

BENJAMIN COURT, CROMER

Dossier of recent reports and statements from North Norfolk residents raising issues and concerns arising after the closure of Benjamin Court Reablement Unit

Collated from email and online personal statements

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Part One: Personal statements

MB – a patient: Last week on Thursday morning I had a small stroke and after a visit to my doctor my wife drove me to the N&NUH. I was seen by the Stroke Team after a short wait and then admitted to a ward where I stayed for about 4 days.

Let me be clear: without exception every member of staff that supported me, from porter to consultant was compassionate, caring and professional. I could not fault them and none of this is to be taken as criticism of the staff.

It was very noticeable that the hospital, and hence the NHS, is underfunded thereby putting extra stress on the staff. This was most noticeable through what I call musical beds, where the beds were moved around to try to make more and more space for the incoming patients.

After the consultant said that I could go home I was moved in this way to another ward where I was in a bay that was meant for one patient, but I had to share with someone else. It was at that point I realised that:

I SHOULDN'T BE HERE – I SHOULD NOW BE AT BENJAMIN COURT

The only thing that was stopping me going home straight away was that I needed to be seen by the Physiotherapy and Occupational Therapy teams to prepare me for going home. I realised that this is the kind of re-enablement that was done by Benjamin Court and could easily have been done there had it not been closed.

So there I was taking up a critical care bed in an overcrowded ward when, had it not been closed, I could have been in Benjamin Court. It would also have been much easier for my family to come there to visit and support me, instead of driving to and from Norwich. On one day, my wife spent four hours driving in order to cover visiting time.

I took on my role in this campaign as a concerned individual. Now I have personal experience of the importance of the work of somewhere like Benjamin Court, and I am more determined than ever to do what I can see it reopened.

5/3/2024

“EVERYBODY LEFT”

Sheringham Resident: I had a conversation with a community care nurse this week. We have chatted previously...mainly about her being unhappy with spending too much time in the car and not enough time with her patients. She also told me she was unhappy about the closure of Benjamin Court as she had found herself sending patients back into hospital as she wasn't able to provide the care they need at home. This was also echoed by her coworkers!

This week's conversation, however, had a different flavour. ...

She told me that after the closure of Benjamin Court the nurses who had worked there were assigned to the community nurses for mentoring. To “show them the ropes” ...to ease their transition into community nursing.

These nurses had enjoyed working under one roof with everything at hand and being able to offer continuous care with a successful outcome. This transition didn't go well. To quote the nurse I was in conversation with ..

“everybody left!”

UNSAFE DISCHARGES FROM THE N & N

Mundesley Resident: My carer came again today, she said it seems that the majority of hospital discharges that require care are now being deemed 'unsafe' and returned to Hospital and family/friends are advised to complain to PALS. (The Patient Advice and Liaison Service)

Also, the Hospital arrange for discharge and say to be ready for them at their home at 7pm. Often they return much later, say 10pm, when the care people have gone. In one case it is alleged the Lady was discharged after 10pm and finally got home around 3.30am with no support.

Carers went in after 7am and found her freezing cold etc. they called the ambulance and returned her to the N & N where she died it appears. (How we could prove that is doubtful alas)

The Integrated Care Board must think this sort of process is acceptable - we the general public do not - and that is why keeping specialised units like Benjamin Court up and running is vital.

From a medical professional: I had a patient in her early nineties who was very anxious about going home, and would have been a good rehab candidate to build confidence. However due to a lack of beds the CAT (community access team) kept pushing for her to go home which caused her some distress, so she ended up sourcing a private care home instead for respite at a great cost to her. This ongoing back and forth with the CAT team took at least one week, if not two from what I remember - which is a lot of lost bed days.

This month it was said that we currently have 62 patients on the rehab waiting list. Obviously that's a significant number of people that are waiting, and getting further deconditioned in an inappropriate setting for them.

