

Changing the provision of community rehabilitation in Erewash

Public Engagement Report

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Executive Summary

NHS Derby and Derbyshire Clinical Commissioning Group launched a 60 day period of engagement on 27 June 2019 to enable people to share their views on our plans to change the model of community discharge and care in Erewash. The main aim was to help us to understand any unforeseen issues in implementing the proposed changes which had received Governing Body (GB) support to enter a period of engagement for in June 2019.

Our Engagement Programme

Engagement Method	No. of responses/or people attending/or no. of organisations on distribution list
Engagement Shaping (Pre and during engagement period) <ul style="list-style-type: none"> • Engagement Committee • QEIA Panel • Erewash Quest Event (attended by Erewash GPs) • Individual Erewash GPs email • Erewash Place Alliance • Implementation Planning Meeting 	15 members 6 Panel Members (2 sessions) 40 GPs and Surgery staff (1 session) 4 GP's responded 15 members (3 sessions) 10 system wide partner representatives (6 sessions)
Distribution of engagement material	All Erewash GP practices Patient and Participation Groups (PPGs) linked to GP surgeries Ilkeston Hospital League of Friends Over 37 voluntary sector groups and community organisations All local Councillors MPs and Parliamentary candidates Local Pharmacies Over 10 partner agencies
Questionnaire <ul style="list-style-type: none"> • on-line, paper copy 	30 completed surveys
Public and staff Drop-in sessions <ul style="list-style-type: none"> • 15th July 2019 • 29th July 2019 • 12th August 2019 	In total: 26 public attended 5 staff attended
PPG Meeting <ul style="list-style-type: none"> • 19th August 2019 	9 PPG members (public) attended
Enquiry Log	6 enquiries
GB Questions	9 questions raised to GB
Invitation to Campaigners' public meeting <ul style="list-style-type: none"> • 8th August 2019 	At least 70 members of the public attended

What People Said and What We Will Do Next

From analysis of all of the feedback received, it is clear to see that:

- There is concern that Ilkeston Community Hospital may close
- There are misconceptions around the planned change and what this means
- There is concern that the model will not fully meet people's needs
- There is concern that the evidence does not support the change
- There is concern that the different pathways of care described do not offer enough support and that a hospital bed is needed
- There is concern that change is based on finances and not an improvement in model of care
- There is a lack of understanding or belief that the models of care will work
- There is concern about transport for patients and relatives needing to receive care in Sandiacre
- There is a suggestion that the CCG should have consulted, rather than engaged as there are views expressed that this is a significant service change.

Ten themes have emerged from the feedback from local people and these are contained in the Conclusion section, along with the Clinical Commissioning Group response.

Introduction

As NHS Derby and Derbyshire Clinical Commissioning Group (CCG) we are responsible for allocating the budget for healthcare in Derbyshire and we work with all health partners, including hospitals, community services and GPs to commission the health care our local population needs. The Strategic Objectives of NHS Derby and Derbyshire CCG are:

1. To reduce our health inequalities and improve the physical health, mental health and wellbeing of our population.
2. To reduce unwarranted variation in the quality of healthcare delivered across Derbyshire.
3. To plan and commission quality healthcare that meets the needs of our population and improves its outcomes.
4. To support the development of a sustainable health and care economy that operates within available resources, achieves statutory financial duties and meets NHS Constitutional standards.
5. Work in partnership with stakeholders and with our population

This report explains the work we have done to engage our stakeholders including the public, specifically the Erewash community, including the feedback we have gathered and analysed through the engagement period in relation to hospital discharge processes in the Erewash area, particularly Ilkeston.

We recognise the importance of ensuring public, staff, patients and the wider Ilkeston community are informed about and involved in the development of health services in their area, so we launched a 60 day period of engagement on 27 June 2019 which lasted until 26th August to enable people to share their views on our plan. The main aim is to help us to understand any unforeseen issues in implementing the planned changes. The Governing Body will consider the engagement feedback at its meeting held in public on 5th September 2019.

Background

The Derbyshire STP (Joined Up Care Derbyshire) has highlighted that the local system is overly reliant on bed based care. Whilst we know that good care is provided in the individual settings, elderly patients sometimes spend too long in bed based care causing physical, psychological, cognitive and social deconditioning resulting in lost independence.

One of the STP's clear aspirations is to ensure that the *'right care is provided in the right setting by the right people'....that patients 'flow' effectively through their care pathway and are supported to stay at or near home wherever possible and return to safely living independently at home following a stay in hospital.*

This view is acknowledged and jointly agreed by all statutory and non-statutory social, health, voluntary and independent organisations across the whole system.

We want to ensure that we have the right services in place to meet the needs of people discharged from acute hospital care who are not able to go straight home without additional rehabilitation or support. Ensuring care is delivered in the right settings and with the right care according to patients' needs supports people to have the best health outcomes, keeps them safe and independent and care for them wherever possible, at home.

The rationale for these changes was presented to the public session of the NHS Derby and Derbyshire CCG Governing Body on [6 June 2019](#) and seeks to support enhanced discharge at the optimum time in a patients' pathway of care to have maximum impact on their ability to recover functionality after a hospital stay.

Governance

Equality Impact Assessment (EIA)

Due regard (Equality Analysis) is an on-going proactive process which requires the use of information about the effect our decisions are likely to have on local communities, service users and employees, particularly those who are most vulnerable or at risk or disadvantage.

The Equality Impact Assessment (EIA) did not identify any significant impacts specifically on any of the protected characteristic groups.

Quality Impact Assessment (QIA)

A Quality Impact Assessment (QIA) is similar to an Equality Impact Assessment in that it is looking for any positive or negative impacts in a service change or development. The formal process of QIAs ensures that the needs of the patient both from a clinical and experience viewpoint are considered.

The main point to note from this project's QIA is that there were no specific issues identified in the quality of the service planned. However, it was noted that the Derbyshire Community Health Service staff engagement in this change was vital to ensure the design and delivery of services would work.

The Quality and Equality Impact Assessments can be found in Appendix 1 and 2 of this report.

Developing the approach

The plans for changing the provision of community rehabilitation in Erewash have been subjected to the following engagement and governance processes to help shape and seek agreement with the direction of travel for this project:

Date	Meeting	Action
5 th February and 7 th March 2019	Erewash GP representatives	Discussion re Ladycross medical cover (short term) 5/2 (SG / EP) Follow up conversation with AB / EP (7/3) Offer made for CCG to attend QUEST event on 10th July

6 th March 2019	QEIA panel	
12 th March 2019	QEIA panel	
9 th May 2019	Email sent to all Erewash GPs to update on progress to date with project and decision to open up pathway 2 beds, closing ICH beds asking for feedback / questions	Responses received from four GPs
5 th June 2019	CCG Engagement Committee	For members of the committee to review public-facing materials
6 th June 2019	CCG Governing	Agreement in principle to commence engagement programme
20 th June 2019	Place Alliance meeting	<ul style="list-style-type: none"> - Voluntary sector representatives - Housing representatives - Derbyshire Health United (111 and out of hours service) - Local Authority (Adult Social Care) - Primary Care Network / primary care representation - Derbyshire Community Health Services (community care provider including the running Ilkeston Hospital) - Public Health - East Midlands Ambulance Service
10 th July 2019	Erewash Quest event attended by Erewash GPs	Presentation given by Jo Warburton and Louise Swain
18 July 2019	Erewash Place Alliance meeting	<ul style="list-style-type: none"> - Voluntary sector representatives - Housing representatives - Derbyshire Health United (111 and out of hours service) - Local Authority (Adult Social Care) - Primary Care Network / primary care representation - Derbyshire Community Health Services (community care provider including the running Ilkeston Hospital) - Public Health - East Midlands Ambulance Service
15 th August 2019	Erewash Place Alliance meeting	<ul style="list-style-type: none"> - Voluntary sector representatives - Housing representatives - Derbyshire Health United (111 and out of hours service) - Local Authority (Adult Social Care) - Primary Care Network / primary care representation - Derbyshire Community Health Services (community care provider including the running Ilkeston

		Hospital) - Public Health - East Midlands Ambulance Service
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As part of agreed Governance processes within NHS Derby and Derbyshire Clinical Commissioning Group, the Engagement Committee has been fully briefed on this project. The Terms of Reference of the Engagement Committee includes the following elements:

- Ensure any service changes and plans are developed and delivered through effective engagement with those affected by change and that patients, carers and the public are at the centre of shaping the future of health and care in Derbyshire;
- Provide a lay forum within which discussions can take place to assess levels of assurance and risk in relation to the delivery of statutory duties in public and patient involvement and consultation, as defined within the Health & Social Care Act 2012;
- Retain a focus on the need for engagement in strategic priorities and programmes, to ensure the local health system is developing robust processes in the discharging of duties relating to involvement and consultation;
- Provide update reports to the CCG's Governing Body on assurance and risk; and on the delivery of duties and activities relating to patient and public engagement and involvement;
- Champion Patient and Public Involvement in all processes relating to CCG decisions.

The CCG Engagement Committee reviewed information relating to this project at the meeting on 5th June 2019. Members of the committee supported the development and review of the public facing information. The Engagement Committee will receive this report at its meeting on 4th September 2019 for assurance on the processes followed to deliver an engagement programme and to provide recommendations to the CCG Governing Body meeting on 5th September 2019.

The following additional steps were taken to provide assurance on the project's case for change, methodology and process:

- NHS England Regional Team– 24th May – indicated they were content with an engagement approach following recent precedent, requiring assurance that partners at the A&E delivery board supported the planned changes.
- A&E Delivery Board - 30th May – supported the change in the way rehabilitation delivered in Erewash. Agreement was recorded from representatives across the health system.
- Improvement and Scrutiny Committee - 15th July 2019 received a presentation on the scheme's case for change and engagement approach.

Engagement Methodology and Outputs

NHS Derby and Derbyshire CCG recognises the importance of ensuring public, staff, patients and the wider Ilkeston community are informed and involved in the development of health services in their area. The CCG commenced a period of engagement from 27th June 2019 for duration of 60 days, closing on 26th August 2019.

The engagement approach aimed to maximise the information available to people potentially affected by the change to gather a range of views. The approach consisted of the following elements:

- Engagement launch and publication of the engagement documents via the DDCCG website
- Utilising a survey to gather views in a consistent manner, but with opportunity for respondents to raise further issues by free text (see Appendix 3)
- Sharing of the engagement documents (see Appendix 4) with key stakeholders (see target audiences), using a range of distribution methods including briefings, email, post, survey, telephone and face to face
- Launch of the digital/media campaign including social media, events, press release
- Publishing of intranet articles and homepage carousel
- Development of an enquiries log
- Holding engagement events including drop in sessions and public meeting
- Communicating with all staff about the engagement methods
- Distribution of materials to key venues
- Analysis of the feedback

The aim of the engagement was to explore the impact of implementing changes in the provision of community rehabilitation in the Erewash area and to understand any unforeseen issues in implementing the planned changes to see how these might be mitigated.

Distribution of information

GP Practices were contacted directly to be updated and also asked to display a poster about the engagement sessions in their waiting rooms to invite their patients to attend.

Key stakeholders

Emails (or letters when an email was not obtainable) were sent directly to the below stakeholder groups, a copy of this letter can be found in Appendix 5.

In addition, materials were distributed via the following methods:

- **Via Derbyshire health and care system Communications colleagues**
 - Derbyshire County Council, in addition to the following council groups:
 - Derbyshire County Council Adult care

- Derbyshire County Council 50+ Forums
 - Derbyshire County Council adult care
 - Derbyshire County Council Public Health
- Derbyshire Community Health Services NHS Foundation Trust
- University Hospitals of Derby and Burton NHS Foundation Trust
- Derbyshire Health United (Out of Hours GP service)
- Derbyshire Healthcare NHS Foundation Trust
- East Midlands Ambulance Service
- Nottingham University Hospitals NHS Foundation Trust
- **GP Practice managers**
- **All local Councillors** (direct email to published accounts)
- **Erewash MP**
- **Local Pharmacies**
- **Patient Participation Group Chairs** (GP Practice patient groups)
- **Ilkeston Hospital League of Friends**
- **Voluntary sector organisations:**
 - Breathe Easy Ilkeston
 - Bright Street Project CIC
 - Learning Disability Partnership Board Family Carers
 - Red Cross Heanor
 - Touchwood Centre
 - Homestart
 - 50 Plus Forums
 - Canaan Trust Long Eaton
 - Erewash Voluntary Action CVS
 - Indian Community Association Long Eaton
 - Princes Trust Team Programme
 - Homeless UK
 - Action Housing and support
 - Derbyshire Carers Association - Ilkeston
 - Derbyshire Carers Association – Long Eaton
 - Ilkeston Carers
 - SSAFA Forces Help
 - Memory Lane
 - Clare DEBP
 - Citizens Advice Bureau
 - AB
 - Wash Arts
 - SSAFA Forces Help
 - Memory Lane
 - Derbyshire Education Business Partnership Ltd
 - Derventio Housing
 - East Midlands Homes
 - Enable Housing Association
 - P3 – Erewash
 - Stonham - Brook House (Derbyshire)
 - Idecide
 - Derbyshire Autism Services Group
 - Erewash Community Transport
 - Indian Community Association
 - Royal British Legion – Ilkeston Branch
 - Royal British Legion – Long Eaton Branch
 - Royal Air Force Association, Erewash Branch

Drop in sessions

Three drop in sessions were held at Charnos Hall, Ilkeston and took place on the following dates:

15th July: 2pm – 6pm

29th July: 2pm – 6pm

12th August: 2pm – 6pm

In total 26 members of the public and 5 staff attended the drop in sessions and feedback received has been included in the themes below.

Patient Participation Group meeting

A session for PPGs and Practice staff was also held at Charnos Hall on the evening of 19th August from 6pm until 7pm. Nine PPG members attended this session following an email invitation that was issued to all Erewash PPG chairs. A presentation was given at this meeting which can be found at Appendix 6. Feedback received has been included in the themes below.

Media

NHS Derby and Derbyshire issued a press release alerting local media to the engagement in Erewash on 1 August 2019. There has been media coverage both before and during the engagement. Please see **Appendix 7** for clippings of the media coverage. The clippings reflect largely the activity of the local campaign group, with balancing comments from CCG sources.

Overall, the media coverage was fair, but misrepresented the commitment from the CCG that beds would not be replaced at Ilkeston Hospital until alternative services were available. The reporting often omitted the last element of this pledge and suggested the CCG had backtracked on an earlier promise.

To understand the potential reach of media coverage a calculation has been done independently by Kantar Media on media readership figures (including online).

Derbyshire Times (Ilkeston) = 24959 readers

Derby Telegraph = 18903 readers

Derbyshire Times (Belper) = 2149 readers

Ilkeston Advertiser (Web) = 2440 readers

Total reach = 48451

CCG Website

Information around the changes and engagement opportunities have been available on our public website since June 2019: <http://www.derbyandderbyshireccg.nhs.uk>

It is possible to understand how many have viewed information on the CCG's website through page views and unique views. A unique view is the number of unduplicated (counted only once) visitors to the website over the course of a specified time period.

Page analysis for:

<http://www.derbyandderbyshireccg.nhs.uk/have-your-say/engagements/changing-the-provision-of-community-rehabilitation-in-erewash/>

This data has been recorded at the end of the engagement period 26th August:

Recent Hits	Hits Last Month	Hits This Year (since the page was set up June 2019)
351	454	791

It is also possible to calculate that 85 people viewed details relating to the CCG's drop-in sessions. For further analysis on our CCG website please see Appendix 8.

