



healthwatch
York

**Closure of Archways:
Changes to intermediate
care services in York**

September 2016

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Closure of Archways:

Changes to intermediate care services in York

Introduction

Archways is a 22-bed Community Unit in York, named after former Lord Mayor and charity volunteer Jack Archer. It was designed to help stop people going into hospital, and to help them leave hospital earlier. People are admitted directly from home, from the Emergency Department or following a hospital stay.

The focus of the unit is to assess what a person needs to be independent, and then support them with treatment and rehabilitation. Most people return to their home with the average length of stay being three to four weeks.

The hospital treats adults over the age of 18 who have a Selby or York GP.

On August 17th it was announced that Archways would close. From 31 December 2016 services currently delivered from Archways Intermediate Care Unit will be provided through the York Community Response Team.

Why is Healthwatch York looking at the closure of Archways?

Following the publicity in The Press about the closure of Archways Healthwatch York has received 19 phone calls and e mails from members of the public. All were against the closure, most expressed their anxiety and concern and asked why there had been no consultation.

This report summarises the feedback received:

- People are concerned about the impact the closure will have on hospital waiting times/shortage of beds/'bed blocking'. They fear it may lead to more re-admissions to hospital
- Concern was expressed that care in peoples' own homes is not always practical, for example if they need hoists, IV drips etc. or cannot use the stairs to get to the bathroom
- Particular concern was expressed for people who live alone and would not be able to prepare food, wash/dress, use the toilet without assistance
- Concern was expressed about how people would manage overnight. Currently the Community Response team finish at 8pm
- People commented on the excellent care they had received at Archways and how good all the staff were

What we did to find out more

Following the announcement of planned closure on 17th August, Healthwatch York issued a statement on its website asking for feedback, both positive and negative. We added this statement to our Facebook page and our twitter feed, encouraging people to get in touch.

The Press amended its story online to invite people to contact Healthwatch York or York Older People's Assembly with their concerns and opinions.

What we found out

Thirteen of the 19 respondents had direct experience of care at Archways either having been patients themselves, or through a close relative or friend and two had been involved professionally (total of 68% of respondents). Another respondent had hoped it would be available on her discharge from hospital; five expressed general concern from their knowledge of provision in York.

The key areas of concern can be summarised under the following headings.

Importance of Archways as a 'bridge' between hospital and home

- Available to all ages
- Some patients virtually immobile on admission, though reason for hospitalisation resolved
- Recovery plans drawn up on admission over 24 hours by multi-disciplinary team
- Availability of instant 24-hour staff help at every stage of recovery
- Specialist care (e.g. physiotherapy) available which may be missing from hospital wards

Importance of Archways as a 'bridge' between home and hospital

- May be referred for rehabilitation to avoid acute hospital admission if unable to cope independently

Quality of care at Archways

- Excellent staff care, nourishment aids recovery
- En suite rooms promote dignity
- Close, caring monitoring of progress towards full pre-discharge assessment
- Encouragement to be independent

Archways Promotes independence and sense of well being

- Rehabilitative care allays people's anxieties about coping at home
- Lying in hospital bed (e.g. waiting for mealtime) means patients don't get experience trying to manage

Discharge straight home is not desirable or feasible

- Impossible to arrange adequate care at home after discharge
- Needs for specialist equipment – hoists, drips not at home
- Mobility problems: can't use stairs, can't get to toilet
- Community response team not 24- hour cover
- Ongoing multi-disciplinary assessment not available

Closure will affect older people most

- Need longer rehabilitation period and help with range of practical issues
- Scepticism/anxiety about proposed 'full patient management team'

Single householders most affected if need help

- Washing
- Using toilet
- Dressing
- preparing food

Negative impact of closure on hospital

- People discharged too early with insufficient care may need to be readmitted
- Shortage of available beds/bed blocking will extend waiting times for admission

Conclusion

The health and care system must change to meet the challenges of the future. York Hospital believe changes like those proposed at Archways are part of the journey to meet these challenges. However, this journey of change demands a shift in culture. This requires health, care, independent and voluntary sector bodies to work together with patients, families, carers and the public as a whole to redesign services fit for the 21st century. People are concerned about the impact of changes. We need to begin a conversation about how we make the most of the resources we have to meet the growing demand.

We understand this, and want to support the system to face the challenges ahead.