A Cromer Resident: My dad is 93 years old and was admitted to N & N last Friday 5th April with a urine infection which then went into his blood stream. He is still up there, and I spoke to discharge team this morning who said he would be medically fit for discharge in a couple of days. I had to be very firm with them to say that he is 93, lives alone in a house he has lived in for 72 years. He has a downstairs toilet and sleeps downstairs, but I told them that he has to be able to walk to the toilet unaided, which he was doing before last Friday.

They talked about getting care in but I reiterated that he needs to be able to walk, they then said they were short on physios, but as far as I am concerned it doesn't alter the fact that he needs to walk. He has not been out of bed since admitted last week.

If Benjamin Court was open, he could have gone in there so they could concentrate on getting him mobile. I know he may be blocking a bed by now, but I cannot have him home unless he is not only medically fit but physically as well.

BM - a relative: Sadly my sister bed blocked in the N&N , for 6 weeks, stopping seriously ill

people who needed to be in hospital, from being admitted due to " lack of beds " ... she was not fully fit to go home, but the social services could not find anywhere for her to go in the mean time. Benjamin Court would have been the answer.....I know of several instances where friends were well enough to be discharged from the Norfolk and Norwich but a vacancy in a cottage hospital or care home could not be

found. They 'bed blocked' for weeks catching infection after infection, which occasionally ended up killing them. An acute hospital is not a place of safety for an elderly patient and some need more help than can be coped with at home at that time.

HM – a carer: My husband is currently in North Walsham Community Hospital. I have never had experience of it before, or Benjamin Ct although over the years heard nothing but excellent reports. The care is outstanding. The team are incredible - every member is like a family but with the professionalism of the best. The place is spotless, the food amazing.

Staff beyond dedicated, the attention and services and support beyond anything you could imagine. It's life changing, literally.

The only trouble for me it's a 1 and a half hour round trip and as I have to be there for mealtimes, I end up staying all day - I couldn't do the journey twice a day - and it's exhausting. That's why we need cottage hospitals in every town. If I go down my husband will be in care permanently, costing the State more, so we have to rehabilitate him, saving money in the long run - but the powers that be don't get that do they?

Long live the fight - long live Benjamin Court.

RR- a relative: My sister (now 66) has been in hospital twice in the last 3 years and on each occasion has needed re-ablement. On the first occasion she was sent to North Walsham Community Hospital, and on the more recent occasion a re-ablement bed didn't become available quickly enough so she had to wait in hospital on Cringleford Ward (which of course meant that we had to still keep going to Norwich to visit her) and she was then discharged to home with additional care. She usually has some care from Elite Care but they couldn't meet the needs that the hospital stipulated for her discharge home so they used the services of NFS (Norfolk First Support). The timings of their visits weren't really very helpful and caused her quite a lot of stress and the most unacceptable thing they did was to send 2 of their managers to assess her with no warning (I should have been there to support her as she has mild learning disabilities but they failed to contact us for a mutually convenient time) and this assessment took around 2 hours and she was very distressed by some of the very in depth detail they required.

I have of course complained about this but as yet have had no apology from them. If she could have been in Benjamin Court on both occasions I am sure a lot of additional distress could have been avoided.

SE – Cromer patient: Having had experience of Benjamin Court as an inpatient and as a user of the physiotherapy service, I can say it is vital to the community that this facility is available for all, and I give the campaign my full support.

AL - a carer: my husband's just come out of the N&N - stayed there longer than necessary owing to no bed in the community (he is now at North Walsham) all 5 men on his 6 bed ward were waiting for care packages. My neighbour never came out of hospital as no bed and died in the end.

JL – Cromer: An elderly patient was taken to rehab in Norwich convalescing after a fall for nearly 2 months as Benjamin Court was not available, her elderly husband

could not travel that far to visit her and unfortunately he died of Covid and never got to see her again, its vital we keep the local services open!