Social Media

The CCG issued information about the engagement period and events via its Facebook and Twitter accounts throughout the 60 days.

Other social media activity was posted by the Ilkeston Hospital campaign group and associates. Similar to the media coverage, the social media narrative often misrepresented the commitment from the CCG that beds would not be replaced at Ilkeston Hospital until alternative services were available. Additionally, residents were led to believe that the hospital itself was at risk, which the CCG has continued to state is incorrect.

Examples of social media activity are included at **Appendix 9** which gives links to:

- Images from August 3rd of a "save Ilkeston hospital" demonstration
- A Facebook page including details of a petition, although please note that the signatures of this petition cannot be counted into feedback for this report as the petition itself opened before the change in service this report is based on, for further details see appendix 9.
- Twitter activity from Catherine Atkinson (Labour representative) August 2nd and Maggie Throup (Erewash MP) posted a link to her article August 8th

How did we engage with GPs?

On the May 2019 an email was sent to all Erewash GP surgeries to update on progress to date with project and decision to open up pathway 2 beds, closing some of the Ilkeston Community Hospital beds and asking for feedback / any questions. Responses were received GPs and factored into the planning.

This was in addition to discussions at Erewash GP Membership meetings, QUEST sessions and Place Alliance meetings where the proposed model was reviewed from a clinical and operational perspective. This was also supplemented with discussions with individual GPs throughout the plan development phase. The main concern raised by GPs with the clinical model was whether the acuity of patients would deem them fit enough to be admitted to Pathway 2 care, rather than Ilkeston Hospital. The modelling of the beds has used D2A (discharge to assess) Track and Triage data which tracks all

discharges from the acute hospitals. This uses actual patient numbers to accurately count demand and shows that the proposed capacity of beds and community support would be sufficient to meet demand. We will continue to monitor the support required by patients as the project is implemented to ensure the modelling is translating into reality.

Analysing Responses to the Engagement

All of the feedback received from the public has been read, analysed and themed to provide a report of what concerns and comments local people had. Feedback came via the 'Have Your Say' section on the NHS Derby and Derbyshire CCG website and 30 responses to the questionnaire. Many responses contained multiple comments and themes and therefore the numbers of comments do not correspond directly to the number of responses.

At the time of compiling this engagement report (28 August 2019) the publicised petition had not been received by the CCG so cannot at this stage be factored into the theming of comments. It is noted that there has been opposition to the proposals, but the purpose of theming the responses below is to identify what material, clinical issues or other potential unforeseen issues with the plans have been submitted during the engagement period to enable the CCG to assess these and mitigate where required.

Through the demographic information provided in the survey, it is possible to see that those responding to the survey identified as; 75% white British, all respondents were aged over 35 years of age and there was a 58% Female and 24% male mix. This does not include the 18% of respondents who skipped the equality / demographic section on the survey.

Through postcodes we could see that out of the 30 responses, seven were not from within the Erewash area and postcodes included; Burton on Trent, Derby City and Belper.

Further information on the demographics and location of survey respondents can be found at Appendix 10.

Responses to the Survey - summarised

Question 1 - What do you think about our plan to increase community support beds?	
General feedback	There were seven comments stating general disagreement with the plans with comments ranging from the belief that the change was just about saving money and not based on clinical model and just about cost savings and privatisation.
Support	There were three comments in support of the changes.
Beds	There were 14 comments about beds. The majority of these were related to the need for hospital and 24 hour nursed beds regardless of whether some people may be suitable for the pathway 2 beds.
Model	There were seven comments with queries around the model with most comments identifying a lack of understanding or faith in the model as they understood it

Evidence	There were two comments about insufficient information about the evidence of the need for change including muscle wastage and insufficient information to comment
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Question 2 - What do you think to the plan to use Ladycross House Care Home to provide the additional community support beds?

Concerns	There were ten concerns highlighted. This included five comments around concern over the CQC inspection rating and competency for care at the home. Other concerns were around care homes in general not offering the care and support that people need.
Support	There were four people who were in support of the plans to increase community beds.
Transport	There were five comments about transport and how Ladycross would be much more difficult to get to.
Cost	There were three comments concerned about the cost of the new model and if it would cost more than having pathway 2 beds in Ilkeston Hospital.

Question 3 – What do you think about out plan to increase capacity to support more patients at home?

Model	There were 17 comments around the model of care supporting people in their own homes. Concerns referenced many cases of people experienced care for themselves or relatives in the home and this not being adequate. A couple of comments also highlighted patient safety and a concern that people would be at clinical risk due to inadequate care. Concerns were also highlighted around the capability of care staff as well as whether there would be enough and appropriate equipment in the community.
Cost	Six people highlighted concerns over the cost of pathway 1 support and whether it was achievable for all the people that would need it. There was also concern highlighted about whether people would have to pay for care in Ladycross.
Support	Three people supported the plan to increase capacity to support people in their own home.
General	There were eight general comments relating to concerns about the full needs/support of patients not being able to be delivered

	through staff calling in to offer care. The concerns were centred specifically around the social care needs of patients including isolation and lack of local family support and based on these concerns people felt the best place of care would be a hospital bed.
Hospital retention	There were five comments stating that whatever happened, the beds and indeed the hospital itself needed to be retained as home care is not suitable for everyone.

Question 4 – With the increases in community support beds and ability to support more patients at home every month, there will be less need for beds at Ilkeston community hospital and therefore eight will no longer be needed routinely (although this number can be increased at times of pressure if required)? Do you have any thoughts on this change?

Model	There were seven comments around the model being presented. Comments ranged from a lack of faith in the model presented including concerns over appropriate staffing, to the evidenced used to make the change.
Disagree	There were 20 comments firmly disagreeing with reducing the beds at Ilkeston Hospital. Comments included concern about the need for beds now and in the future when an increase in beds may be needed to support increase in need e.g. during winter. There were also comments around lack of robust evidence.
Consultation vs engagement	There were two comments stating that they felt the change was significant and the CCG should have consulted on the change.

Question 5 – Is there anything you don't understand about the plans we have outlined in our document "changing the provision of community rehabilitation in Erewash"

Out of the 26 comments received for this question, two asked for further information around data on the decision making and request for further information as one person felt that the CCG was withholding information.

Question 6 - Do you have any other comments about the plans we have outlined in relation to you or a person for which you are responsible? If so, please detail them in the space below.

There were 22 comments provided for this question, many reiterating why people were not happy with the change. In addition, two people expressed concerns why beds were closed before the end of the engagement period. Two people also shared very personal stories with us, of why Ilkeston Hospital was and still is so important to them.

Written feedback outside of online survey

The engagement period offered patients numerous ways to feedback including face to face, online questionnaire, letter or direct email feedback. The information below details the themes from the direct feedback including queries that came through our enquiries line, including questions raised to our Governing Body.

Theme of feedback	Detail
Clinical model	Concerns about the evidence of the decompensation from a pathway 3 bedded care model Concerns that the pathway 2 or 1 model does not meet the full needs of the patient with considerations around isolation, lack of domestic housing space, transportation cost and inconvenience of travelling further. Feeling that pathway 3 meets all of these needs.
Joint working	Concerns around whether the model will work and if not what would happen
Implementation	Concerns that in the past promises were made around replacement/alternative services would be in place before beds changed.
Significant service change	Queries about what constitutes significant service change and why there was engagement and not consultation
Evidence	There were comments about insufficient information about the evidence of the need for change including muscle wastage and insufficient information to comment
Void space	There was a question as to what would happen with the void space at Ilkeston Community Hospital.
Bed cuts	Question relating to the decision to reduce beds at a time the NHS and local system is saying we need more beds.

Feedback from the drop in sessions, our meeting with the Ilkeston PPG members and the public meeting we attended hosted by SOSNHS.

- Feedback provided about the hospital and how good the care and treatment is, giving personal accounts of how Ilkeston Hospital is an important local health facility.
- General concern that the hospital was going to close due to local campaigns and a leaflet posted through doors in Ilkeston stating that there would only be 16 nursed beds in Ilkeston for rehabilitation, respite and end of life care without explaining the increase in pathway 2 beds.
- People felt that they needed to share their stories to help commissioners understand why there needed to be retention of the current number of beds and why the hospital should not close. Therefore, a lot of feedback given was not directly relevant to the planned changes in rehabilitation.

- For this group of people, once there had been an opportunity to explain the planned changes there was some assurance that the hospital and services would remain and that the plans were related to changing the beds model for those suitable for the pathway 2 care.

However, there were a number of comments relevant to the engagement and these have been summarised below:

Summary of feedback	Detail
Significant service change	Queries about what constitutes significant service change and why there was engagement and not consultation
Events	There were questions about timings of the events commenting that 2 - 6pm for the drop in sessions was not a good time.
Equipment	Concern that the equipment / beds etc. that the League of Friends have put into ICH will remain within Erewash
Void space	There were questions as to what would happen with the void space, suggestions for it to be a Renal Unit or residential home going forwards. Another request was to reconsider the space for P2 beds.
Clinical care	<ul style="list-style-type: none"> • Concerns that plans are currently not being implemented early enough, care plans, key goals • Therapists need to give more support over weekend, sooner • Structured better, rehab care plans • Not enough community beds in Nottingham • Not confident that the resources in RDH are in place to have the right robust care plan to enable people to be discharged straight to pathway 2 beds • Concern that people would be assessed as needing pathway 2 beds if there were not enough pathway 3 because these were being closed in Ilkeston • Concerns about the governance, training, isolation, supervision etc. of community nurses – plus de-professionalisation • There were a few concerns raised around the delivery of end of life care and how this model could have an impact on the number of end of life beds available
Pathway 1 concerns	<ul style="list-style-type: none"> • Care package – not the resources to have packages in place to support people in their own homes • Don't think you have the therapists in place in the

	<p>community, have them in place completely when the change happens</p> <ul style="list-style-type: none"> • Concern that P1 will increase the sense of loneliness based upon the assumption that people want to be at home – generational thing in the sense of older people saying “I’m OK” so that they can be at home. • Number and length of visits for P1 patients – 3 or even 4 visits
Pathway 2 concerns	<ul style="list-style-type: none"> • Lack of GP cover • Location of Ladycross • Ladycross CQC status
Pathway 3 concerns	<ul style="list-style-type: none"> • How do you know it has been successful in other areas • Need a contingency plan • Concern that resources aren’t ready
Communication	Communication between community and acute GP SystmOne shared, ANP’s struggle to get the information
Engagement not consultation	<ul style="list-style-type: none"> • Concern that we moved to engagement and by passed consultation, despite this taking place in North Derbyshire • Why didn’t you consult – I know I’ve got no impact whatsoever
Bed Model	<ul style="list-style-type: none"> • Need to see evidence from the north as people are being told that this is working but not seen the evidence to prove that • Concerns about the decompensation evidence • Evaluation of model following implementation • Concern that Belper engagement referenced capacity at other community hospitals that is now being reduced
Social Care	Gap in social care provision and plans for further budget reductions
Implementation	<p>Concerns that in the past promises were made around replacement/alternative services would be in place before beds changed.</p> <ul style="list-style-type: none"> • What are the plans around timescale and mobilisation • What is the process for monitoring in the transitional phase and does it include mortality figures and quality of life measurement?
Transport	Concern about the ability of patients to travel to Sandiacre.
General comments	<ul style="list-style-type: none"> • We have lowest bed count per head of Europe/developed

	<p>world this change is about austerity. Simon Stevens said we haven't got enough beds in the NHS</p> <ul style="list-style-type: none"> • Nuffield Trust said don't try to re-model without the resources - like a trapeze artist without a safety net
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Patient Experience

We have already collected some feedback from places where the pathway bed model is already happening that tells us about the positive experiences that people have in pathway 2 care.

One anonymised story from Florence Shipley in Heanor (August 2019) is as below:

"My husband has spent the last 10 days at Florence Shipley and I feel I must contact you to express my appreciation for his care.

When a place at your centre was suggested to us we originally declined it never having heard of it or knowing anything at all about it and it being a distance away. Eventually we agreed to try it and are we glad we did. He could not have been treated better by every single member of staff no matter what their role. They all seemed to care that they were doing their very best.

The building itself is like a hotel, very modern, spotless and with the most beautiful flower filled balconies. The cafe served excellent food; in fact we had our lunch together there every day served by really attentive staff. I was able to take him out for walks in his wheelchair as and when we pleased and the staff fitted around us.

The therapists were amazing getting him back on his feet. We even got a home visit from Ula the day following his discharge.

I came to Heanor every day to spend the day with him and I was able to come home completely content and not worried about him which meant a great deal.

On his arrival he was "booked in" by Colin who asked him about his likes and dislikes and he asked if he liked to be woken with a cup of tea or did he prefer to wake up himself!!! The whole atmosphere contributed to his recovery.

I would appreciate you passing on my comments to all your staff members. He had a five star treatment and I thank you all very very much."

Further work gathering information from people accessing the pathway 2 beds in other places in Derbyshire has already started to build a really good picture of the experience of community rehabilitation. As the rehabilitation services in Erewash change, with the pathway 2 beds being provided in Ladycross Care Home the CCG will continue to collect feedback from people accessing the service."

The below short story came from Derbyshire County Council Adult social care and is demonstrated here as a good news story that the Pathway 2 model is working well in other areas:

“A lady had an operation on a hernia and had difficulties with her motion following bowel issues, she was admitted on the 30th June until the 7th July, this lady had a dementia that wasn’t explained correctly but was managed well at Florence Shipley, and she was discharged home with no package of care.”

Conclusions

People who took part in the engagement expressed that they highly valued their NHS services and in particular wanted to ensure that ICH remained open for Ilkeston people to use. The responses were rich and varied and a small group felt strongly enough to organise their own meetings and arrange campaigning events.

From analysis of all of the feedback received, it is clear to see that:

- There is concern that Ilkeston Community Hospital may close
- There are misconceptions around the planned change and what this means
- There is concern that the model will not fully meet people's needs
- There is concern that the evidence does not support the change
- There is concern that the different pathways of care described do not offer enough support and that a hospital bed is needed
- There is concern that change is based on finances and not an improvement in model of care
- There is a lack of understanding or belief that the models of care will work
- There is concern about transport for patients and relatives needing to receive care in Sandiacre
- There is a suggestion that the CCG should have consulted, rather than engaged as there are views expressed that this is a significant service change.

Below is a summary of the key concerns and gives mitigations required, taking account of the summarised responses outlined above.

Key themes	Suggested Mitigations
Theme 1 – Concern that the changes would not deliver the right kind of care for people of Erewash because the evidence did not support the change, that the modelling used would not deliver the number of beds required to meet demand, and that the changes would mean that the hospital would close	CCG response to theme 1 – The modelling of the beds has used D2A (discharge to assess) Track and Triage data which tracks all discharges from the acute hospitals. This uses actual patient numbers to accurately count demand and shows that the proposed capacity of beds and community support would be sufficient to meet demand. There is no intention to close Ilkeston Hospital.
Theme 2 – Concerns over the failure to implement the changes and mistrust of the CCG to deliver the changes and mistrust of the CCGs motives for the changes.	CCG response to theme 2 – The NHS and Social Care providers have confirmed with the CCG that all plans are in place and that they are ready to deliver the changes from September 9 th 2019 subject to agreement by the GB. The reason for the change continues to be to ensure patients are discharged to the right place at the right time to meet their needs.