Recommendations

Recommendation	Recommended to
For future service changes, plans for consultation and engagement with the public / other agencies to be developed at the earliest stage	Health & Wellbeing Board
Commit to co-design and co-production (in line with the Social Care Institute of Excellence definition)	Health & Wellbeing Board
Consider the feedback received to date	Scrutiny committee

Appendices

Appendix 1 – Press Release from YTH

Archways Intermediate Care Unit

17 August 2016

From 31 December 2016 services currently delivered from Archways Intermediate Care Unit will be provided through the York Community Response Team.

Wendy Scott, Director of Out of Hospital Care, said: “This decision, made jointly by NHS Vale of York CCG and York Teaching Hospital NHS Foundation Trust fully supports our collective ambition to further develop home based intermediate care capacity within the City of York.

“Developing these services is essential given the predicted growth in the elderly population, as research has shown that we may do harm to older people if we delay their transfer or discharge home after their acute recovery phase is completed.

“For example, 10 days of bed rest can cause the equivalent of 10 years of muscle ageing in those aged over 80 years. This is in addition to a loss of confidence and developing an increased reliance on others whilst in an unfamiliar setting such as a hospital ward.

“By offering assessment and care in a patient’s own home or another suitable setting, we are able to gain a more realistic assessment of their needs in terms of immediate recovery and rehabilitation and their on-going care requirements.

“Patients who would currently be admitted to Archways will in future receive their care and support from the Community Response Team, a widely-skilled team who can provide nursing, therapy and social care assessments, rehabilitation support and treatment.

“This team is already operating successfully in York and will be expanded to accommodate a greater number of patients.

“Other services will also be in place that may offer support, for example outreach pharmacy, Advanced Care Practitioners and the Community Discharge Liaison Service.

“Staff affected by this change will be fully consulted and offered alternative roles.”

Appendix 2 – Healthwatch York call for stories and comments

Archways to close

Wendy Scott, Director of Out of Hospital Care, said: “Services currently delivered from Archways Intermediate Care Unit will, in future, be provided through the York Community Response Team.

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“Patients who would currently be admitted to Archways will in future receive their care and support from the Community Response Team, a widely-skilled team who can provide nursing, therapy and social care assessments, rehabilitation support and treatment. This team is already operating successfully in York and will be expanded to accommodate a greater number of patients. Other services will also be in place that may offer support, for example outreach pharmacy, Advanced Care Practitioners and the Community Discharge Liaison Service. Staff affected by this change will be fully consulted and offered alternative roles.”

Healthwatch York welcomes feedback from members of the public, especially people who have experience of using Archways and their families and friends, about the decision to close the unit and plans to expand assessment and care in your own home. We want to hear all experiences, whether positive or negative, and your hopes and concerns about the new plans. Please get in touch.

Appendix 3 – Full details of comments received

- Dear Sir/Madam, I'm emailing to you today to express my opinion on the closure of Archways hospital unit. Back in 2013 my partners 90 year old grandma was admitted to the care of Archways for a 2nd time after a fall in her home, the care she received was the best us as a family could have hoped for while she was there and I would go as far to say that if she could she would like to still be in there she highly rates her stay. The unit is well run maintained and the staff are very good at the care they provide. As proud supporter of the UK NHS I am ashamed of this news and feel they need to make sharp u-turn and stop closing such units and start investing more into them. The York hospital was not long since in the press for not meeting the wait time, this surely will only add to the problem, as a shortage of beds is route cause without taking up wards with elderly people who need a longer stay to get them rehabilitated. If you need help with anything to keep Archways and other units alike open, with i.e. petitions or anything else then please get back in contact.
- Disabled woman who has broken her leg. She is in hospital in a straight leg plaster and cannot go home because she wouldn't be able to manoeuvre in a wheelchair with her leg out. Her husband is very concerned, she has pressure sores on her heel and is not receiving any physio. Believes she would have been a good candidate for support through Archways.
- Woman who has been through Archways twice. "It's brilliant. The staff are brilliant, the accommodation is out of this world. The food is great. I am so upset that it is closing. How can they do this? I'm back living alone at home. I cried when I had to come home as it was so lovely. I couldn't have had anything better, the staff looked after you day and night. It's so sad, I wish they'd keep it open. I just can't believe they'd close it."
- Proposed Closure of Archways Rehabilitation Unit: Please reconsider. We read in the Press this week with both surprise and