M - Cromer: When social services are struggling and when care packages are becoming difficult to get this is barmy and completely the opposite of what we should be aiming to do

BM – a relative: I am so sad to hear that this is still going on. My experiences with my husband are now fifteen years ago. I think that it is so obvious that this is needed that there has to be a reason. Maybe it is linked to the reluctance of clinicians to give life saving antibiotics and why they always ask the same question, when admitted. 'Do you want us to make him comfortable?'. I replied always 'No, I want you to make him well'. One junior doctor actually rolled his eyes in my presence. You have to come to the conclusion that there is extreme prejudice against elderly patients and I suppose it relates to resources.

They just don't want to invest in elderly patients as it doesn't achieve value for money, in their eyes. So they allow bed blocking. What sense is there in that...or compassion?

JL – Cromer (Spring 23): I work for Norsecare and am in Benjamin Court but the Housing with Care side. The unit has already closed and we've seen equipment being taken out.

More interestingly I was told over the weekend that the staff are still being paid but have no jobs. And that they are having to go into the building even though there are no longer any patients? Can anyone verify this and if correct there's questions that need answering!!

AP - a patient: Why has Cromer hospital no longer a proper A&E, why was Benjamin Court closed and North Walsham hospital no longer having beds for people between being discharged from the N&Norwich for a few days before they were ready to go home? Is this the fault of the government or the NHS (No Hope Service) it terrifies me to think I might end up in the N&N after seeing the terrible time my mum and mother in law had in there and at least three horrendous experiences I had while being incarcerated in the horrible place, I plan to kill myself rather than being voluntarily admitted there and have enough pills to do just that stored at ground level so I can crawl to them if necessary.

The N&N is a hell hole with some consultants that have no idea what they're doing (I had to explain to several what ITP is and why when my blood platelets had dropped to 10 why I needed observation until they reached 100 and not be sent home to an empty house. There are some nurses that don't seem to care a toss and are rude and unhelpful and certainly have no idea what to do when someone is having a panic attack, complaints are brushed off with "We need to learn by our mistakes" as I said, I'd rather kill myself than end up in that pathetic excuse for a hospital .

TIM ADAMS NNDC: The most telling is the number of current and former staff who have been involved with the campaign and attended the public meeting. The County Council and the NHS (in whatever guise they are this week) might fiddle around at a strategic level, but I trust those who have lived and breathed health and social care to know how these decisions will impact on outcomes for patients and residents.

TF – North Norfolk resident: Care at home is preferable for those who can go straight home from hospital. A small number cannot which is why bed based

reablement works for that group. Bed based services are more costly to run and staff shortages are at least in part due to low wages. Low pay is due to budget cuts

KH - North Norfolk resident: An interesting point when Benjamin Court was run by social services was that the person who wanted to go there had to be medically fit for discharge this meaning no registered nurse intervention. Which works well if the person only has mobility issues.

CM - Cromer: Just had a look at NCC's Winter News. Over 64s constitute well-nigh 25% of Norfolk's population and many of them are resident in N Norfolk, yet how much of NCC's resources go their way? Admittedly the plight of Benjamin Court and intermediate care for the elderly is part of the very old struggle between the centrally-funded NHS and the locally funded Social Services, but that is no excuse for withdrawing this vital service because it only results in bed-blocking, distress for old people and their relatives and unnecessary deaths.

ST – Cromer: It's facilities like this that are needed more than ever!

With the state of our 'after care from hospitals' in complete disarray as there's nowhere

for recuperating patients to go to, beds are, and will continue to be 'blocked' leaving A+E departments full of patients that need beds, but they are not available. Instead of closing down facilities they should be looking to reopen the mothballed/vacant cottage hospitals and the Nightingale units to relieve the congestion in hospitals all over the country.

AL home carer: My husband was at Benjamin Court in the old days. It was a therapeutic community. As well as an enlightened staff, there were the range of facilities to cater for all needs. Physio is such a huge part of reablement and this was a speciality.

It was short termism in the extreme to ever close such a wonderful place. I can't think of anything more enlightened or more needed than that. The population won't get any younger. It will be more needed rather than less.