<p>Theme 3 – Concerns about the P2 beds, in particular about the quality of care and location</p>	<p>CCG response to theme 3 - The quality of the care home beds will be regularly monitored by Derbyshire County Council External review is also carried out regularly by the Care Quality Commission (CQC). It is recognised that distance and travel may be a concern for some people. However, it is not always possible to give everyone their preferred option of location and the clinical view is that it is better for the patient to be placed in the most appropriate facility to meet their needs than be in the facility that does not best meet their needs but be based in a preferred location.</p> <p>Also Derbyshire County Council is in the process of rebuilding a new care home on the site of Hazelwood which is in Ilkeston. This is due to be completed in 2022 and there would be an opportunity for the P2 beds to in the future be delivered from this new facility.</p> <p>The Erewash Operational delivery group will also oversee the changes in pathway provision and monitor Ladycross against the KPIs for performance and quality set out in the service specification.</p>
<p>Theme 4 – Concerns about the ability of social care to deliver the required care packages and concerns of exacerbating loneliness in frail elderly population</p>	<p>CCG response to theme 4 - The model includes an increase of both social care staff and therapists in the community in order to deliver the changes to Pathway 1 care. Each patient will have their own care plan which will ensure that peoples' needs are met.</p> <p>The Erewash Operational delivery group will also oversee the changes in pathway provision and monitor P1 delivery against the KPIs for performance and quality set out in the service specification</p> <p>Key stakeholders for this group have been agreed (RDH, NGH, Social Care, DCHS, CCG, primary care)</p> <p>Patient Experience process to monitor people's experience of the different pathways has been set up and will be led by the CCG Patient Experience Team along</p>

	with the PALs teams in DCHS and DCC. The issue of loneliness will be particularly monitored through this process.
Theme 5 – Concerns that people would not be able to choose end of life care at Ilkeston Hospital.	CCG response to theme 5 – If a patient is in the last few days of life and if the patient understands other options, such as home care, but wishes to stay at Ilkeston Community Hospital then there is the facility for that patient to receive end of life care at ICH.

5.2 Additional Themes

Additional Themes	Suggested Mitigations
Theme 6 People asked why the P2 beds could not be housed in the hospital	CCG response to theme 6 - The Regulators, CQC, would not allow care home beds (social care run) to be sited in the same building as a hospital.
Theme 7 People felt that the changes were significant enough to warrant a full consultation. A few other people questioned the timings of the drop-in sessions and suggested that 2-6 was not a good time for most people to attend.	<p>CCG responses to theme 7 - The matter of consultation vs engagement is outlined in the CCG's Governing Body papers from 6 June 2019. A provision of pathway 3 beds will be retained at Ilkeston Community Hospital so the service is still available. It was therefore deemed that this was not a significant service change.</p> <p>The CCG provided a range of ways in which people could participate in the engagement including an online survey and email enquiry and attended 2 evening meetings (a public meeting and a separate PPG meeting)</p>
Theme 8 People asked if only Ilkeston patients would be able to use Ilkeston beds?	CCG response to theme 8 - Patients from Ilkeston will be able to access P3 beds located at any of the community hospital across Derbyshire dependent on patient choice and bed availability.
Theme 9 People were concerned with the void space left vacant through reducing capacity at ICH from two wards to one ward and wanted to know what would happen to it?	CCG response to theme 9 - DCHS is clear that the most important and immediate priority is to ensure that the changes are implemented in line with the commitments made before any plans are made around future use of the space. There is potential to accommodate

	other clinical services in the space as other areas in the hospital are refurbished, but this will need to be considered in more detail over the coming weeks and months.
Theme 10 How will the service in Erewash be evaluated – does it meet patient needs?	CCG response to theme 10 - DDCCG has commissioned a project to evaluate patient experiences of pathway 2 provision across Derbyshire. Quantitative data of patient flow will be reviewed in the Erewash operational delivery group and reported every quarter. (See appendix B)

Appendices:

Appendix 1- Equality Impact Assessment



Erewash Clinical Commissioning Group
Hardwick Clinical Commissioning Group
North Derbyshire Clinical Commissioning Group
Southern Derbyshire Clinical Commissioning Group

Due Regard (Equality Impact Assessment)

This is a standalone statutory document and needs to hold all relevant information without having to reference the PID. Please note the accountability of completion and information contained within sits with the Project team.

This form should be initially completed as part of the PID process and sent to sderccg.communications@nhs.net prior to full PID being submitted to PMO. The form will be reviewed and comments given.

Please note this is a 'live' document and should be reviewed during the project delivery to ensure any impacts are known and where possible mitigations made.

What is Due Regard?

Due regard (Equality Analysis) is an on-going proactive process which requires the use of information about the effect our decisions are likely to have on local communities, service users and employees, particularly those who are most vulnerable or at risk or disadvantage.

This template has been designed to assist in collating the information and evidence necessary to support the Due Regard process in the making and implementation of our decisions when considering changes to services or functions, this includes service re-design/reconfiguration.

Project Information

Service Area	Community Commissioning
Team/Project lead	Sharon Gibbs
SRO	Kate Brown
Project title including DW URN	

Aims of the Due Regard (Equality Analysis)

Scope of the Due Regard i.e. service change/service re-design, reconfiguration:	Service reconfiguration
Summary of change- how will this effect patients?	Provide care for patients closer to home and focus on rehabilitation and re-ablement rather than bed based care. Reconfigure P3 community hospital bed capacity into P2 rehabilitation bed capacity and P1 community service capacity. Ensure appropriate discharge pathways are utilised to optimise care provision and patient recovery.
Options/mitigations	

Phase 1: Gathering information

List examples of background information that is relevant. If carrying out an assessment of a proposal, this section should include the **data used** to establish whether the proposal has an impact. Where possible refer to **embedded local data** or **web-links to national or regional findings**.

Type of information	Findings
Data on user trends (i.e. patient/service user/population).	Patient population is anybody that is a

Please ensure information includes data broken down by demographics where possible.	complex discharge over 65 years old, and predominantly (although not exclusively as beds will be used flexibly across Derbyshire) lives in the Erewash area.
Benchmarking- Has this been done elsewhere and if so provide a summary of findings.	Significant evidence collected as part of Better Care Closer to Home in North Derbyshire that caring for people in a <u>non bedded</u> care environment (where not needed) has significant health benefits due to lack of decompensation and loss of confidence. Also significant evidence around frailty, delirium, discharge pathways (D2A)
Results of Consultation/engagement (highlighting which stakeholder groups were involved in context of protected characteristic/equality groups). If none has been done, please identify whether you envisage this still needs to be done. Please note, support on this is available from the communication and engagement team.	<u>Comms</u> are part of the implementation project and have done consultation/ engagement in other areas on a similar theme (BCCTH, <u>Belper</u>). Engagement will stakeholders will commence at the appropriate point of the Implementation.

Phase 2 Impacts

From the evidence outlined above use this section to identify the risks and benefits according to the different characteristics protected by the Equality Act 2010.

All/general: Any issue that cuts across a number of protected characteristics

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
Non identified			

Age: Where a person is at risk of unfair treatment because of their age group

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
Service will be specifically aimed at older people. Taking into account projected increase in population levels we expect to see an increase in lone pensioner householders and proportion of total household in which lone pensioners reside and a resulting increase in total dependency ratio.	Positive impact of increased community based services	None identified	Looking at the projection of population increase and the lone households, assumptions can be made about the need for developments in community based services where people can retain their independence for as long as possible by accessing the services that they need in their communities.

Disability and health and wellbeing: All forms of disability recognised under the Equality Act 2010 including sensory impairment, mental health, learning disabilities, mobility related conditions, conditions such as heart disease, diabetes and asthma. This also covers any impact on health and wellbeing.

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
Service is accessible by	Current		Note health needs of

all and many patients have mental health, sensory impairments and mobility related conditions. There is above average prevalence of conditions such as heart disease, diabetes and asthma. Whilst these conditions are tackled at both Practice and Place level it should be acknowledged that these conditions may contribute to issues in managing multiple health appointments. Consideration should be made to the mobility of these patients as some patients may have very limited mobility or even be housebound. It is important in the case of long term conditions and possible disabilities to ensure that there is a robust treatment plan support by a range of skilled clinicians.	developments in Erewash have shown improvements in the coordination of care and any further developments should continue with the ethos of multi-disciplinary teams where the GP Practices are engaged with experts to develop the best care plan for their patients.		the area and develop services accordingly
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Gender Reassignment: this related to a person (or persons) who is proposing to undergo, are undergoing or have undergone a process (or part of a process) for the purpose of reassigning their sex, by changing physiological or other attributes of sex from that which was assigned to them at birth.

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
None identified, although data is largely unavailable.			To be reviewed as part of the data collection during any engagement, but unlikely to yield significant data.

Marriage and Civil Partnership: people who have or share the common characteristics of being married or of being a civil partner can be described as being in marriage or civil partnership.

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
We must analyse data to understand the proportion of lone occupancy households.	Opportunities arise as in the development of future services.		The development of services to wrap around the patient are even more important where there is an offer of a wide range of services will

			offer more support to patients and keep them able to retain independence and remain living in their own homes and community for longer.
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Pregnancy and Maternity: relates to women who are pregnant or within their allocated maternity period; up to 26 weeks after birth

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
None identified			

Race: All ethnic groups including Asian, Black, East Asian and white minority ethnic groups, including Eastern Europeans and Gypsy and Travellers

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
There is little diversity in the Ilkeston area the high majority of people identifying as White British. This means that the predominate language for health care and information is English. It is important to note that the 4% of people who are not white British are considered and appropriate adjustments made including but not limited to translation and interpreting services.	None identified	None identified	Information to be confirmed where possible via engagement.

Religion/belief: all faiths including Christianity, Islam, Judaism, Hinduism, Buddhism, Sikhism and non-religious beliefs such as Humanism

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required

Sex (Gender): referring to being a man or a woman

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
This data identifies that Christian is the predominant religion for the Erewash area and this is supported by a number of different Churches and places of worship in the area.	None identified	None identified	No specific action, although churches can be used as an outlet for engagement information.

Sexual Orientation: including heterosexual, gay, lesbian and bisexual people

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
<p>The exact number lesbian, gay, bisexual or trans (LGBT) people living in the UK is not known for certain as, until recently, national and local surveys of the population and people using services did not ask about an individual's sexual orientation. The Department for Business Innovation and Skills has estimated that between five and seven per cent of the population could be lesbian, gay, bisexual or trans. If this figure were applied to Derbyshire this would mean around 37,000 people (or the same population as a town the size of Ilkeston - Derbyshire's second largest town). It will always be difficult to get accurate statistics on the number of lesbian, gay and bisexual people because of homophobia and the fact that many people do not 'come out', but keep their sexual orientation private - often because they fear being subjected to homophobia by their families, work colleagues or the community in which they live.</p>			<p>Whilst there is no accurate data there are some key points identified by Stonewall that must be considered when developing services:</p> <p>Lesbian and bi-sexual women:</p> <ul style="list-style-type: none"> • Two in five (39 per cent) said their GP or healthcare professional assumed that they were heterosexual • More than one in five (23 per cent) felt there was no opportunity to discuss their sexual orientation • Nine per cent came out to their GP or healthcare professional and they were either ignored or the healthcare professional continued to assume they were heterosexual • Six per cent were asked inappropriate questions by their GP or healthcare professional after coming out to them <p>Gay and bi-sexual</p>

			<p>men:</p> <ul style="list-style-type: none"> • Sixteen per cent said their GP or healthcare professional assumed that they were heterosexual • Fifteen per cent felt there was no opportunity to discuss their sexual orientation • Three per cent came out to their GP or healthcare professional and they were either ignored or the healthcare professional continued to assume they were heterosexual • Three per cent were asked inappropriate questions by their GP or healthcare professional after coming out to them
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Socio-Economic Status: This can include people on low incomes, as well as issues around rural and urban deprivation- You may wish to include this, although it is beyond the scope of the Equality Act 2010.

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
The Erewash area is higher than other parts of Derbyshire averages for income deprivation and poverty levels, which is reflected in the health profile of the area.	None identified	None identified	Deprivation in the area suggests we should provide as many services as possible in the community where walking or short driving distance would always be preferable.

Good Relations: This is where a decision or a change to services may risk creating tension between community groups in a local area, or had the potential to improve relations between groups. For example, will removing or changing a service have a positive or negative impact to the local community?

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
None identified			To be reviewed during engagement.

Phase 3: Action Planning

Use this section to write an action plan based on the 'action required boxes' under the protected characteristic sections above

Area for further action	Actions proposed	Lead officer	Link to Equality Objective	When	Resource implications	Outcome
Consolidate further findings from data and to check that there has been nothing missed	Include demographic questionnaire as part of the engagement	Sean Thornton, AD Comms & Engagement	All	TBC	Analysis time and time taken during the engagement	Consolidate findings from data and to check that there has been nothing missed

Governance self-assessment in completion of Due Regard


Have Due Regard findings been highlighted in Governing Body or other committee report (including the cover sheet)	Will be included as part of engagement report
Have staff been involved in developing the Due Regard	Yes
Have community organisations/patients/service users and carers been involved?	No but will be engaged during project delivery.
Date when Due Regard completed. Please note this is a live document and should be updated as the project progresses or changes	V1- 28 February 2019
	V2-
	V3-
	V4-

Due Regard (Equality Analysis)- Summarised findings

Date:	28 Feb 2019	Lead:	Sharon Gibbs
Workstream (e.g. Primary Care, Planned Care etc)	Community Commissioning		
Service description	Correct discharge pathways (Erewash)		
Aims of service change (e.g. decommission, reinvest, service redesign)			
Service re-design			
Outcomes- what is the Impact (either negative or positive) on any of the Protected Characteristics? (please list all)			
Positive impact on care of the frail, elderly.			
If any negative impact has been identified, what alternatives were considered before this became the preferred option. Were there any proportionate alternatives or reasonable adjustments?			
n/a			
If there are no proportionate alternatives, how can you reduce or minimise negative impacts?			

How can you explain the need to continue with achieving these outcomes if no mitigation can be made for any of the negative impacts?
If there are any positive impacts, how can these be promoted?
As per current comms and rolling out more widely across Derbyshire

Please return completed assessments to sderccg.communications@nhs.net

QIA Number	QIA Title	Project Manager	EIA Received	New or Review	Panel Discussion Notes	For Q&P Y/N	QIA Risk Level	Review date
1	Correct Discharge pathways (Community Support Beds Ilkeston)	Sharon Gibbs	Yes	Revised	 QIA v4.xlsx <ul style="list-style-type: none"> Following the meeting with GPs after the last QIA panel SG reported that the GPs around the table supported the model. There were still concerns re clinical responsibility and further engagement work with GPs needs to be done. SG to present to a QUEST session. Panel agreed the QIA and the risk level of Moderate. Project plans to be worked up. Review not required at the moment and can be brought back as and when required CH to pick up EIA and liaise with SG, submitted at the last review Risks centre around the media and DCHS staff involvement so the panel agreed as there were no concerns around the quality of the proposed change there was not a need for this to be submitted to Q&P 	N	Moderate	TBC

Quality Impact Assessment Summary

Project Title:	Correct Discharge pathways (Community Support Beds Ilkeston)	DW Number (if appropriate):	DW534	Version Number	
Project Lead:	Sharon Gibbs				
Project Manager (if applicable):	Sharon Gibbs				
Project Sponsor/SRO:	Kate Brown				
Who has been consulted to support and inform completion of this QIA - i.e. Clinical Lead, relevant commissioning lead, provider, stakeholder, patient experience leads	Commissioning lead,				
Date QIA completed	27/02/2019	Completed by:	Sharon Gibbs		
QIA panel recommendation (to be completed by QIA Panel):					

QIA Panel Comments (to be completed by QIA Panel)

Project Overview

Current Service

We currently have a system whereby frail, elderly patients sometimes spend too long in bed based care (acute and community) causing physical, psychological, cognitive and social deconditioning resulting in lost independence.

