

Saving Stracathro Hospital to deliver new and better rural medical services

Mrs Margaret Smith, *Stracathro Hospital Campaigner*

People living in remote and rural areas want to be able to avail themselves of good quality medical services as close to where they live as possible. It is not possible to deliver every service to the doorstep of every individual, but the history of the transformation of Stracathro Hospital shows that much more can be done than may at first be thought. Intrinsic to what has been achieved were vigorous, united, well-informed, non-political community defenders of local medical services, an open-minded Health Board, and the advice of impartial outside advisers.

The History of Closure

Following the amalgamation of the Angus, Perth and Dundee Trusts in 1998, it became clear that the new Tayside Health Board, responsible for healthcare provision for those living in urban and rural areas of Scotland, planned to close Stracathro Hospital in a rural area of Angus. Action Groups were formed, and in November 1999, supported by over 30,000 signatures, we presented the first public petition to the Health Committee of the new Scottish Parliament. This was sympathetically received, but since the Tayside Acute Services Review had not yet been published, nothing was resolved.

When the Review of Acute Services was published, we realised that it was not enough simply to protest – we must make a case based on facts. We therefore sought information on many issues, for example, the state of the buildings at Stracathro Hospital, transport links, implications for primary (general practitioner) care, staffing, orthopaedic surgery, radiology, coronary care, stroke, care of the elderly and many others. We examined costs and expenditure. It was clear that Angus would attract a very small share of the new Tayside budget compared to the cities of Dundee and Perth. We then compared Angus with the Scottish Borders who, with a very similar rural population and revenue, were able to sustain a full service general hospital. We also found that Stracathro Hospital had been one of the most efficient and cost-effective hospitals in Scotland. Why destroy it?

It seems incredible now, but at that time Angus had no representation on the new Tayside Health Board. We petitioned Angus Council, responsible for local government, and got unanimous cross-party political support. Our action group represented the whole spectrum of political opinion, yet worked extremely well together, demonstrating the extent to which health issues can, and perhaps should, transcend party politics. Devolution of responsibilities for domestic matters to a new Scottish Parliament also caused us confusion and uncertainty. Health was now a devolved matter, yet all the legislation and directives we were having to consider appeared to come from either London (UK) or Brussels (European Union). We attended every Parliamentary debate on health issues, and discovered a new weapon in our campaign – the mass of information now available to the public on the new Scottish Parliament's excellent website.

Turning the Tide

Following a very troubled period for the NHS in Tayside, in 2001 a new management finally offered an independent assessment of our case. The President of the Royal College of Physicians of Edinburgh and the Vice-President of the Royal College of Surgeons of Edinburgh agreed to undertake this task. This was a major turning-point. Our comprehensive research had helped us to realise much earlier than most that change was inevitable. The high-profile Bristol Inquiry had resulted in a revision of standards on safety. New European directives on junior doctors' hours, and forthcoming new contracts for consultants and GPs would lead to major changes in the delivery of care. There was also a serious shortage of consultants in some specialities. While we recognised that a full range of acute services would be difficult to sustain at Stracathro Hospital, we certainly did not think that closure was justified. The assessors listened very carefully to our case, and made two main recommendations:

1. New clinical guidelines along with a proposal to withdraw junior doctors from Stracathro Hospital meant that all acute medical and surgical admissions to Stracathro Hospital must cease immediately.

2. The availability of very experienced multi-skilled staff, and the ability to control infection in our excellent theatres meant that it would be "madness" to close Stracathro Hospital.

Changing the policy

The first recommendation was interpreted as meaning that every old soul who might in fact only need short-term observation and nursing care should now be rushed to Dundee. Patients who lived ten minutes away from Stracathro across our boundary with the Mearns, now found that they had to travel all the way to Aberdeen. No-one appeared to anticipate the unsustainable pressures that this would put on the receiving hospitals, or the expense of using costly high-tech beds for minor procedures, or bed-blocking, or transport and parking, or the trauma for elderly patients and their families of being moved far from home, where a bed might not always be immediately available. Staff were also expected to move to Dundee, and as a result, many were lost to the NHS at that time. This was a very unhappy period, but the tide was about to turn. Changes in top management in Tayside resulted in invitations for us to meet with them round the table for the very first time. These meetings, where confidentiality on both sides was strictly observed, proved invaluable. Trust on both sides developed.

The Board finally reversed their decision to close the hospital. Stracathro Hospital would now become Scotland's first diagnostic and treatment centre, with facilities also being developed in Arbroath, thus creating a hospital on two sites. Finance was allocated to up-grade the buildings and to provide state-of-the-art diagnostic facilities including Computed Tomography and Magnetic Resonance Imaging, which are now making important inroads into waiting lists. Endowment Funds were ring-fenced to restore plans for a stroke rehabilitation unit.

The new Stracathro Hospital

Our new-style hospital now has its own 'matron' and an excellent staff who succeed in keeping hospital-acquired infections at bay. We have been able to attract a full complement of nurses, therapists and very scarce radiographers by offering innovative practice. Much of the elective orthopaedic surgery for which Stracathro Hospital was renowned is returning. A new endoscopy suite provides a fast-track diagnostic and treatment facility; audiology and dermatology clinics have just begun. We have an excellent Care of the Elderly Unit. We are particularly pleased that students from Dundee Medical Faculty are now returning to Stracathro for part of their training. A 'Friends of Stracathro' Charity has been set up, and already the public have astonished us by raising almost £100,000 for additional equipment.

Boundaries have disappeared. Patients are happy to travel from Dundee, Perth and even north Fife, especially when they experience the facilities and scenery we have to offer. When the sites are fully developed, it is anticipated that 90% of all Angus cases will be treated within the County. We are proud of Ninewells Hospital in Dundee and the international research that it attracts. We appreciate that it must absorb the lion's share of resources, but the needs of at least 80% of the patient population who require more mundane management must not be ignored. We see tremendous potential for research in Angus, for example, telemedicine links, specialism in general practice, partnership in the management of stroke, care of the elderly and mental health.

Continuing problems

Stracathro Hospital will not now close, but we still regret the loss of highly valued services such as accident and emergency and our small coronary care unit. Minor Injuries Units have been set up in the four main towns in Angus, but extensive publicity has still not stopped people from arriving at Stracathro Hospital in an emergency. New GP contracts have meant the compulsory introduction of a problematic NHS 24 service to replace an excellent out-of-hours system negotiated with the GPs just a few months earlier. All this has been very difficult for the public. We have found, however, that people will accept hard decisions, but only if complete honesty and openness prevail, and if reasons for the need for change are fully understood. It is also very helpful if obvious local advantages can be set against inevitable losses.

Earlier threats of closure resulted in the departure of consultants who have proved very difficult to replace, particularly in Radiology and Care of the Elderly. Those who remain cope magnificently, but the new contracts mean that they are finding it increasingly difficult to schedule their work. There have been many policy changes since we began our campaign in 1999; not least suggestions about the return of the generalist. We would welcome this, especially those who could perhaps straddle the great divide between hospital and community services. But how do we attract these new generalists, and make their career paths attractive?

The future

Our experience suggests that hospital and community services can no longer be reviewed in isolation as they have in the past. When Governments, the Royal Colleges, Universities and Health Boards suggest change, the consequences of their proposals **MUST** be fully assessed for both urban and rural areas **BEFORE** implementation. Do we really need to re-invent the wheel every year? Six years ago we suggested that the advent of tele-medicine combined with the hub-and-spoke approach suggested by Sir David Carter, then Chief Medical Officer for Scotland, in 1998 might provide some of the answers. Perhaps some-one might now be listening.