dismay about the proposed closure of Archways. This year we have personal experience of how good the unit is, and how effective it is in bridging the gap between hospital and home care. My wife had been in Intensive Care for several days, followed by several days in an acute ward after which her problem condition had been treated. However, after over a month in bed, she could not walk or deal with any of her most basic needs herself. A return home was impossible at that stage, and she was transferred to Archways; after 2 weeks she had been helped to walk again and gain enough independence in order for me to care for her at home; this was needed for several weeks before she really started to improve. Without Archways I don't know what the proposed action would have been. I would be very interested to hear from those in the NHS Foundation Trust & CCG making the decision what the alternative 'full patient management plan' would have been. As home care was not possible, a longer stay in hospital may have been the only option. Not only would this have taken up a hospital bed, but the concentration of specialist attention that is possible at Archways is likely to be dissipated and less effective in a more general ward where the staff are 'juggling far more balls'. In Archways the staff are able to concentrate on rehabilitation and monitor the progress of patients very effectively- it could be described as an intensive care unit for rehabilitation. We feel very fortunate and thankful that we had Archways to help us at a very difficult time. If it is closed, we fear that others in a similar situation may not be so fortunate. I appeal to the NHS decision makers- please re-examine- I think it really does merit a rethink.

- I was seriously ill 18 months ago. Archways was the turning point for me. Had water on the brain after an operation at hospital. Sent home as bed needed and I wanted to get home. But I wasn't coping. Serious pain in hip. Seen in orthopaedic outpatients. Consultant said "you are not coping, you must go into hospital or into Archways." Admitted straight to Archways from outpatients - luckily they had a bed available. I had an ensuite bathroom. This was brilliant as I had an irritable bladder. You don't always get an

ensuite in hospital but I could not have queued. Medication arrived promptly and food was available three times a day. Archways expected you to get up, get dressed and go to eat. You can't do this in a hospital. Physiotherapists are there. Timed speed of walking. Considerable difference from when you go in to when you leave so you can measure your improvement. I was given exercises to do. Needed support so used the windowsill. Much more privacy to do this than in a hospital. They gently push you to get better. I wanted to so was happy with this. In Archways for 4 or 5 weeks. Now back home, still disabled, still with language challenges, living alone, but coping. Had help at home, they put in place domiciliary care. They microwaved meals, but then who cleans up? Who makes tea in the morning and afternoon? I don't think the help I needed could be provided at home. I needed help in the shower. I relied on friends for shopping. I luckily had a shower and toilet downstairs so my son moved my bed and I lived on one level, but not everyone can do this. I believe it is cheaper in the long run to do this in a suitable facility.

- My wife was in Archways twice. I thought it was a lovely place. I used to go to see her in room 6. The place was very nice. I can't see why they are thinking about closing it down. It helped her recover. It was a nice place to visit. She died last year, so she was in last year.
- Was in Archways for a number of weeks a few weeks ago. I'd never been in hospital before but broke my back and neck in a fall. I went to Archways. Everyone from the cleaners to the nurses couldn't have done more for you. It's really really good. I was really worried about toileting. There was a button to press. It's a real worry for me not being able to go when you want to, but they were there day and night. They worked so hard. My first experience of hospital, such lovely, helpful and kind people. I'm really upset. I live on my own. I don't want to think of a strange woman prowling round my house whilst I can't get about. Such a lovely place, I'm really upset. I've come home, I'm not walking well but I am getting

about and keeping it clean. They are marvellous, could not have been better.

- I am writing to protest on the closure of Archways, York. This service is SO needed here in York. My Mother (then, age 88) was taken to Archways from A&E to recover from a back injury. She was there 3 weeks and was then able to return to her sheltered housing flat which only had a warden Mon – Fri 9am – 5pm. There is NO WAY she could have been safely cared for ‘at home’ by intermittent daily visits from nurses/carers! She would never have got back on her feet had it not been for the daily input of the staff/physios at Archways. My Mum is lucky, she has family that care for her and love her. Many older people have no family to keep a watchful eye on them and sending them home when in pain and unable to walk/care for themselves is just darn right cruel. Archways is VERY much needed indeed.
- May I express my disgust at the very thought of Archways in York being closed. How short sighted! They do a wonderful job, enabling elderly people to return to their own homes following care and physiotherapy by Archways. Without this facility elderly people will end up spending longer in hospital beds, thus putting even more stress on the already overrun hospital wards. I repeat, SO short sighted. Think again! A retrograde step in the care of deserving elderly population.
- I would like to complain in the strongest possible terms about any proposed plans to close Archways. I know several elderly patients (including my mother) who would never have recovered as well as they did without Archways. The link between hospital and home that Archways provides is absolutely imperative and without it even more funding will be needed to get those convalescing back on their feet. I implore you to reconsider any plans to close the facility.
- I was the Clinical Lead at Archways from 2004 when it opened to 2014 when I took flexi retirement and dropped into a Deputy Sister Post. I have just completely retired in February this year. In my

