2016 as <b>outstanding</b> for caring.</p> <p>To provide "Better Care" the provision at Whitworth Hospital is the very best option for patient care. It has recently been refitted at great cost and provides an extremely high quality of service. Oker Ward is peerless in North Derbyshire. It is the obvious choice for rehabilitation care.</p> <p>The Royal Hospital in Chesterfield is wholly unsuitable for rehabilitation. To move rehabilitation there leaves the Derbyshire Dales without a single bed of any type and makes a mockery of the "Closer To Home" heading.</p> <p>Not all patients want to be cared for 'home alone' and would positively benefit from a stay in Oker Ward at The Whitworth Hospital.</p>

6	<b>Final Remarks</b>	<p><b>The League's reaction to the Clarification Document is to significantly strengthen all the arguments, reasons and questions given in our original response.</b></p> <p>Overall the clarification is a damaging confession of errors leaving a question mark over the accuracy and precision of the Business Case, the decision making process and the feasibility of the whole project.</p> <p>The CCG has to respond to the present financial situation but this plan is not the full answer and does not emphasise the importance of "Patient First".</p>
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