When elderly people require rehabilitation and re-ablement support, following an inpatient stay in an acute hospital, they are also often admitted to a community hospital bed, and in some instances then also into a bed for purely re-ablement purposes.

We also know that;

- Local experience of discharges highlights significant variation between the north and the south of the county, with a far greater emphasis on bed based discharges in the south of the county
- In the north of the county complex discharges are more in line with expectations nationally, following the Better Care Closer to Home transformation programme
- Caring for older people in a hospital bed can be detrimental to such an extent that it can outweigh the benefit of the care received, due to the extent of 'deconditioning'.
- The mind set of health and social care has historically been too often hospital bed first; although most people want to remain in their own home whenever possible.
- Vulnerable frail, older people are often cared for at 'levels of care' which are higher than required to meet their needs. Not only is this not what most people want, it is also resource inefficient and increase the risk of iatrogenic (health and care induced) harm.

- Nationally there are 3 recognised pathways;

1. P1 for complex discharge patients receiving care at home supported by the local community team (ICS)

2. P2 for complex discharge patients, for whom it is not appropriate to return home immediately following a hospital stay and who will be cared for in a local step up / step down bed (community support beds) supported by the local ICS.

3. P3 for complex discharge patients who require 24 hour nursing care.

The model of care for each of these has been developed under Better Care Closer to Home and endorsed by the JUCD Place Board.

In Erewash there are no P2 beds, and this is a recognised gap within the urgent care system with complex discharges regularly staying within a hospital or community hospital environment when it would be more appropriate to provide rehabilitation and re-ablement at home or in a P2 facility.

In contrast, if modelling the P3 capacity based upon that agreed under Better Care Closer to Home, there is significantly more P3 capacity than demand would dictate. This is also borne out by current bed modelling work and the local Newton Europe report.

Modelling looking at Erewash patients suggests a reduction of P3 beds and the establishment of P2 beds locally, with associated community capacity, would provide more equitable access to appropriate discharge pathways for the people of Erewash.

Planned Changes

The default care setting for all patients should be the place they call home as this can significantly improve the quality of care received (due to a reduced likelihood of decompensation). This is the focus of local and national strategy such as the NHS 5 year plan and the local Joined Up Care Derbyshire strategy.

The proposed service change covered by this plan would see;

- some of the people of Erewash, who currently receive reablement and rehabilitation support in a community hospital bed, instead cared for at home by community based services (Integrated Care Service or ICS).

- Others, for whom it is not appropriate to return home immediately following a hospital stay, will be cared for in a smaller number of local step up / step down beds (community support beds) also supported by the local ICS.

- The community support beds would be for people who require, for example additional assessment to understand their social care and/or their physical care needs, assistance to re-able to achieve maximum independence, where it is not possible, or would be significantly less effective, to deliver this in a persons own home.

This proposal would thus see;

- a reduction in the number of community hospital beds from the commissioned 32 (currently delivering 24 due to staff shortages) down to 16 (with flex up to 18 in winter)

- the development of 8 local step up / step down beds with associated medical and therapy staffing

- an increased focus (and associated capacity) on improved discharges from acute based care to provide assessment in a persons own home

Future Services

Resulting in;

- more equitable and appropriate delivery of care for the local population
- more care delivered in the right care setting

infrastructure that will support the move towards the national complex discharge pathway ratios of 60%,30%,10% (currently P1 74%, P2 13%, P3 13% in Chesterfield under BCCTH but P1 45%, P2 5% and P3 55% in Erewash due to the lack of available P2 provision).

- an investment in community based services
- investment in community based services being funded via a reduction in bed based care
- a net QIPP return of £156k

Summary

	Questions Answered	Questions NOT Answered	Positive Scores	Neutral Scores	Negative Scores
Patient Safety	3	0	2	1	0
Patient Experience	7	0	6	1	0
Clinical Effectiveness	6	0	4	1	1
Productivity & Innovation	4	0	3	1	0
Prevention	4	0	4	0	0
Operational Impact	8	0	1	3	4
WHOLE PROJECT	32	0	20	7	5



RISK LEVEL

MODERATE Risk

Any negative scores for Patient Safety, Patient Experience or Clinical Effectiveness, or scores of less than -1 for Productivity & Innovation, Prevention and Operational Impact

RISK TO BE MITIGATED PRIOR TO COMMENCEMENT

Which organisation will own this risk?

CCG

POST MITIGATION (MODERATED) RISK LEVEL

MODERATE Risk

JUSTIFICATION FOR MODERATED RISK LEVEL

A plan for mitigation involves the development of a comms and engagement plan encompassing the engagement of local people as well as wider comms with health and care stakeholders, local politicians, local GPs etc.



Derby and Derbyshire Clinical Commissioning Group

Printable version of: Changing the provision of community rehabilitation in Erewash

Please read the document 'Changing the provision of community based rehabilitation' before completing this survey:

<http://www.derbyandderbyshireccg.nhs.uk/have-your-say/engagements/changing-the-provision-of-community-rehabilitation-in-erewash/>

As NHS Derby and Derbyshire Clinical Commissioning Group (CCG) we are responsible for allocating the budget for healthcare in Derbyshire and we work with all regional health partners, including hospitals, to ensure that we provide the highest quality and most up to date care possible. Part of this work requires us to periodically check that services are organised in the best way to meet current and future needs.

Before leaving hospital every patient is assessed to determine the type of care they need to support them with their recovery. We provide three types of care to patients who have ongoing support needs for their rehabilitation when they are discharged from a major hospital. We call these different types of care “pathways.”

In the Erewash area we have identified through our latest figures that we have too much of some types of care and not enough of other types, meaning patients don't always get what is best for

them.

To address this we have agreed that changes are needed to these types of care in Erewash. The planned changes include providing more community support beds in local authority care homes and increasing the number of care staff alongside providing additional health input to support rehabilitation for people at home.

The provision of rehabilitation care and support that better meets the needs of our patients means that there is less need for community hospital beds and so our plan includes reducing them by eight.

This survey provides an opportunity for you to share your thoughts on our plans with us.

For more information please see
<http://www.derbyandderbyshireccg.nhs.uk/have-your-say/engagements/>

If you have any questions or would like to talk to someone please contact our Engagement Manager, Claire Haynes, by calling 01332 868 677 or emailing ddccg.enquiries@nhs.net



Derby and Derbyshire
Clinical Commissioning Group

Printable version of: Changing the provision of community rehabilitation in Erewash

Survey

What do you think about our plan to increase community support beds?

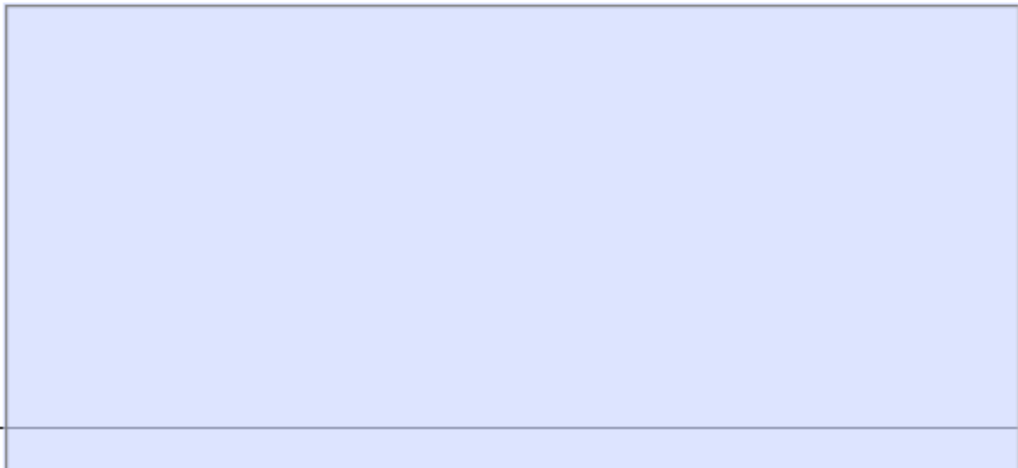
A large, empty rectangular box with a light blue background and a thin black border, intended for the respondent to provide their answer to the survey question.

What do you think to the plan to use Ladycross House Care Home to provide the additional community support beds?



With the increases in community support beds and ability to support more patients at home every month, there will be less need for beds at Ilkeston Community Hospital and therefore eight will no longer be needed routinely (although this number can be increased at times of pressure if required)?

Do you have any thoughts on this change?



What do you think about our plan to increase capacity to support more patients at home?



Is there anything you don't understand about the plans we have outlined in our document "Changing the provision of community rehabilitation in Erewash"?



Do you have any other comments about the plans we have outlined in relation to you or a person for which you are responsible? If so, please detail them in the space below.



If you have any questions, would like to talk to someone or want to register your details to stay involved please contact our Engagement Manager, Claire Haynes, by calling 01332 868 677 or emailing ddccg.enquiries@nhs.net



Derby and Derbyshire
Clinical Commissioning Group

Printable version of: Changing the provision of community rehabilitation in Erewash

Equality monitoring form (strictly confidential)

Derbyshire Clinical Commissioning Groups recognise and actively promote the benefits of diversity and is committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that we understand who has given us feedback we would like you to complete the short monitoring section below in relation to yourself or if you are representing another person in relation to them. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties.

Our Commitment to Data Privacy and Confidentiality Issues

We are committed to protecting your privacy and will only process data in accordance with the Data Protection Legislation. This includes the General Data Protection Regulation (EU) 2016/679 (GDPR), the Data Protection Act (DPA) 2018, the Law Enforcement Directive (Directive (EU) 2016/680) (LED) and any applicable national Laws implementing them as amended from time to time.

In addition, consideration will also be given to all applicable Law concerning privacy, confidentiality, the processing and sharing of personal data including the Human Rights Act 1998, the Health and Social Care Act 2012 as amended by the Health and Social Care (Safety and Quality) Act 2015, the common law duty of confidentiality and the Privacy and Electronic Communications (EC Directive) Regulations.

Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- ☐ Long-term physical or mental-ill-health/disability
- ☐ Problems related to old age
- ☐ No
- ☐ I'd prefer not to say
- ☐ Other (please specify)



Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months?
Please select all that apply.

- ☐ Vision (such as due to blindness or partial sight)
- ☐ Hearing (such as due to deafness or partial hearing)
- ☐ Mobility (such as difficulty walking short distances, climbing stairs)
- ☐ Dexterity (such as lifting and carrying objects, using a keyboard)
- ☐ Ability to concentrate, learn or understand (Learning Disability/Difficulty)
- ☐ Memory
- ☐ Mental ill-health
- ☐ Stamina or breathing difficulty or fatigue
- ☐ Social or behavioural issues (e.g. due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Aspergers' Syndrome)
- ☐ No
- ☐ I'd prefer not to say

Other (please specify)

What is your Gender?

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

What is your age group? (optional)

- ☐ Under 18
- ☐ 18 – 24 years
- ☐ 25 – 34 years
- ☐ 35 – 44 years
- ☐ 45 – 54 years
- ☐ 55 – 64 years
- ☐ 65 – 74 years
- ☐ 75 – 79 years
- ☐ 80+ years
- ☐ Prefer not to say

What are the first 3 or 4 characters of your post code?

Please choose one option that best describes your Ethnic Group or Background?

- ☐ White - English/Welsh/Scottish/Northern Irish/British
- ☐ White - Irish
- ☐ White - Gypsy or Irish Traveller
- ☐ White - Other
- ☐ Mixed/multiple ethnic groups - White and Black Caribbean
- ☐ Mixed/multiple ethnic groups - White and Black African
- ☐ Mixed/multiple ethnic groups - White and Asian
- ☐ Mixed/multiple ethnic groups - Other
- ☐ Asian/Asian British - Indian
- ☐ Asian/Asian British - Pakistani
- ☐ Asian/Asian British - Bangladeshi
- ☐ Asian/Asian British - Chinese
- ☐ Asian/Asian British - Other
- ☐ Black / Black British - African
- ☐ Black / Black British - Caribbean
- ☐ Black / Black British - Other
- ☐ I'd prefer not to say
- ☐ Any other ethnic group, please describe:



Derby and Derbyshire
Clinical Commissioning Group

Printable version of: Changing the provision of community rehabilitation in Erewash

Join our mailing list

If you would like to join our mailing list please email ddccg.enquiries@nhs.net Your contact details will be stored as per the data protection act and will only be used for the purpose of this engagement and to provide you with updates on decisions made.

If the format of this document is not suitable for you, please let us know and we will endeavour to provide it to you in a format that meets your needs.

For any questions or feedback regarding this form please contact Claire Haynes, Involvement Manager, by calling 01332 868 677 or by emailing claire.haynes2@nhs.net

If you require this survey in another format please contact us

Appendix 4 - Public information

(As given at the engagement events and available on our website)

Changing the provision of community rehabilitation in Erewash

As NHS Derby and Derbyshire Clinical Commissioning Group (CCG) we are responsible for allocating the budget for healthcare in Derbyshire and we work with all regional health partners, including hospitals, community services and GPs to ensure that we provide the highest quality and most up to date care possible. Part of this work requires us to periodically check that services are organised in the best way to meet current and future needs.

We want to ensure that we have the right services in place to meet the needs of people discharged from acute hospital care who are not able to go straight home without additional rehabilitation or support. Ensuring care is delivered in the right settings and with the right support enables people to have the best health outcomes, keeps them safe and independent and wherever possible, at home.

Before leaving hospital every patient is assessed to determine the type of care they need to support them with their recovery. We provide three types (pathways – we will explain these in more detail later on) of care to patients who require ongoing rehabilitation support when they are discharged from a major hospital, such as Royal Derby Hospital. Our latest figures show that in the Erewash area we have too much of some types of care and not enough of other types, meaning patients don't always get what is best for them.

Our CCG Governing Body makes the decisions on important areas such as this and members include local GPs, patient representatives and others alongside CCG senior team members. After careful consideration they have decided that changes are needed to these types of care in Erewash. The planned changes include providing more community support beds in local care homes, increasing the number of care staff and providing additional health input to support rehabilitation. The types of people who would be able to benefit from this are currently being admitted to Ilkeston Hospital in the absence of suitable alternatives and so, with new services available, the number of beds required at the hospital would reduce.

It is important to note that these plans have no bearing on the future of Ilkeston Community Hospital; there are no plans to close the hospital. We have shared our plans with our partners across health and social care through the A&E Delivery Board and have received their full support.

This document provides more detail about the planned changes and gives details of how you can get in touch with us to share your thoughts on our plans.