opinion Since York Foundation Trust took over Community Services, it has been more and more difficult to retain the ethos of Archways, so this news is not entirely unexpected. However I am appalled at the lack of understanding from Senior managers about what the core business of the Unit is. It most certainly is NOT like an Acute ward, where Older Patients function can rapidly deteriorate due to lack of activity in very Busy, acute environments. Archways is an inpatient rehabilitation unit that has been providing rehabilitation services for adults of all ages in York for the past 12 years. It was set up as an Intermediate care in patient facility as Part of the implementation of standard 3 of the National service framework for Older People. The Unit accepts patients from York hospital as a step down service after they have been assessed by the hospital based therapists as not physically able to return home; and a step up facility for patients direct from the community including from the Rapid Assessment Team based in A&E, and the Fast Response Team based in the community, to prevent acute hospital admissions. Whilst part of the Primary Care Trust the team at Archways managed admissions working to a criteria. Some of Unique selling points of the Unit were that we accepted all Adults ages who needed Rehabilitation or Multidisciplinary assessment and we also had single en-suite rooms , perfect to maintain Privacy and dignity. The Patients we accepted from the Community or A&E benefited from an integrated approach to assessment which could be carried out over 24 hrs which wasn't available at home, whilst in an environment which promoted independence at the same time (rather than de condition them as suggested by the CCG spokesperson) by Therapeutic interventions from Therapists, Nurses, Therapy and Care assistants & Patient services assistants. Discharges were planned from admission and were in the main timely with Patients Rehabilitation completed at home where needed. Closing Archways would be not only be a loss of 22 beds but a loss of an in-patient rehabilitation service that provides a pathway for safe discharge intended to prevents avoidable hospital admission, and I would suggest return to Older people becoming caught in the

"revolving door " of acute admissions as outlined by an Audit Commission report in 1997. They concluded "there was too little investment in preventative and Rehabilitative services, leading to unplanned admissions of older people to hospital and, in turn, premature admission to long term residential care." They recommended breaking the vicious circle through investment in Prevention and Rehabilitation (- NSF standard 3 Intermediate Care) Having revisited the Intermediate care standard of the NSF for Older people I believe the statement that "some patients will relieve Rehabilitation in an Acute setting, some can return home from that setting without support but some need further inpatient Rehabilitation or Rehabilitation at home " is still very relevant. That is we still need a variety of options for delivering Intermediate Care. It seems to me that there is still not the infrastructure to provide this level of support in patients own homes over 24hrs. It could be that the Trust have watertight evidence that they have the resources to support losing 22 beds including night support and /or can assure Patients that they can be safely discharged, including being Independent at night, however it seems to me that there is not the infrastructure to support this - I would be very happy to be proved wrong.

- I've had no direct experience of Archways but everything I've ever heard about it is positive. It stops bed blocking and it's a half-way house for people. What worries me is what you put in its place. People are going to be chucked out of hospital before they're right and will have to arrange care themselves. It's putting more pressure on individuals to fund their own care. If you have no money you go without. Where was the consultation on this? It's all very well for the interim boss of the CCG - they can make nasty decisions and then disappear. This must be the CCG trying to claim back some of their £13million. I've just been looking at York Hospital's Annual Review 2014/15 - they were celebrating 10 years of Archways and the good work it does. Surely this closure will put terrible pressure on other sites such as Whitecross and St Helens?

Is their future in doubt? Care homes are closing as well - where do people go? It's a bad decision.

