

## **S&R Society: Magazine article December**

Members will recall the NHS Great Yarmouth and Waveney Clinical Commissioning Group (Health East) began its consultation on the proposed new "Shape of the System" in June.

The main thrust of this is to focus on care in the home wherever possible, obviating the need for a hospital visit, with Out of Hospital Teams (OHT's) backed up with local "Beds with Care" based in our "Hub" surgery in Reydon. Voluntary organisations will also be tied into the NHS system in an attempt to make the whole thing work together. Acute health issues will be dealt with at James Paget with Beccles handling intermediate care needs.

According to well-placed sources, the existing hubs are working well and have had the overall effect of reducing admissions to James Paget.

While the strategy is appealing, its execution got off to an appalling start in our area, where we were repeatedly assured that the planned closure of Southwold Hospital (SH) would only take place once the "beds with care" had been established; the sudden announcement of its premature "temporary closure" did not serve the proposal well, undermined the consultation process and is a classic illustration of the problem of unexpected consequences. Why did the service not realise that the possible closure would lead to staff looking elsewhere?

In the event the final decision to close the Hospital was made on November 5 by the Board of Governors of Health East who issued the following statement after the meeting:

### ***"Recommendation five: Southwold Hospital***

***We have heard from the Southwold community that the current out of hospital model will not work in the same way in more rural areas. We will work with the local community and clinicians to design a model with out of hospital services and appropriate beds with care in the local area.***

*Southwold Hospital now only contains GP community hospital beds with all other services having relocated to the new Sole Bay Health Centre. GP community hospital beds at Southwold Hospital are temporarily suspended due to staffing issues. During this time **the local community has been able to support patients well** and we will work quickly with the local community to put the new out of hospital services in place to support this further.*

*We would anticipate that once they are in place there will not be a need for the GP community hospital beds at Southwold Hospital and we will then be able to permanently close the hospital."*

The S&R Society recognises that pressure on budgets, growing population, and our locally aging population (double the national average for over 65's) has led to this decision but this does not reduce our sadness at seeing our local hospital close.

Since this is a done deal our focus must now, therefore, be to concentrate on scrutinising the plan and its implementation, with particular with regard to:

The OHT: Endorsing the first point in the CCG Recommendation above, we shall be taking up the CCG's commitment to work with the local community, and we shall be pressing them for details of the interim arrangements.

Beds with Care: We are not too sure how "the local community has been able to support patients" is working, without any current beds with care currently established, as stated above by the CCG. We understand now though that the planning for a new care home next to the surgery has started. But even assuming that a partner is found willing to take on this development, we are looking, realistically, at a 2018 completion date. Therefore, we need to fully understand how this glaring gap in provision will be filled.

We shall keep our members informed on these issues via our website and welcome your thoughts. For non-members we can be reached at:  
[www.southwoldandreydonsociety.org.uk/](http://www.southwoldandreydonsociety.org.uk/)

Lastly, we understand there are embryonic plans to convert SH into a hospice – something we can all look forward to!

Dexter Kirk.