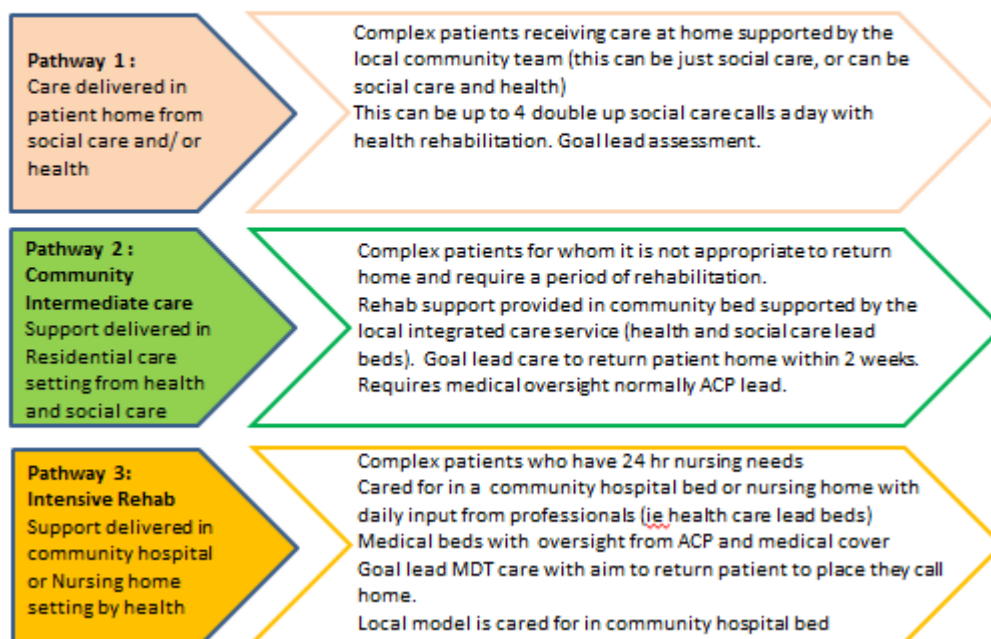
The importance of receiving the right care in the right setting

There is local and national evidence which demonstrates the benefits of patients being discharged to the right setting. There is substantial evidence to support the notion that there are serious drawbacks associated with long stays in hospital. This includes the impact of prolonged bed rest on older people stating that in the first 24 hours in hospital, a patient loses 2-5% muscle strength, rising to 10% in the first seven days and there are further studies which conclude that clinical outcomes are measurably worse, particularly for frail older people. For more information please see the link to our website at the end of this section.

Work completed under the Better Care Closer to Home initiative in northern Derbyshire has responded to this evidence and made changes that have been instrumental in enabling patients to be discharged into a pathway which better matches their level of need. We believe our plans for Erewash will enable more patients to be discharged into a pathway which better matches their level of need.

When a patient is assessed as no longer requiring acute hospital care their needs are reviewed to understand what ongoing support they may require. 90% of people aged over 65 are able to go home without additional support and the remaining 10% are assessed to understand which pathway of care is most suitable for them. The box below explains what we mean when referring to the three different pathways.

Defining Pathways of patient Flow



If a patient requires pathway one or pathway two care, but there is no capacity in these areas then the patient has to either remain in acute hospital care or be transferred to

the next highest care setting. This can mean that someone who could have gone home goes to a care home, or a patient who doesn't require 24 hour nursing goes to a community hospital ward. This means that patients sometimes spend too long in bed based care which can cause physical, psychological, cognitive and social deconditioning resulting in lost independence.

Understanding local needs

We have tracked the places that patients were referred to for their rehabilitation care and support following their stay in hospital. This helps us to understand whether the pathway they were assessed for was actually the same one that they were discharged to and where the differences are.

For example for Erewash patients, a snapshot of activity during the 14 week period, Feb-May 2019, was as follows:

Pathway	Patients assessed as needing pathway	Patients discharged on pathway	Difference
P1	59	57	-2
P2	40	14	-26
P3	50	78	+28

How care will be organised in Erewash

Community Support Beds

Utilising the information from the reviews and taking into account the fact that there would continue to be access to beds at Florence Shipley which is a care home in Heanor currently used for Erewash patients, we plan to commission eight community support beds within Erewash.

Community support beds have three elements which distinguish them from standard care home beds. They have:

- Enhanced social staffing ratios with a focus on re-ablement
- Therapy input to support physical rehabilitation
- Additional clinical cover in the form of Advanced Clinical Practitioners supported by a General Practice with whom the patient is temporarily registered

We have been working with Derbyshire County Council to identify a suitable location for the community support beds within Erewash and have agreed that Ladycross House Care Home in Sandiacre is the best available location currently.

Derbyshire County Council is also finalising proposals for a purpose built facility in the Ilkeston area to replace some of the existing adult social care bed provision. With this in

mind we will review the location of the community support beds in the future. Your feedback on this area will also inform any review we do.

A reduction in the community hospital beds (as set out below), would release Advanced Clinical Practitioner capacity and therapists to be able to support the community support beds. For more information about Advanced Clinical Practitioners, visit www.nhsemployers.org

Community Hospital Beds

We believe that by providing more community support beds, increasing the number of care staff and providing additional health input to support rehabilitation, we can reduce the number of pathway three beds at Ilkeston Community Hospital. This means we will be commissioning a full ward of 16 beds with the flexibility to expand to 18 beds during times of pressure, such as winter.

Integrated Community Team

To be able to increase the number of patients supported at home and to provide therapy support to the other pathways, our plans include ensuring that the integrated community team has sufficient staffing to meet the health rehabilitation needs.

In addition to the changes in the numbers of beds and home support as described above we support an approach whereby nursing and therapy teams are able to be flexible during extremely busy times and provide support where needed across the pathways

Our commitment to you

We want to reassure people that the plans put forward in this document have no bearing on the future of Ilkeston Community Hospital; there are no plans to close Ilkeston Community Hospital.

Improving the planning and delivery of services

To ensure that we provide the highest quality and most up to date care possible we continue to work with all health and care providers in Derbyshire to improve the planning and delivery of services. The purpose of working together is to ensure that patients move quickly and easily between settings and services and that we make the best use of all available facilities.

This work includes activities such as early planning for discharge to identify and plan for ongoing needs, flexing workforce capacity according to need and tracking data to predict demand. All these actions support reducing the amount of time people spend in a hospital bed and enable even more patients to be cared for within the same resources. We believe that the plans outlined in this document support the ongoing delivery of this work.

Engagement

We recognise the importance of ensuring public, staff, patients and the wider Ilkeston community are informed about and involved in the development of health services in their area and so we launched a 60 day period of engagement on 27 June 2019 which will last until 25 August to enable people to share their views on our plans. This will help us to understand any unintended consequences of implementing the planned changes. The Governing Body will consider the engagement feedback in September 2019.

Ways to give us your feedback

You can find more information on our website:

<http://www.derbyandderbyshireccg.nhs.uk/have-your-say/engagements/changing-the-provision-of-community-rehabilitation-in-erewash/>

You can complete an online survey:

<https://www.surveymonkey.co.uk/r/ChangingtheprovisionofcommunityrehabilitationinErewash>

You can find a copy of this survey to print on our website:

<http://www.derbyandderbyshireccg.nhs.uk/have-your-say/engagements/changing-the-provision-of-community-rehabilitation-in-erewash/>

You can send a paper copy of the survey to:

Freepost SOUTHERN DERBYSHIRE CCG

Please note there is no need to write anything else on the envelope

If you have any questions or would like to provide feedback via email please contact Claire Haynes, Involvement Manager:

Email: Claire.Haynes2@nhs.net

Telephone: 01332 868 677

We are in the process of setting up other opportunities for people to share their views and ask questions. Please check our website for details.

<http://www.derbyandderbyshireccg.nhs.uk/have-your-say/engagements/changing-the-provision-of-community-rehabilitation-in-erewash/>

Appendix 5 - letter to stakeholders:

1st Floor North
Cardinal Square
10 Nottingham Road
Derby
DE1 3QT

Tel: 01332 868 677
www.derbyandderbyshireccg.nhs.uk

Reference: **Changing the provision of community rehabilitation in Erewash**

Date: 28th June 2019

Dear ...

As NHS Derby and Derbyshire Clinical Commissioning Group (CCG) we are responsible for allocating the budget for healthcare in Derbyshire and we work with all regional health partners, including hospitals, to ensure that we provide the highest quality and most up to date care possible. Part of this work requires us to periodically check that services are organised in the best way to meet current and future needs.

Before leaving hospital every patient is assessed to determine the type of care they need to support them with their recovery. We provide three types of care to patients who have ongoing support needs for their rehabilitation when they are discharged from a major hospital. We call these different types of care "Pathways."

In the Erewash area we have identified through our latest figures that we have too much of some types of care and not enough of other types, meaning patients don't always get what is best for them.

To address this we have agreed that changes are needed to these types of care in Erewash. The planned changes include providing more community support beds in local authority care homes and increasing the number of care staff alongside providing additional health input to support rehabilitation for people at home.

The provision of rehabilitation care and support that better meets the needs of our patients means that there is less need for community hospital beds and so our plan includes reducing them by eight.

Below is a survey that provides opportunity for you to share your thoughts.

If you wish to complete the survey or require further information please see our public website: <http://www.derbyandderbyshireccg.nhs.uk/have-your-say/engagements/changing-the-provision-of-community-rehabilitation-in-erewash/>

If you have any questions or would like to talk to someone please contact our Engagement Manager, Claire Haynes, by calling 01332 868 677 or emailing ddccg.enquiries@nhs.net

Thank you for taking the time to read this information and for any feedback you are willing to share.

Yours sincerely,
Engagement Manager

Setting the scene

- Opportunity to share updates and listen to you
- To confirm that we have no plans to close Ilkeston Community Hospital
- The model we will explain follows national best practice
- Understand concerns and some people feel strongly:
 - priority is to provide the best treatment and care for our patients
 - important to understand the detail
 - engagement is important

What we are doing

- Changing the way we provide rehabilitation care
- Following latest thinking on rehabilitation care
- Working closely with health and social care partners
- Engaging with public, patients, stakeholders and others
- This is an ongoing process of developing and improving rehabilitation care across the whole county.

Pathways explained



Pathway 1 – patient's home with social and/or health



Pathway 2 – residential care delivered in a community support bed from health and social care



Pathway 3 – Ilkeston Community Hospital bed with 24 hour care

What is a community support bed (Pathway 2)?

- Bed in a residential home to help people regain independence
- More social care support staff
- Extra therapy, eg, OT and physio input
- Supported by Advanced Clinical Practitioner and GP
- Average stay is 2 weeks
- No cost to patient

Current position

Patients going out of Erewash for care, or into hospital unnecessarily.



The new model - right care in the right place



Explaining the local picture

- Every patient leaving an acute hospital is assessed for their needs
- The assessment gives us a picture of the type of rehabilitation care that people need
- This has made it clear that we have the wrong mix of beds with too many P3 beds and not enough P2 beds locally
- We have included capacity for patients to still be admitted from home if necessary.

How we will deliver these changes

- Worked with Derbyshire County Council to identify a suitable location for the community support beds
- Identified Ladycross House Care Home in Sandiacre as the best currently available location
- Plan to maintain 16 hospital beds at Ilkeston Community Hospital
- Re-investment to fund therapists, nurses and support staff for patients at home
- Re-investment in clinical support for the Ladycross beds to include Advanced Clinical Practitioner and GP cover, physio, OT and support with rehabilitation.

Making sure it's working

We will:

- Monitor whether people's assessed needs are met once the changes are in place
- Track the final outcome including re-admission rates.
- Use flexibility to enable us to respond to any increase in demand, eg winter

Appendix 7 – Media Coverage

Source: Derbyshire Times (Ilkeston)
Date: 13/06/2019
Page: 6
Reach: 24959
Value: 5349.96

Hospital set to axe beds in bid to cut £69m from budget

MP accused of failing to keep promise on the issue

SPECIAL REPORT

By Ed Bowdler
edward.bowdler@derbyshiretimes.co.uk
@edbowdler

Derbyshire NHS bosses have confirmed proposals to cut the number of beds at Ilkeston Community Hospital, prompting an accusation that Labour MP Maggie Throup has failed to keep her promise on the issue.

The board of NHS Derby and Derbyshire Clinical Commissioning Group (CCG) met on Thursday, June 6, to consider the case for cutting capacity from 24 beds to 10-15.

The CCG, which announced plans to cut £69m from its budget in April, will formally launch a period of public engagement on the proposals later this month, with a final decision due in September.

Medical director Dr Steve Lloyd said: "Clearly making these adjustments to the kind of care offered is definitely

the right thing for patients. "I can understand any talk about changing bed numbers at a local hospital ring sound concerning but as we found in the north of the county when we instituted similar changes the quality of care nearer to home improves."

The number of beds in Ilkeston was already cut from 32 last

"As we found in the north of the county when we instituted similar changes, the quality of care nearer to home improves"

year, as the CCG looks to deliver more care and rehabilitation services in patients' homes or social care settings.

A report to Thursday's meeting outlined research carried out this spring, which appeared to show that a majority of patients who could not be discharged from the hospital without further support could have their clinical needs met more effectively in other settings.

The CCG is therefore proposing to match the bed cuts by increasing its capacity for home care from 27 spaces to 37, and for 'supportive bed

care' elsewhere in the community from three spaces to 15.

Dr Lloyd said: "There is robust evidence indicating that delay in transfer from hospital based care to care in the community is associated with poorer outcomes in terms of mobility and long-term ability to self-care."

"We've already got excellent staff and services in Ilkeston - we just need to make sure the balance of what is offered keeps up with the type of care needed so patients are looked after in the right way for them."

The plans have reportedly been shared with partner organisations across health and social care and received support, however there has been some dissent among local political figures.

Labour's parliamentary candidate Catherine Atkinson, who gathered 1,000 signatures with a petition against bed cuts in north, said: "This news is sadly not unexpected but is devastating for Ilkeston and is why I have been campaigning against bed closures since last summer. I'll continue to fight for our hospital."



Labour candidate Catherine Atkinson, above, has been campaigning to save beds at the hospital for the past year; MP Maggie Throup, below.



Source: Derbyshire Times (Ilkeston)
Date: 20/06/2019
Page: 43
Reach: 24959
Value: 863.28

Proposals do not mean hospital is under threat

Maggie Throup, Erewash

The hot topic around Ilkeston of late has been the future of Ilkeston Community Hospital. This is in relation to in-patient beds as the local Clinical Commissioning Group (CCG) looks to improve the range of support available for patients who need rehabilitation.

I have already been in contact with the chief executive of Derby and Derbyshire CCG to express my concerns about certain aspects of the proposals. He reassures me that the best interests of the patient will, quite rightly, always be at the heart of any

changes.

It's important not to over-medicalise old age and always have the goal of ensuring patients are treated in the right place at the right time, recognising that so often the best place to rehabilitate is in our own homes.

It's also important to remember that our hospital is more than just beds, it serves our community as an outpatient hub and has a brilliant diagnostic and

treatment centre, as well as the minor injuries unit.

To reiterate, whilst the proposals may change the way our community hospital delivers its

services, they in no way mean that the hospital is under threat of closure as has been so recklessly suggested by the

Labour Party in the past. Our healthcare facilities should not be used as a political football.

Nationally, over the next few weeks the Conservative



It's also important to remember that our hospital is more than just beds, it serves our community

Source: Ilkeston Advertiser (Web)
Date: 10/07/2019
Page: 2
Reach: 2440
Value: 66

.....