- Just before Christmas 2015 I had a fall and broke my pelvis. I'm 86 and I live on my own. I was in York Hospital for 4 or 5 days and was then transferred to Archways on Christmas Eve. There is absolutely no way I could have managed if I'd come home, even with carers coming in - I couldn't do anything for myself. At Archways they take care of everything - there are physios, someone does all the cooking, they help you get in and out of bed. At first I needed to use bottles to go to the toilet in the night, then as I got a bit better they helped me get up and use the ensuite toilet. If I'd gone home I couldn't have made my own meals and the physios would have had to come round to my house. I couldn't have managed - it would have been bloody impossible. Archways was a life saver to me. They made sure I could manage before I went home, they assessed how I could get about and use the kitchen there. And their Christmas lunch was wonderful! I hope I don't need to use Archways again but I think it needs to be there for other people in the same situation I was.
- I would like to say I was shocked and very disappointed at the proposed closure of Archways. My mum spent 4 weeks in there and received excellent care and attention. The bit in the press is a load of rubbish saying the elderly lose their confidence staying somewhere like Archways, the patients are encouraged to walk to the dining room, my memories of this was seeing a whole line of people including my mum in a line like the conga all with walking frames. I think it is far more scary expecting the elderly to return home straight away after a stay in hospital. My neighbours have also stayed at Archways and given it positive feedback. It will be a great loss to the residents of York
- I'm really angry about this. Why was there no public consultation? The Community Response team finishes at 8pm - what happens after that? Will there be enough staff to run the service? How will

caring for these people in their own homes actually work? How will people be helped to use the toilet (day and night)? They will need hoists set up in their homes. Are they going to have IV drips in their homes? There will be a high risk of people having falls. One of the things Archways does is assess people before they leave to make sure that they can manage at home - what will happen if people are sent straight home?

- I wanted to add my voice to those demanding a re-think on the closure of Archways. Ms Wendy Scott, director of out of hospital care, is quoted in The Press on Wednesday 17th August, as saying "By offering assessment and care in a patient's own home or *another suitable setting*, (italics mine) we are able to gain a more realistic assessment of their needs in terms of immediate recovery and rehabilitation and their on-going care requirements" I would like to know what the "other suitable setting" is and how it differs materially from what Archways is providing at the moment. If it refers to living temporarily with family or friends then she needs to be reminded that this option is not available to many people. She also needs to understand that more and more elderly people live on their own and that the loneliness they experience when unwell does not contribute to a speedy recovery. I would also like to know how it can possibly be more cost-effective to have a team of physiotherapists and I entirely agree that a long stay in hospital is not good for speedy recovery, but that is precisely why Archways is so important in getting people out of hospital quickly and stimulating them towards recovering their independence. If the problem is the cost of the unit, then surely some sort of community fund raising like we do for the Hospice could help to off-set the expense. Please do everything you can to force a re-think on this very shortsighted decision, which does not take into account the views of the citizens of York.
- I cannot believe you want to close this valuable and much needed unit, in the past year two of my friends have been in Archways, neither of them could have been cared for at home, one had to learn to walk again, and needed care 24 hours,

the other friend was in a body and neck brace, again needing full care, how can you replace the care given in Archways at home? Without Archways both would have been bed blocking, it just not make sense.

Sorry I cannot be at the public meeting, I hope people will be listened to.

- I am phoning to express concern about the closure of Archways, not so much for myself but for other people. I have to have a revision knee replacement operation and will probably be alright afterwards, but for other people they would not be able to manage with care at home. Archways is a marvellous place.
- I have done two PLACE visits on Archways and have been very impressed with the care they give and the feedback from the patients was also very good. I would like to put on record that the care they give the patients aid in a speedier recovery and also frees up bed space at the hospital. This helps with costs as many of the patients can return home earlier as they have been assisted in an earlier recovery. I am concerned that by discharging patients straight into the community the support will not be there as the services are stretched at the moment and without extra help I worry that people's health will suffer.

Appendix 4 - Comments from local press stories

“Archways, the York Hospital unit in Clarendon Court, was set up in 2004 specifically to try to help tackle bed blocking. This happens when patients - often elderly - are ready to leave hospital, but can’t go home because the care they would need is not available.

Bed blocking can lead to hospital wards being filled with patients who shouldn’t really be there. And it’s a growing problem. Over the last year, an average of 22 people every day were ready to leave York hospital, but couldn’t because of delays in arranging care.

Archways takes 350 people a year who otherwise would be occupying much-needed hospital beds.

In the circumstances, it seems distinctly odd that the hospital, in conjunction with the cash-strapped Vale of York Community Care Group (CCG), have decided to close the unit.

Both the hospital and the CCG stress the decision has nothing to do with saving money - even though it will save money.

Wendy Scott, York Hospital’s director of out of hospital care, says the aim is to care for patients at home instead, because this aids their recovery.

