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Vespasian House, Barrack Road, Dorchester DT1 1EG      10 February 2017

*Dear Doctor Forbes Watson,*

## **NHS DORSET CLINICAL COMMISSIONING GROUP (DCCG) - IMPROVING DORSET'S HEALTHCARE - PUBLIC CONSULTATION – FRIENDS OF YEATMAN HOSPITAL SUBMISSION**

### **Context**

The Friends of the Yeatman Hospital as a charity has contributed £360,000 to the Yeatman over the past five years. As in the past this money has been used to enhance the day to day running of the hospital, for the provision of equipment and furnishings, decorating, enabling the establishment of clinical facilities and building projects and providing extra patient benefits. In considering where the Friends can benefit the hospital in the future the Committee Members have read the documentation and attended meetings and presentations concerning the review.

### **Our Response**

For clarity the Committee's response to the consultation document is set out below in a number of statements with explanations.

#### **1. The proposal that the Yeatman becomes a designated community hub with beds is welcomed.**

*The issues about transport, expanding communities, facilities and room for development at the Yeatman are well presented. The quality of the staff, the atmosphere and the hospital's reputation are also factors.*

**2. A robust planning process is required, which is long term [at least three to five years] and not subject to cancellation. A creditable financial plan is required before the Friends of the Yeatman can allocate funds with confidence.**

*In recent times there has been a wariness to support projects, particularly regarding clinical services, as there has been no certainty of their future support.*

**3. Financial Resources are seen as one key prerequisite to the future success of a community hub.**

*The Yeatman's resources aim to successfully meet the current role of the hospital. In future, additional resources will be needed at the Yeatman to meet the requirement to reduce the load on Acute Hospitals. To quantify these, the magnitude and timing of the expected benefits should be assessed in order for local plans to be developed. Thereafter the Friends can consider their appropriate support.*

**4. The Friends support the proposal to improve localised care and reduce the load on acute hospitals.**

*There should be a long-term plan to build replacement buildings perhaps based on new developments. In a town the size of Sherborne there are opportunities for this, perhaps including GP surgeries, mental health services etc. This would bring true meaning to the concept of the 'community hub'. Economic and housing development plans for Dorset indicate a growth of population in excess of that estimated by the DCCG. The Sherborne area is expected to see significant growth in the next few years and having a vibrant community hospital is essential to the well being of the population.*

**5. The Friends welcome the concept of Localisation in action.**

*There should be some outreach with the expertise of the acute hospitals into the community hubs. One travelling consultant for appropriate appointments to a local area reduces transport problems, improves appointment attendances and reduces congestion at the acute hospital. Whilst noting the concept to increase care in people's homes, the Friends have concern that the elderly, frail and vulnerable might be at risk and would be better served in an expanded community hub.*

**6. The proposed Accident and Emergency (A+E) Service provision for the Sherborne area should be clarified.**

*From Sherborne, and much of North Dorset, Yeovil is the closer A+E provision thus providing some practical justification for a formal cross county border arrangement. Furthermore, it is unclear whether the future of the A+E provision at Yeovil Hospital is certain. The Consultation should consider that many Dorset communities [and hospitals] have strong ties to major hospitals in neighbouring counties. A+E facilities at an appropriate scale should be enhanced at community hubs; the minor injuries unit at the Yeatman is highly regarded. Community hubs could contribute more*

*capacity to ease hospital bed blocking thus providing a positive impact on A+E services.*

**7. The Timetable for change requires clarification ahead of implementation.**

*Five years is mentioned in the document but without emphasis. The consensus is that a timetable gives credibility. The document emphasises that there must be change but this certainty is somewhat lost without a timetable and financial detail.*

**8. One concern over the results of this consultation is that it might result in an ineffectual compromise.**

*The strength of protest from those areas losing services will outweigh that from those, like Sherborne, where the services will be extended. Similarly, the acute hospitals may not be willing/able to release resources to Primary and Community Services. If Dorset NHS is not prepared to make the required changes in the face of opposition, we are concerned a less than optimal compromise, in effect a 'fudge', will manifest itself in the lack of direction reminiscent of occasions in the past.*

**Conclusion**

The DCCG document describes how the overall proposed plan has been built up from well-considered sub-plans for its key operational areas. In times of limited finance the DCCG should ensure the 'total plan' encapsulates the overall view of future requirements, deploying resources accordingly. Such a leadership stance will inevitably generate strident emotional opposition from some interest groups.

The Friends of the Yeatman welcome the DCCG proposal to grow Primary and Community Services in order to produce better healthcare across Dorset. Once finalised the Overall Plan will require determined leadership and adequate resources to achieve its effective implementation.

*Yours sincerely,*

*David Hayes*