Campaign meeting discusses how to fight Ilkeston hospital bed cuts

Grassroots campaign groups met in Ilkeston on Tuesday night to discuss how best to oppose plans to axe half of the beds at the town's hospital.

NHS campaigners, supporters of the Protect Ilkeston Community Hospital Facebook page, Labour Party representatives, hospital staff, and other concerned residents met to discuss the plans which were revealed last month.

They heard from health experts and discussed the context in which Derby and Derbyshire Clinical Commissioning Group (CCG) is making the case for changes in the way its services are delivered.

Bradd Farnsworth, 26, who set up the Facebook page, said: "My mum worked at the hospital until recently and I know other staff who are frustrated by job losses and cuts when the demand for care is so high.

"The 'care in the community' model being proposed is not right for many patients, but they do want a hospital close to home. It's better to have patients to be completely rested and recuperated in a controlled environment rather than take chances with them going home too early."

He added: "As a local resident I am tired of Ilkeston in general being second best when it comes to surrounding areas, and we don't deserve it, we're tired of fighting to keep our town going.

More than 60 people gathered at the Cantelupe Centre in Ilkeston on Tuesday night to discuss their opposition to planned bed cuts at the town's hospital.

"Why should Ilkeston lose beds and staffing levels to compensate incompetent budget management from those higher up."

Part of the meeting was dedicated to discussion of the CCG's finances, with the organisation attempting to cut £69.5million from its budget this year.

As well as disagreements about the most effective clinical care approach, there is also a political dimension to the row.

Erewash MP Maggie Throup gave assurances that there would be no further cuts to bed numbers after initially reductions to the hospital's capacity last year.

Labour's parliamentary candidate Catherine Atkinson.

Catherine Atkinson, Labour's prospective parliamentary candidate, said: "Of course a hospital is more than just beds, but if you take out beds, staff and patients - eventually it becomes just an empty building.

"But in recent years we have seen cut after cut. We saw bed cuts and ward closures in 2012. The Walk in Centre and GP surgery were closed in 2013. They closed the Minor Injuries Unit at night in 2014 and cut the hours again last year.

"This is not improving services. It is cutting services. Five years ago we had 44 beds, last year we had 32. Reducing beds to 16 is a huge blow not only to our community but to everyone who will see greater pressure at other hospitals including in Nottingham and Derby."

She added: "After the last public meeting the MP promised no bed cuts. It is important that she is held to account on that pledge.

Maggie Throup MP

"We've had a hospital in Ilkeston for over 100 years. I want to ensure that we still have one for the next 100."

CCG representatives and Erewash MP Maggie Throup were invited to the meeting but did not attend.

Contrary to online speculation that the MP refused to take part, she was actually required in London for parliamentary votes on important legislation related to Northern Ireland.

Source: Derbyshire Times (Ilkeston)
Date: 11/07/2019
Page: 2
Reach: 24959
Value: 1255.32

Hospital campaign groups make plans

By Ed DINGWALL
edward.dingwall@kantarmedia.co.uk
@IlkestonVoice

Grassroots campaign groups met in Ilkeston on Tuesday night to discuss how best to oppose plans to axe half of the beds at the town's hospital.

NHS SOS, supporters of the Protect Ilkeston Community Hospital Facebook page, Labour Party representatives, hospital staff, and other concerned residents met to discuss the plans which were revealed last month.

They heard from health experts and discussed the context in which Derby and Derbyshire Clinical Commissioning Group is making the case for changes in the way its services are delivered.

Bradd Farnsworth, 26, who set up the Facebook page, said: "My mum worked at the hospital until recently and I know other staff who are frustrated by job losses



and cuts when the demand for care is so high.

"They are paying for incompetent budget management. "The 'care in the community' model being

proposed is not right for many patients, but they do want a hospital close to home."

CCG staff and Erewash MP Maggie Throup were invited to the meeting but did not attend.

The CCG is hosting its own

drop-in event at Charnos Hall on the hospital site, between 2-6pm, on Monday, July 15, as part of a public consultation process.

It is also running a survey of residents online at <https://bit.ly/2YfXGKp>.



Ilkeston Community Hospital.

Source: Derby Telegraph
Date: 12/07/2019
Page: 22
Reach: 18903
Value: 1215.76

NHS change can be scary, but it is for the best

As our National Health Service celebrates its 71st birthday I would like to wholeheartedly thank everyone who works in the NHS for their commitment and dedication, many throughout their whole career.

Ilkeston Community Hospital is a prime example of everything that is good about our NHS. It provides general rehabilitation, end of life care and post-operative rehabilitation for adults following discharge from acute hospitals or from home. It also has a busy diagnostic and treatment centre, walk-in centre and outpatients.

It is only right that every public service is scrutinised to ensure it is providing the most appropriate service and in the right place. The Derby and Derbyshire Clinical Commissioning Group (CCG), which is responsible for commissioning health provision across Erewash, has been carrying out such scrutiny.

I am sure everyone will agree that patients must always be at the heart of every decision made at all levels of the NHS. And with record additional funding going into the NHS over the next few years, decisions to change provision definitely should not need to be based on money.

There is strong evidence that in the first 24 hours in hospital, elderly patients lose two to five per cent of their muscle strength, rising to ten per cent in the first seven days. We should not be over-medicalising old age and always have the goal of ensuring patients are treated in the right place at the right time, recognising that their own home is so often the best place.

It is on this basis that the CCG has evaluated the current provision and now, based on evidence, is proposing to increase community support and provision as well as increase capacity to support people at home, therefore reducing the need for the current number of beds at Ilkeston Community Hospital.

In essence, this means bed-based care should be the last resort, shifting focus into preventative care and care in homes. 'Success', therefore, will see fewer individuals needing to be admitted to community hospitals, hence the reduction in beds.

Whilst these proposals do seem to put the patient at the heart of the changes, I do have concerns about the quality of care at some of the alternative locations, whether full consideration of trends in population needs have been made and the undoubted retraining that some NHS staff will be expected to undergo.

The first Ilkeston General Hospital was built by the people of Ilkeston 126 years ago at a time when healthcare was still very much in its infancy and long periods of bed rest were considered the only way of getting patients back on their feet.

As custodians of this legacy, we must ensure that Ilkeston Community Hospital is delivering the most effective outcomes for

patients in the modern age. This is not about the cost of healthcare provision or 'cuts' to funding, indeed the Government is providing record levels of investment for our NHS through the Long-Term Plan.

I accept that change can often be a scary process exacerbated by the emotional attachment we all have for our Community Hospital. However, we must not dismiss

modern methods of patient care nor use them as a political football.

CCGs were established to ensure that it is clinicians rather than politicians who are making the decisions about how to best deliver localised healthcare, tailor made to the individual needs of the communities they serve.

I would therefore suggest that we must trust their professional decisions and judge them on their result. The most important thing is that Ilkeston continues to be served by a successful Community Hospital which delivers the best outcomes for patients for generations to come.

Source: Ilkeston Advertiser (Web)
Date: 15/07/2019
Page: 8
Reach: 2440
Value: 66

NHS begins public engagement process over Ilkeston hospital bed cuts

NHS Derby and Derbyshire Clinical Commissioning Group has begun the process of public engagement about plans to cut beds at Ilkeston Hospital.

The proposals have proved controversial since they were first revealed last month, but health leaders want to set out the positive case for changing the way services are delivered.

CCG director Zara Jones said: "Robust evidence, both local and national, shows patients who are discharged to the right type of care when they come out of hospital recover more quickly.

"Work to make these sort of adjustments to the care services offered has already been very successful in north Derbyshire through our 'Better Care Closer to Home' initiative.

She added: "We're keen to hear from as many people as possible during our local conversations so we can share how plans will be implemented and understand what local people, patients, staff and other key organisations think.

"We will take on board all comments and make sure all implications of these changes are planned for."

The CCG and Derbyshire Community Health Services NHS Foundation Trust, which provide services both in the local area and at Ilkeston Community Hospital, will be holding a series of drop-in sessions for the public to ask questions.

These will take place at Charnos Hall, Ilkeston, between 2pm and 6pm on Mondays July 15 and 29, and August 12.

According to the CCG's plans, resources will be redirected away from hospital beds—reduced from 24 to 16—to ensure that rehabilitation services match the needs of the local population.

Capacity for delivering care at home will rise to 37 spaces from the current 27, while supportive bed care spaces—delivered in settings such as care homes—will rise from three to 11.

The care pathways in question are for those leaving acute care at the hospital, who continue to require help but not necessarily at the level of a medical nursing ward.

William Jones, chief operating officer for Derbyshire Community Health Services NHS Foundation Trust, said: "We are confident these plans will support our patients and help them recover more quickly as they're cared for in the most appropriate setting."

Dr Steve Lloyd, medical director for the CCG, said: "There are excellent NHS staff and services in Ilkeston already. All we intend to do is ensure the balance of what's offered keeps up with the type of care patients' need so we look after them the right way."

For more information about the plans and an online survey to leave feedback, go to <https://bit.ly/2YfX6Kp>.

Unattributed

[source link] <https://www.ilkestonadvertiser.co.uk/news/nhs-begins-public-engagement-process-over-ilkeston-hospital-bed-cuts-1-9876957>
[/source link]

Health bosses had considered cuts to hospital beds last winter

By **EDDIE BISKNELL**

Local democracy reporter

HEALTH chiefs had considered plans to cut beds at Ilkeston Community Hospital last winter, it has been revealed.

Plans are currently out to consultation to reduce the number of hospital beds at the Heanor Road site from 24 to 16.

The hospital did have 32 beds before winter, but in June it was announced that this had fallen due to "operational staffing difficulties".

On Monday, July 15, in a meeting of Derbyshire County Council's health scrutiny committee, Derbyshire health chiefs revealed the plan to cut beds had been considered last winter.

The only reason it was not progressed, they said, was due to the so-called "winter pressures" which already placed a burden on health services.

Back in September, health chiefs repeatedly denied beds were set to be closed at the Ilkeston hospital and that none had been closed. This

was despite staff claiming they had already been told of incoming bed cuts – in the region of six to 10 beds.

However, last month, the Derby and Derbyshire Clinical Commissioning Group (CCG) revealed that beds were indeed set to be cut at Ilkeston. It aims to reduce the number of community hospital beds, in favour of creating more beds in nursing homes and providing more assistance in people's homes.

Now, it has come out that health leaders had contemplated the plan more than half a year ago, and shortly after denying any such scheme.

At a county council scrutiny meeting, Zara Jones, executive director of commissioning operations at the CCG, said: "We had intended to start this [the bed changes] last winter but

didn't have the time to prepare going into winter capacity issues."

Ms Jones also said it was important not to start the process of preparing to make the proposed changes until after the consultation closes on Monday, August 26.

However, she did say that the CCG needed to be ready and have time to make the changes in time for this winter – if they are approved in September by the organisation's trust board and taking into account the consultation.

Ms Jones and Dr Steve Lloyd, the CCG's medical director, both repeated that the overall capacity for beds in Erewash would be increased.

This, they said, was to ensure that the NHS system in Erewash had the right type of beds in the right place.

The CCG intends to open up eight more beds in a nursing home – Florence Shipley, in Heanor, outside of Erewash in the neighbouring borough of Amber Valley. This would take care home beds to 11.

Meanwhile, supported care at home would be increased from 27 "slots" to 37.

The county council would lend assistance from its reablement teams

Source: Derbyshire Times (Ilkeston)
Date: 18/07/2019
Page: 4
Reach: 24959
Value: 867.24

NHS holds Q&A over bed cuts

By ED DINGWALL
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NHS Derby and Derbyshire Clinical Commissioning Group has begun the process of public engagement about plans to cut beds at Ilkeston Hospital.

The proposals have proved controversial since they were first revealed last month, but health leaders want to set out the positive case for changing the way services are delivered.

CCG director Zara Jones said: "Robust evidence, both local and national, shows patients who are discharged to the right type of care when they come out of hospital recover more quickly.

"Work to make these sort of adjustments to the care services offered has already been very successful in north Derbyshire through our 'Better Care Closer to Home' initiative."

She added: "We're keen to hear from as many people as

possible during our local conversations so we can share how plans will be implemented and understand what local people, patients, staff and other key organisations think.

"We will take on board all comments and make sure all implications of these changes are planned for."

The CCG and Derbyshire Community Health Services NHS Foundation Trust, which provide services both in the local area and at Ilkeston Community Hospital, will be holding a series of drop-in sessions for the public to ask questions.

The first session took place at Charnos Hall, Ilkeston, on Monday, July 15, and more will follow on Mondays, July 29, and August 12, 2–6pm.

According to the CCG's plans, resources will be re-directed away from hospital beds—reduced from 24 to 16—to ensure that rehabilitation services match the needs of the local population.

Capacity for delivering care at home will rise to 37

spaces from the current 27, while supportive bed care spaces—delivered in settings such as care homes—will rise from three to 11.

The care pathways in question are for those leaving acute care at the hospital, who continue to require help but not necessarily at the level of a medical nursing ward.

William Jones, chief operating officer for Derbyshire Community Health Services NHS Foundation Trust, said: "We are confident these plans will support our patients and help them recover more quickly as they're cared for in the most appropriate setting."

Dr Steve Lloyd, medical director for the CCG, said: "There are excellent NHS staff and services in Ilkeston already. All we intend to do is ensure the balance of what's offered keeps up with the type of care patients' need so we look after them the right way."

■ For more information about the plans and an online survey to leave feedback, go to <https://bit.ly/2YfX6Kp>.

Source: Derbyshire Times (Ilkeston)
Date: 25/07/2019
Page: 1
Reach: 24959
Value: 5163.84

HOSPITAL BED CUT PLANS REVEALED

By **EDDIE BISKNELL**
news@ilkestonadvertiser.co.uk
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Health chiefs had considered plans to cut beds at Ilkeston Community Hospital last winter, it has been revealed.

Plans are currently out to

consultation to reduce the number of hospital beds at the Heanor Road site from 24 to 16.

The hospital did have 32 beds before winter but in June it was announced that this had fallen due to 'operational staffing difficulties'.

Now at a meeting of Derbyshire County Council's health

scrutiny committee, health chiefs revealed that the plan to cut beds had been considered last winter.

The only reason it was not progressed, they said, was due to the then incoming winter pressures.

TURN TO PAGES 6&7



Source: Derbyshire Times (Ilkeston)
Date: 25/07/2019
Page: 1
Reach: 24959
Value: 5163.84

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Now at a meeting of Derbyshire County Council's health scrutiny committee, health chiefs revealed that the plan to cut beds had been considered last winter.

The only reason it was not progressed, they said, was due to the then incoming winter pressures which already placed a burden on health services, without having to enact more changes.

Back in September last year, health chiefs repeatedly denied that beds were set to be closed at the Ilkeston hospital and that none had been closed.

This was despite staff claiming they had already been informed of incoming bed cuts – in the region of six to 10 beds.

However, last month, the Derby and Derbyshire Clinical Commissioning Group (CCG) announced its U-turn that beds were set to be cut at Ilkeston.

It aims to reduce the

number of community hospital beds, in favour of creating more beds in nursing homes and providing more assistance in people's homes.

But now, it has come out that health leaders had contemplated the plan more than half a year ago, and shortly after denying any such scheme.

In this week's county council scrutiny meeting, Zara Jones, executive director of commissioning operations at the CCG, said: "We had intended to start this (the

bed changes) last winter but didn't have the time to prepare going into winter capacity issues."

Ms Jones also said that it was important not to start the process of preparing to make the proposed changes until after the consultation closes on Monday, August 26.