LS, patient: My 'Carer' is very experienced and well educated. I asked if any statistics were available. The problem is - with unsafe discharges you will not be able to get the true facts and data. They all know the problem and it is getting worse. However the N & N/NHS will not give you numbers. Care Providers cannot give you details - patient confidentiality etc.

EXPERIENCES OF A NORTH NORFOLK RESIDENT

Ann, North Norfolk: I am currently receiving treatment for stage four cancer and I have many co morbidities, as the medics say. The chemotherapy that I have exacerbates most of these. I am very much at the end of my life and frail by any standards. I am 79. I spend hundreds of pounds to support me in obtaining the medical treatment prescribed, assisted by Attendance allowance, higher rate. I receive good care on the whole from the oncology team. I have sincere thanks and praise to them, even though it is obvious that they are understaffed and stressed. As for other care from a GP or community care - support for me medically, with my co morbidities, that is non existent. A serious medical procedure at the N&N had to be aborted a couple of weeks ago. It was deemed that I was not medically stable

enough to continue and I was sent back to my GP surgery for a review of medication. This is the one and only occasion that I was seen speedily and received practical help.

During the Christmas period beginning in 2022 I contracted a severe infection - highly dangerous for patients receiving chemotherapy. My cleaner called the paramedics for me and they came within a few hours. My illness started with hypothermia, and so no one recognized this as an infection. It took nine days before I was diagnosed. This was as a result of a personal visit to my home.

I was still very ill at this time. I could hardly walk for weakness and I was hallucinating. During the worst part of the early unmedicated part of the infection I suffered an 'event' which might have been some sort of fit or minor stroke. This lasted for about an hour and subsequent to this I so weak that I was unable to walk or even move about in my chair.

Despite this, I had to go when I was still ill with the infection to Cromer for diagnostic tests, which could easily have been performed at my home. Within days, of this I had to visit the N&N for a review. These journeys were forty and fifty mile round trips with a nightmare parking experience always at the N&N. I drive myself, when possible, partly for cost considerations, but also to minimize the possibility of contracting an infection.

At the review there was concern about my health. As I said, I should still have been in bed at home drinking hot lemon. I had not completed the antibiotics and was very weak. With extra impromptu tests and procedures, the review, and journey time came to six hours. I was nearly comatose with fatigue for three days thereafter.

My weakness and immobility was prolonged and as such affected my walking. I was too weak to walk upright or for more than a minute or two at a time. I had to reable myself. I have a post viral syndrome and, at the best of times, find that I can only 'potter' about the house for ten minutes periods. I do know the importance of keeping moving and exercising and so I do this. I would be unable to cope at all otherwise.

Contd:

I know that the NHS is stressed at the moment (as is every aspect of business and government) I would question the extent to which the elderly are made victims of this. GP surgeries appear to have a policy of non intervention with the over seventies. I am refused treatments that I used to have earlier. They comply with the minimum care requirements but there is no proactivity and they give every impression of not caring. Frankly, it is embarrassing to visit a doctor, as they actually squirm with embarrassment and simply want an older patient to leave the room and go away and stop being a nuisance.

I am shocked at their lack of social skills and the way that they handle their dilemma in refusing treatment. Is there any facility at all these days for nursing home care?

I was very seriously ill and had to fend for myself to a very large extent. Oncology did what it could to help me, but it was not what I needed at that time. I required home nursing and then a programme of reablement. These concepts might be thought as wholly unfashioned nowadays. How would I know - who discusses such matters?

The only time that I have received prompt treatment was when another doctor looked at my records and was concerned and suggested a review. Inferences are too obvious to need spelling out.

Homecare, virtual or otherwise, for some, is even worse than described. It is simply not available in any form.