That may well be true. And many patients would no doubt prefer to be looked after at home.

But only if the right care can be provided.

There are those - including Bob Towner of the York Older People’s Assembly - who doubt this.

If the right care is in place, we welcome this move. But we fear it could lead to further hospital bed-blocking - or, even worse, patients being sent home before they’re ready.

Either outcome would be entirely unacceptable. “

Comment from The Press 17/08/16

“they should be building more places like archways not closing them. Yes they might have a one time lump of money from selling the site but the costs they will incur from bed blocking fines and providing care in the community will continue year after year.”

The Press letters 17/08/16

“My sister had a 6 week stay in Archways after she was discharged from York Hospital because she needed extra care after having a stroke and Pneumonia and as insulin-dependent diabetes she could not get that sort of care at home. But it seems as the York Teaching Hospital NHS Foundation Trust and Vale of York Clinical Commissioning Group (CCG) are trying to save every penny they can and not really thinking through these plans leaving York people short on services that are needed.

I think this is just another way for the NHS to pass more business to the private sector at inflated prices and York Teaching Hospital NHS Foundation Trust and Vale of York Clinical Commissioning Group (CCG) trying to balance there books.

But by the time they have done this they will be paying out more in finds and care and transporting people a round the country to suitable places for the care they need which will remove and chance of them balancing there books from the sale of the Archways site.”

The Press letters 17/08/16

“As a home care worker I see this as yet another cut to vital elderly services and a massive problem for the NHS trust and York hospital in particular where there are always a number of so called bed blockers waiting to be suitably discharged.

It worries me that we will now be looked upon not just as carers but as unskilled Physios and OT s on the cheap and expected to find time to rehabilitate and assess some of the most frail of our elderly people.

Home may be where many of these people would ideally like to spend their final years but the care system just isnt designed to cater for complex post operative needs and with average times given for a home visit being just 15 mins there is no time for social chatting and following exercise regimes.

There are untold numbers of vulnerable frail and elderly and disabled people in their own homes across York who are totally dependent on social service input and not all have the added luxury of a family input.

Its sad that Archways has now been labelled as no further use and the effects will be far and wide and very costly in more ways than just financially.”

The Press letters 17/08/16

“Archways was wonderful for my late Father-in-law after a hospital stay. It is obviously a cost-cutting measure and people will not receive the same attention at home. Perfect building for student flats.”

The Press letters 17/08/16

“On the face of it this seems a very short-sighted measure. Isn't this exactly the kind of facility we need if the NHS is going to meet the needs of an ageing population?”

The Press letters 17/08/16

“How can an occasional home visit ever provide the service that a purposely-designed 24/7 facility like Archways provides? It's precisely the sort of place that circumvents the hospital bed-blocking problem and eases the patient back to health by placing them under ongoing supervision.

And what's with all those weasel words used as an excuse? “By offering assessment and care in a patient’s own home or another suitable setting

(???), we are able to gain a more realistic assessment of their needs in terms of immediate recovery and rehabilitation and their on-going care requirements". Why? How can you know more about everyone's different home environment than you do Archways? Why isn't Archways the "suitable setting" - and if it isn't, how come it's taken 12 years to find out? The bottom line is, if you do all your assessments and find that being at home isn't the best option, it's too late and you've screwed up seriously."

The Press letters 17/08/16

"Archways is a wonderful resource. It helps to free hospital beds and provides a halfway house to returning home. They should be building more like this not closing them."

The Press letters 17/08/16

"It is shocking news to read of the imminent closure of Archways care home (The Press, August 17). It has provided patients with respite care following operations and lengthy bouts of serious illness for many years. These homes are an essential part of the need to regain confidence for people living alone after a hospital stay and often after trauma. Convalescent homes were phased out many years ago. This was a blow to the needy. Now we see it happening to one of the few such places left here in York. Stating that support will be given at home instead is not the answer. The care staff do their best, but due to the numbers of patient visits they are constantly stretched to the limit. I have known of the elderly being put into their night clothes as early as tea time. They then face ahead a very long evening and night with possibly no contact with another person right through until next morning. Older people need stimulus to keep them healthy and alert and deserve better. Moreover it is a poor reflection on the good name of York's former Lord Mayor, Jack Archer, whose name it bears. "