However, she did say that the CCG needed to be ready and have time to make the changes in time for this winter – if they are approved in September by the organisation's trust board and taking into account the consultation.

Ms Jones and Dr Steve Lloyd, the CCG's medical director, both repeated that the overall capacity for beds in Erewash would be increased.

This, they said, was to ensure that the NHS system in Erewash had the right type of beds in the right place.

As a result, the CCG intends to open up eight more beds in a nursing home – Florence Shipley, in Heanor, outside of Erewash in the

neighbouring borough of Amber Valley.

This would take care home beds to 11.

Meanwhile, supported care at home would be increased from 27 "slots" to 37.

The county council would be lending assistance from its reablement teams to make this possible.

Councillors on the scrutiny committee stressed the need to hire more qualified carers to help pick up the added demand – and that meet-

ing current demand was a challenge already.

Coun David Taylor, chairman of the committee, questioned how there was not a demand for more hospital beds when there is an increasingly ageing population.

Ms Jones responded that while there is an ageing population, they are not always in need of a hospital bed – and that one in a care home or in their own home would better suit them.

She said: "We have done some robust modelling and we do need more capacity, but in a different setting."

"We are not moving away from community hospital beds, we are just looking at capacity overall."

She said, in Erewash, patients were frequently being placed in beds that were better suited for people with higher needs.

Dr Lloyd said that figures from NHS Improvement showed that older patients'



Source: Derbyshire Times (Ilkeston)
Date: 25/07/2019
Page: 1
Reach: 24959
Value: 5163.84

conditions sometimes deteriorated rapidly in hospital beds, but sometimes improved or had more slight deterioration if they were cared for in their own homes.

He said: "This is the right thing to, there is no doubt in my mind – this is the direction of travel we need to see to help people with complex problems.

"We will be able to get better quality care for our patients."

"We had intended to start this (the bed changes) last winter but didn't have the time to prepare going into winter capacity issues"



Campaigners gather in Ilkeston at a recent protest about the hospital cuts.



Source: Derbyshire Times (Ilkeston)
 Date: 25/07/2019
 Page: 1
 Reach: 24959
 Value: 5163.84



More than 80 people gathered at the Cantelupe Centre in Ilkeston recently to discuss their opposition to planned bed cuts.

Share your views on hospital plans

The trust is hosting drop-in sessions for residents to discuss the changes at Charnook Hall on the Ilkeston hospital site at the following times and dates:

- Monday, July 29, 2-4pm
- Monday, August 12, 2-4pm



Ilkeston Community Hospital.

Source: Derbyshire Times (Belper)
Date: 08/08/2019
Page: 5
Reach: 2149
Value: 1683

Groups hold protest over hospital cuts

By Ed DINGWALL
edward.dingwall@pmedia.co.uk
@BelperLatest

NHS campaign groups staged a protest outside Babington Hospital last week to call attention to ongoing uncertainty about the future of health services in Belper.

Mayor of Belper Simon Mallett joined the roadside demonstration, which was aiming to deliver its message to passing motorists and pedestrians.

Resident Keith Venables said: "Plans to close Babington were confirmed last year with the loss of 18 nursed beds and 160 parking spaces.

"We were promised two things: a new clinic on Derwent Street minus nursed rehab and respite beds, and surplus bed provision in Ilkeston Hospital.

"But where are we at now? Development on Derwent St appears to have stalled at the

preliminary planning stage. Ilkeston Hospital is faced with a reduction from 32 to 16 beds."

He added: "In spite of paying a hefty annual rent to NHS Properties, vital maintenance and upgrading has been neglected since only one outcome was planned — the sale of our hospital to private developers."

Fellow protester Mike Jones said: "If this goes ahead a vast swathe of south Derbyshire will have just 16 nursed beds for rehab, respite and end of life care.

"No one knows where the many services provided by the clinic at Babington will be relocated. Many patients already face long and arduous journeys for essential treatment. Other, discharged from acute beds too soon, boomerang back to A and E."

He added: "What fate awaits those suffering at home in what are now termed 'pathway one' beds — your own bed

"No one knows where these services will be relocated to"



at home with inadequate support?" That account of the situation is disputed by NHS Derby and Derbyshire Clinical Commissioning Group (CCG) which is responsible for overseeing service provision across the county.

A spokesperson said: "The county council's work on the new building in Derwent Street is well underway and that will include the 10 community support beds.

"Derbyshire Community Health Services NHS Foundation Trust continues to work on developing a proposal for the remaining services."

"No decision has been made by NHS Property Services regarding the future use of Babington's buildings so it is not true to claim a "private developer" is going to buy it.

"It is not true to suggest maintenance has not been carried out, and building standards form part of routine statutory checks," the spokesperson added.

Source: Derbyshire Times (Ilkeston)
Date: 08/08/2019
Page: 6
Reach: 24959
Value: 4870.80

Public 'fobbed off' over plans for hospital

FEATURE

By EDDIE BERNELL
news@ilkestonadvertiser.co.uk
@IlkestonTiser

A protester confronted health chiefs and accused them of 'fobbing off' the public over plans to cut beds at Ilkeston Community Hospital.

During a meeting of the Derby and Derbyshire Clinical Commissioning trust board, in Ilkeston, one member of the public took issue with what he thought was a lack of willingness from health chiefs to answer questions.

The CCG's chairman, Dr **Avi Bhatia**, said that questions sent to the CCG would be answered within two weeks and that the meeting was not a public one – but was simply being held in full view of the public.

Ilkeston resident Des Ball has become the face of the fight against hospital bed cuts in the town.

He interrupted the meeting, which was held last Thursday, August 4, despite repeatedly being told that questions submitted by hospital campaigners would not be answered.

Ilkeston campaigners are opposing plans to reduce the number of beds at the town's community hospital from 24 to 16.

This follows a reduction from the 32 beds the hospital had over the winter and despite promises that beds would not be reduced.

Hospital beds would be re-

placed with increases in community nursing beds and care in people's own homes as part of the proposals.

Dozens of protesters rallied outside the meeting but only around six could attend due to the size of the room it was being hosted in, at Tollbar House.

Mr Ball said in the meeting: "I have no doubt at all that you all mean well but this is not in our best interests, this will not save lives."

"There has been a lot of talk today about assurances, but how can any of us believe what you are saying when you promise things and then go back on them."

"There is a complete lack of consultation here, surely we should be involved in the process at some point?"

"You are all public servants and we are the public, we would like to ask questions

“How can any of us believe what you are saying when you promise things and then go back on them”

and we are being fobbed off.

"It is very frustrating."

Dr Bhatia agreed that it must be frustrating to attend a meeting and not be allowed to ask questions but that procedure dictates questions can be submitted but the public cannot speak at the CCG's meetings.

He reiterated that all questions would be answered with-

in two weeks.

Dr Chris Clayton, chief executive of the CCG, said during the meeting that the organisation had been doing "increasingly well with engagement" in the past year.

In response, members of the public present at the meeting said "wow" and "what a joke".

Last month, we revealed that health chiefs had considered cutting beds at Ilkeston Community Hospital last winter, shortly after saying at a public meeting that no such plans were in place.

Health chiefs say that Erewash currently does not have bed capacity in the right ar-

reas, with a need to focus on less extreme areas than hospital care. As a result, the CCG intends to open up eight more beds in a nursing home – Florence Shipley, in Heanor, outside of Erewash in the neighbouring borough of Amber Valley.

This would take the number of care home beds to 11.

Meanwhile, supported care at home would be increased from 27 "slots" to 37.

There is one remaining public drop-in session to be held at Charnos Hall on the Ilkeston hospital site on Monday, August 12 from 2pm to 6pm.

For more information about the plans and an online survey to leave feedback, go to <https://bit.ly/2YfX6Kp>

Source: Derbyshire Times (Ilkeston)
Date: 15/08/2019
Page: 1
Reach: 24959
Value: 934.56

Hospital staff quit over fears of closure

By EDDIE BISKNELL
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@IlkestonTiser

A number of staff at Ilkeston Community Hospital have already quit their jobs due to the 'fear' that the site could be closed.

The health organisations responsible for the site, along with the union which defends its staff, have said that there

is no plan for the hospital to close and that the rumour that it might be is damaging.

At a public meeting, residents, campaigners and health chiefs met to set the record straight and ask questions about the potential reduction of beds at the Ilkeston hospital site to 16.

Union representatives from Unison said that campaigners must not spread a ru-

mour that the hospital could close, saying that 'staff have left out of fear of it closing'.

They said: "These people have enough to worry about as it is with their jobs in the hospital, and just like the rest of us, they have mortgages to worry about too. They don't need to be worrying about the hospital closing and losing their jobs."

FULL STORY: PAGE 13



Appendix 8 – CCG Website Statistics

CCG DROP IN SESSIONS:

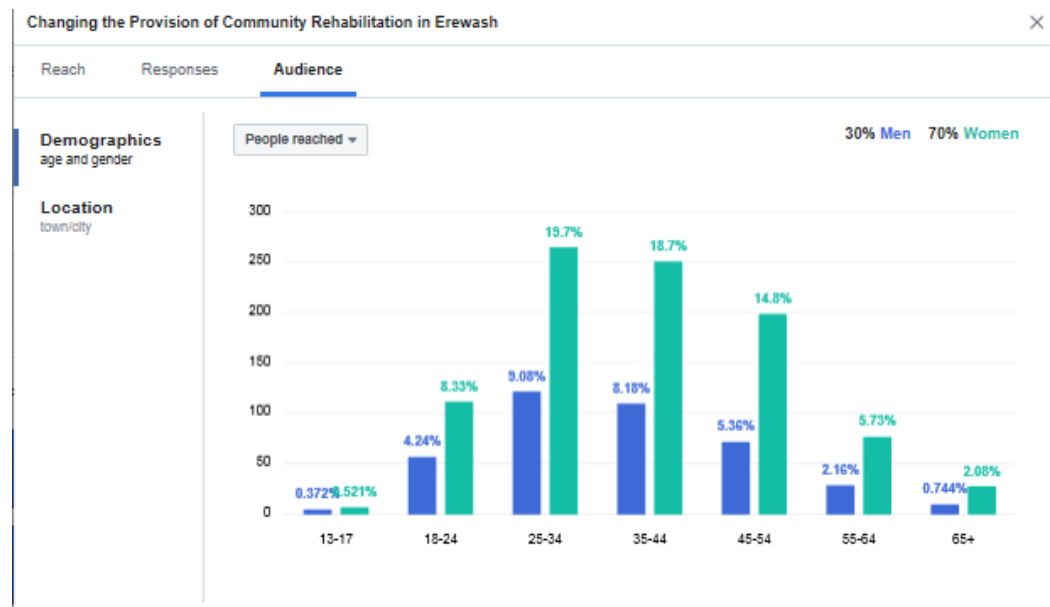
Bitly link published via social media – 4 people clicked from Facebook

15th July event:

1.3K reach

44 people viewed the event page

3 people engaged with the page (this could be liked, shared etc)

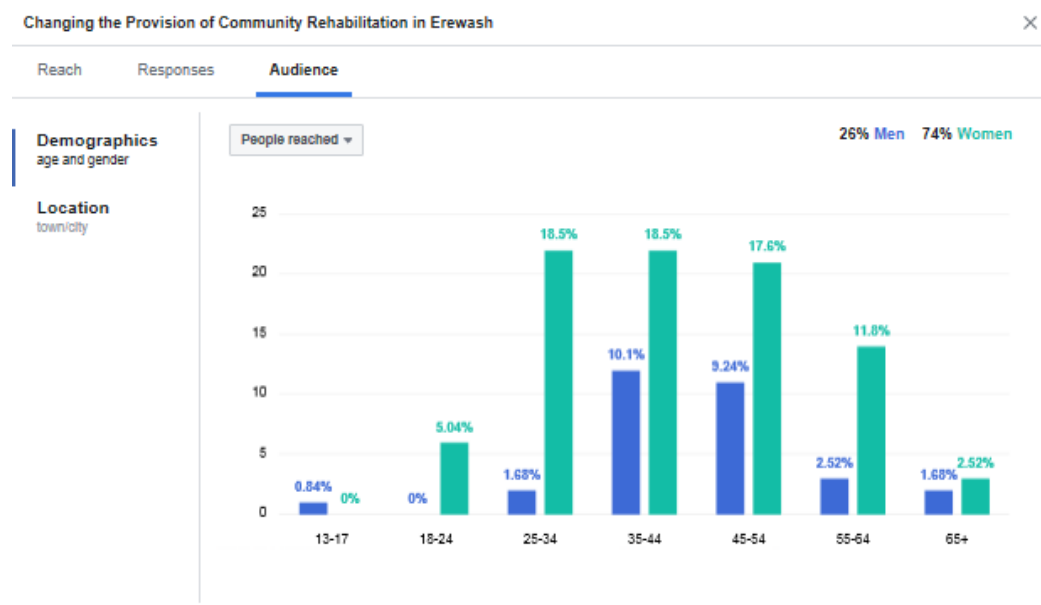


29th July event:

119 reach

20 people viewed the page

1 person responded



12th August event:
177 reach
21 viewed the page
0 responses

Changing the Provision of Community Rehabilitation in Erewash



Reach

Responses

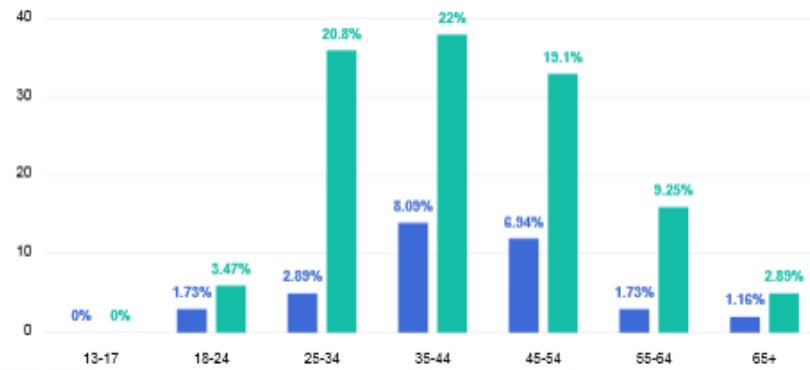
Audience

Demographics
age and gender

Location
town/city

People reached ▾

23% Men 77% Women



Appendix 9 – Social media activity:

Social Media: Save Ilkeston Hospital

Ilkeston Life has published this [article](#) on Twitter.

Councillor James Dawson of Aysworth Rd, Erewash has shared a link to a petition to 'save Ilkeston hospital'.

A page has been created on Facebook dedicated to the hospital and signing petitions and updates can be found here:

<https://www.facebook.com/245339672773539/posts/412086052765566/?sfnsn=mo>

To: Derbyshire (Erewash) CCG

Stop NHS Cuts In Erewash



Campaign created by
Bradd Farnsworth



Stop and reverse cuts to health services in Erewash:

- Reverse cuts to Ilkeston Hospital Minor Injuries Unit opening hours which began on 2nd July.
- Rule out cuts to beds for Ilkeston Hospital.
- Halt "catastrophic" grant cuts to local charities by the Erewash Clinical Commissioning Group.

2,158 of 3,000
signatures

Sign the petition

First Name *

Last Name *

Email *

Postcode *

I'd like to be emailed about this, and other great 38 Degrees campaigns

- ☐ Yes, keep me informed via email
- ☐ No, don't send me emails or keep me updated in future

Your personal information will be kept private and held securely. By submitting information you are agreeing to the use of data and cookies in accordance with our [privacy policy](#).

As displayed here on the petition page (link can be found through Facebook link above) the petition was set up for other points outside of this service change so the total signatures cannot be stated in the body of the report.

Catherine Atkinson - Labour Parliamentary Candidate for Erewash, Chair of the Socialist Societies, Chair of Erewash CLP – has discussed the topic

More range of tweets from local residents and ambiguous groups can be found [here](#).



Catherine Atkinson @catkinson80 · Aug 2

Hopewell Ward in **Ilkeston** Community **Hospital** closed yesterday. We had 4 wards now we only have 1 left. Erewash Tory MP assured us of no bed cuts & now we've lost a whole ward. Never trust Tories with the NHS.

Retweet so our community knows what's being done to our **hospital**.



Tweet from Maggie Throup on Ilkeston Hospital:



Maggie Throup MP @maggie_erewash · Aug 8

An update for residents about the proposed changes to service provision at our Community **Hospital**!

#OurNHS [#Ilkeston](#) #OurCommunityHospital #TheFacts



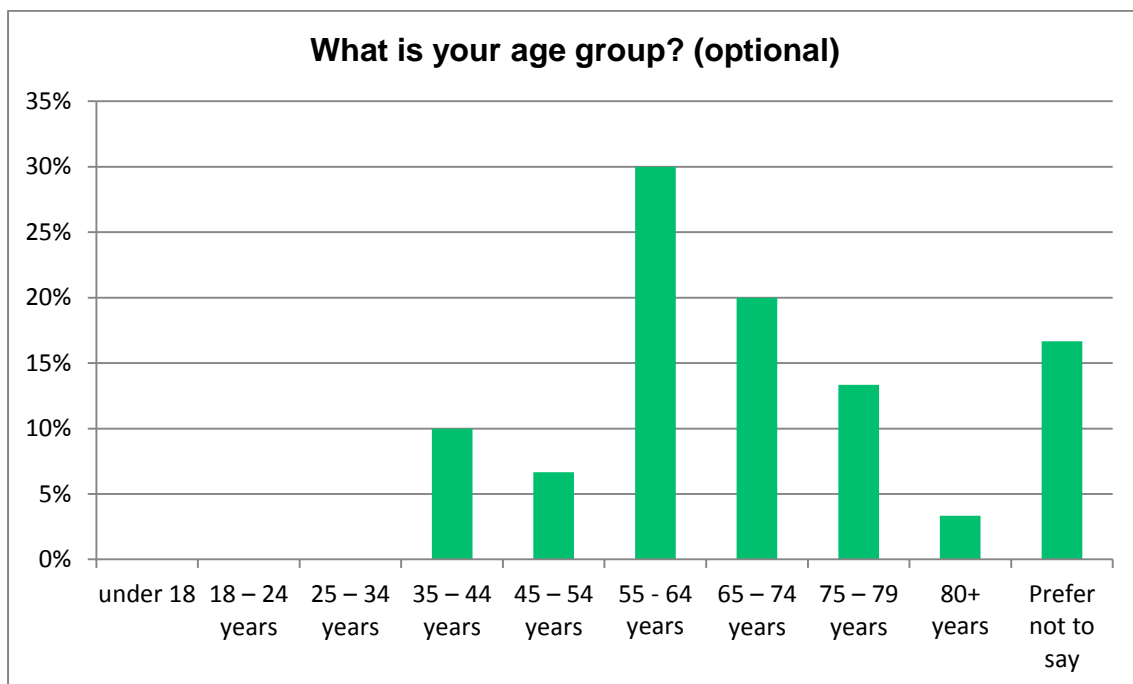
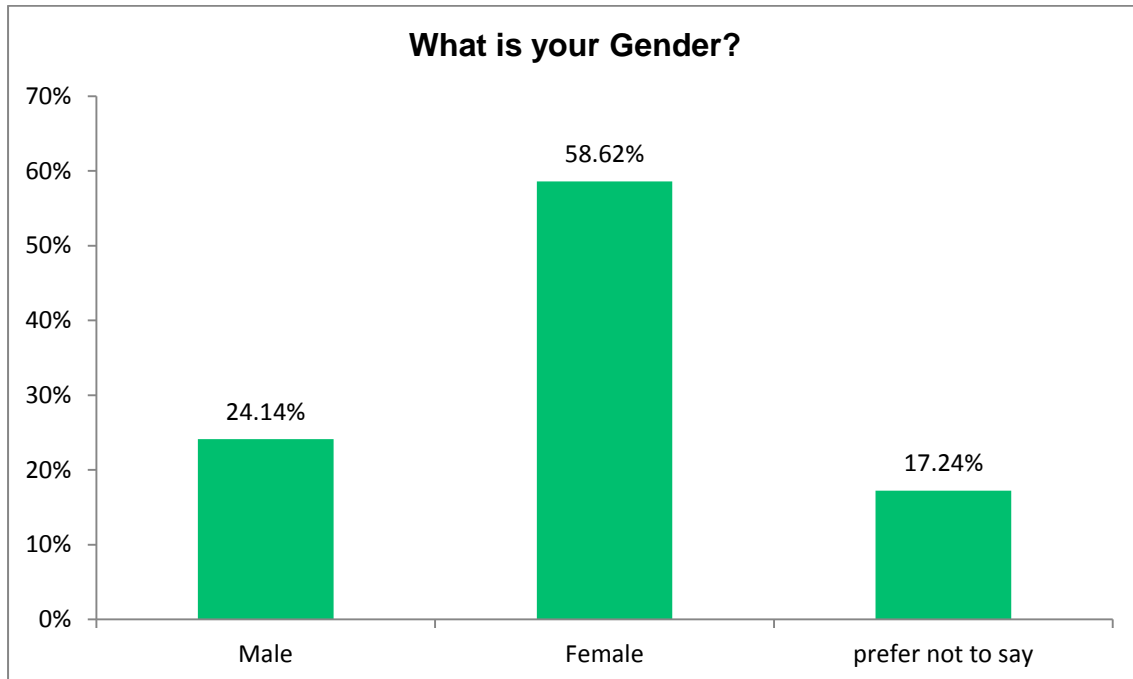
Ilkeston Community Hospital

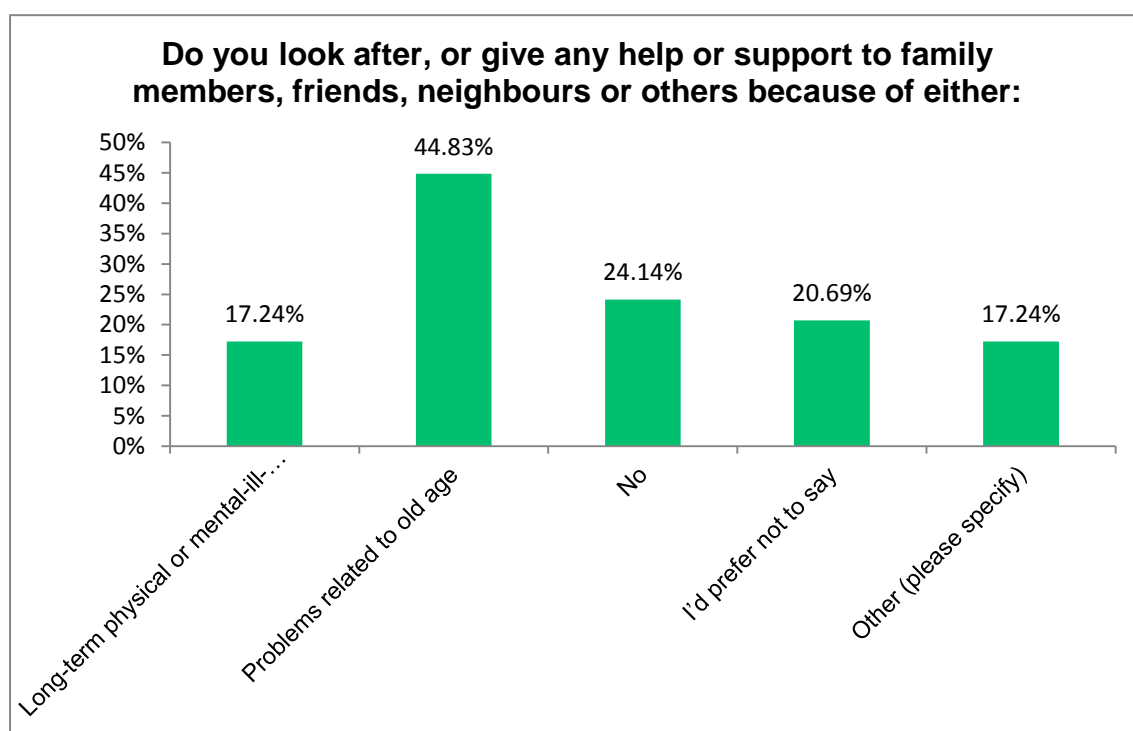
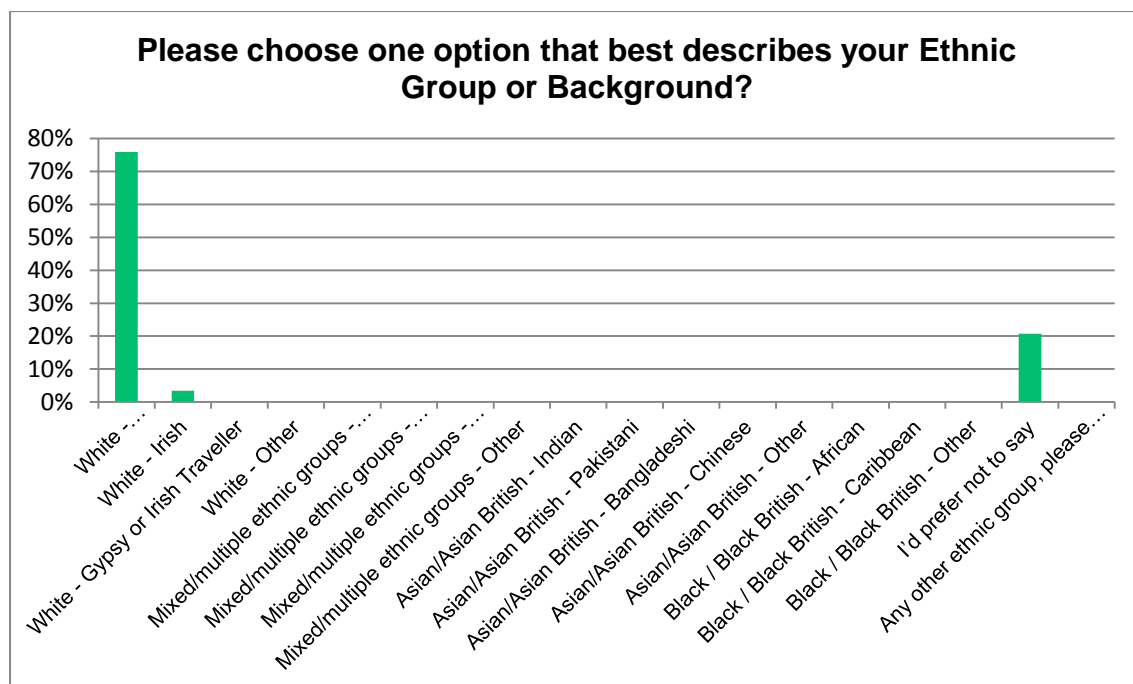
Thursday 8th August 2019 The Doctor-led proposals, which have been set out by the Derby and Derbyshire Clinical Commissioning Group, will ...

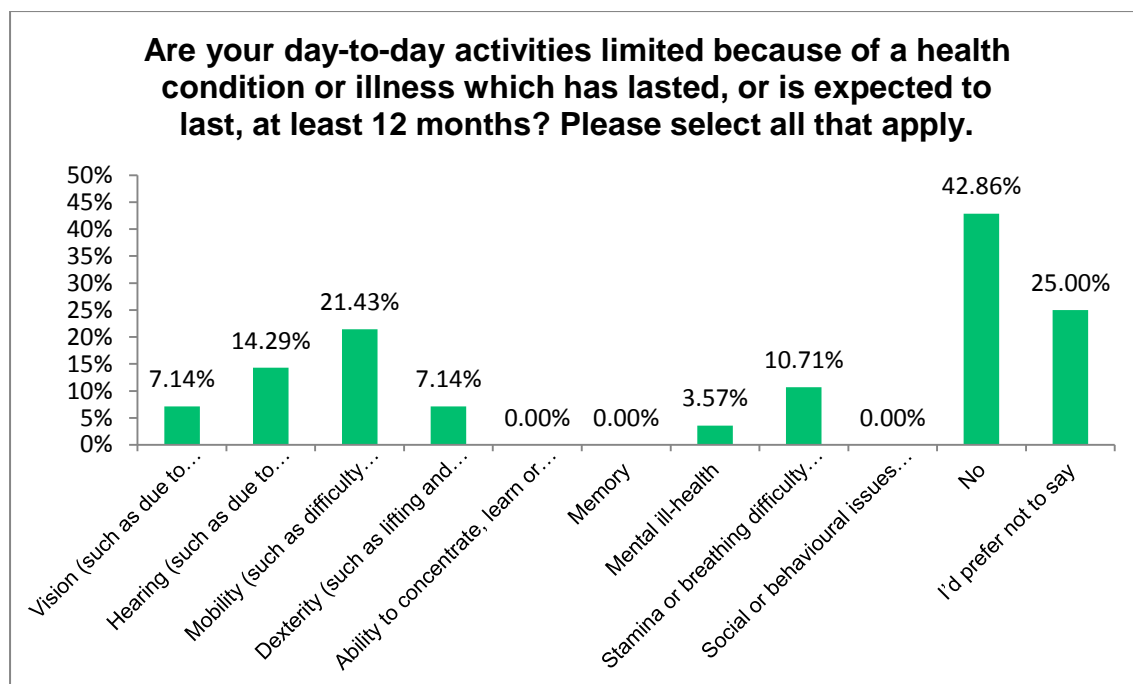
[maggiethroup.com](https://www.maggiethroup.com)

Link: <https://www.maggiethroup.com/ilkeston-community-hospital>

Appendix 10: Demographics and residence of those responding to the survey







Postcodes of residence of those responding to the engagement survey:

DE14	Burton on Trent/Branston
DE22 x 2	Derby, Quarndon, Mackworth, Kedleston
DE23	Derby
DE5	Codnor, Denby Village, Pentrich, Butterley, Waingroves
DE56	Belper, Duffield, Ambergate, Heage, Hazelwood, Fritchley
DE7 x 4	Ilkeston, Trowell, West Hallam, Stanton by Dale, Dale Abbey
DE7 0	Horsley Woodhouse, Ilkeston, Morley, West Hallam
DE7 4 x2	Kegworth, Castle Donington, Diseworth, Hemington, Isley Walton, Lockington
DE7 5 x 3	Heanor, Langley Mill, Loscoe, Shipley
DE7 6 x 2	Heanor, Langley Mill, Loscoe, Shipley
DE7 9 x 2	Horsley Woodhouse, Ilkeston, Morley, West Hallam
DE7 8	Horsley Woodhouse, Ilkeston, Morley, West Hallam
DE75 x 3 -	Heanor, Langley Mill, Loscoe, Shipley
Ng10 x 3	Long Eaton, Sandiacre