The Press letters 19/08/16

"I read with both surprise and dismay about the proposed closure of Archways (The Press, August 17). This year we have personal experience of how good the unit is, and how effective it is in bridging the gap between hospital and home care. My wife had been in intensive care for several days, followed by several days in an acute ward, after which her problem condition had been treated. However, after over a month in bed, she could not walk or deal with any of her most basic needs herself. A return home was impossible at that stage, and she was transferred to Archways; after two weeks she had been helped to walk again and gain enough independence in order for me to care for her at home. Without Archways I don't know what the proposed action would have been. As home care was not possible, a longer stay in hospital may have been the only option. In Archways the staff are able to concentrate on rehabilitation and monitor the progress of patients very effectively - it could be described as an intensive care unit for rehabilitation. We feel very

fortunate and thankful that we had Archways to help us at a very difficult time. If it is closed, we fear that others in a similar situation may not be so fortunate. I appeal to the NHS decision makers: please re-examine, I think it really does merit a rethink.”

The Press letters 23/08/16

“I WAS so sad to hear of the closure of Archways. My stay there after having kidney failure and being in [York Hospital](#) was excellent. If I had not gone to Archways for recuperation and therapy, I don’t think I would be where I am today. I would like to say a big thank you to all of the staff for their wonderful care and attention, and wish them all good luck for the future.”

The Press letters 23/08/16

“How I endorse your readers’ letters about the closure of Archways, which I too was very devastated to hear about. My husband died three years ago but could have done much sooner had it not been for his stays in Archways. Although I visited each day, it gave me a little respite when he was enabled to get back on his feet so I could care for him at home again, which I did for many years. But what about the elderly who live on their own, only relying on spasmodic visits from carers, unable to carry out the simplest of tasks on their own, for example to self-medicate sometimes four times each day? How naive of the powers that be to think that the excellent rehabilitation in Archways can be replicated by the very limited care in the home. It provides healing for body, mind and spirit. I’m afraid the baby may be thrown out with the bath water. Another nail in the coffin of the NHS?”

The Press letters 30/08/16

“The Press article “Closing unit ‘will mean worse care” (September 2) is unfortunately too true. Whoever dreamed this idea up has simply no idea of care needs. From experience, I know that carers have too little time to “care”. They deliver a meal but can the patient manage to eat it unaided? They change an incontinence pad but do they have time to wash, dry and comfort the patient? Don’t forget too that everything must be recorded. Fill in a log sheet, then it’s: “I must go dear, it’s four miles to my next call.” I say that the money must be found to really care for these patients. More Indians and fewer chiefs perhaps.”

The Press letters 06/09/16

“THE sudden announcement of the closure of the Archways rehabilitation centre without consultation with either staff, patients or the public, is just one example of the crisis our NHS is facing under the pressure of Government cuts. At the Health and Well Being Board last week I challenged the closure and the way it had been announced and was told the closure was not a “closure” but a planned “service development” - which will transfer resources to an expanded community rehabilitation team.

It's still unclear to what extent expanded community services that are likely to leave recovering patients on their own for at least some parts of the day or night, can replace the kind of intensive and continuous support and care offered at Archways.

I suspect the only hope for our NHS to survive the current Government assault is for managers to explain more clearly and openly to the public what is happening and why - and for the public to get more informed and challenging. On September 23 a public meeting at the Priory Street Centre (7.30pm) will discuss the latest plans for wholesale NHS reorganisation (the catchily named STPs) and on September 28 the council's health and social care committee will be examining the Archways decision."

Letter in The Press 14/09/16 Cllr Denise Craghill, Green group representative, Health & Well Being Board, member Health & Social Care Scrutiny Committee, Broadway West, York

"THE closure of Archways will create even more pressure on the NHS. Archways takes bed blockers from [York Hospital](#) when they require a little more care before returning home, or those who require care packages put in place.

It also takes people who would otherwise go into hospital but can be cared for at Archways.

What we will have in the future is people dying in ambulances outside the hospital because people in A&E can't be found a bed in the wards, as people are blocking the beds because Archways is closed.

Unless the hospital is going to revert to wheeling sick people to the doors of their homes and abandoning them, bed blocking will only get worse.

The clinical commission group (CCG) have a chance to rethink the closure of Archways as they now have a new leader.

The closure of Archways is more about the CCG saving money as the cost of care can be passed on to the council, and they in turn will pass it on to the person who requires the care. They can pay for it."

The Press letters 20/09/16

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York CVS

Healthwatch York is a project at York CVS. York CVS works with voluntary, community and social enterprise organisations in York. York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

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