ANN: 2nd contribution

I think Benjamin Court should be used for the same kind of service that was offered when it closed. I have a condition requiring life saving surgery. I have refused to have this because I do not want to become a bed blocker at the N&N. I would need prolonged aftercare and I know that I would end up catching infection after infection, to which I would eventually succumb. I believe that my survival chances are enhanced by refusing the surgery they say that I need to save my life. The tumour is slow growing and I am seventy nine. They say it is likely to be two years until I have problems so I have opted for that two years of good life rather than dying within weeks in the N&N. If an option such as Benjamin Court were available locally then I would have what I would see as a viable option. I would get care as opposed to being a bed blocker.

Virtual Ward Conversation

17 sept 23: I've just got out of hospital, and they gave me the equipment to set up the virtual ward. Unfortunately I'm unable to do it. Is there a kind person out there who could set this up. All the instructions are there, and they want me to set it up sooner rather than later. I'm happy to pay a small fee to get this done. Thank you in advance. I have the equipment from the hospital, but they are phoning me constantly to set it up. I need a quick fix for this to stop my brain exploding. I appreciate your suggestions though, it's good of you to reply.

LM replies: A virtual ward means you are still technically in hospital, and they provide blood pressure monitor, oxygen and other results that go back to the hospital. They should have referred you to supported discharge team or the community virtual ward. You can call NCH&C and request support from nursing and therapy.

C replies: Not the first or last person to have this problem! Their equipment is ahead of their backup to supply aid. They assume we are all as capable as those sitting all day behind their computers!

S replies: My husband and I had these last Christmas. Luckily my daughter sorted it cos we didn't have a clue either

PN Relative: On 28th October 2022. My uncle was admitted to Norfolk and Norwich Hospital with a suspected heart attack and infection. He was 94 at the time. He lived on his own, his only daughter lives in America and I was working in London at the time. I spoke to the Hospital on the 31st October, they said he was nearly medically fit but could not manage at home which was an old cottage with an upstairs bedroom and even downstairs had lots of levels between rooms so he could not get his walker to the downstairs toilet. Even with 3 home visits a day they felt he would not be ok. They managed to get him a room at Benjamin Court on the 6th of November. Benjamin Court were brilliant with him, he had lost confidence and ability to walk whilst in hospital and they worked to get him walking again. After a couple of weeks, we talked about the next stage. He felt he was not ready to go in a care home, but it was felt that it would be too difficult for him to manage the stairs at home. I was still working away in London, so they asked my permission to do a home visit and assess. They came back to me with a plan to move his single bed from the upstairs spare bedroom downstairs and put it in the front room, moving

the chairs and sofa from there to the rear sitting room and conservatory. As I could not get back, they went and moved all the furniture for us and set it up beautifully. On the 26th November, he returned home with support from Norfolk's First Support. With the work that Benjamin Court had done, he only required minimal support by this stage. Without Benjamin Court, he would have been in hospital for several weeks longer, during which time his mobility would have deteriorated further. It would have become a vicious circle as his mobility deteriorated, he would have been less and less able to return home, so who knows how long he would have had to stay in hospital. All the time taking a bed which he medically did not require."

LH, Sheringham

"Home care nurses have confided in me that many of their patients who have previously been discharged from Hospital and have returned home ... have then had to go back into hospital because the nurses haven't been able to offer the 24 hour Care and support which had previously been provided at Benjamin Court. They also tell of their frustration and disappointment at finding themselves spending more time driving in their car than with their patients on their home visits. Morale is low. "

MB: I think that Benjamin Court should be restored to its previous purpose for reablement and rehabilitation of those who are ready to be discharged from acute hospital care but who are not yet ready to lead independent lives at home, a service which was closed without public consultation in the summer of 2023.

All indications are that delayed hospital discharges are still an urgent issue, especially because of a lack of community care beds, and it is particularly important that such beds should be based in local communities rather than centralised, as the proposed rehab beds at Norwich Community Hospital will be.

I have a close relative who recently suffered a stroke and was admitted to acute hospital care in Surrey; after three weeks she was then transferred to an excellent rehabilitation unit which not only provided the physiotherapy and other medical services she needed, but also gave her a place to be looked after and build up her strength, meaning she was ready and enthusiastic to go home after just four weeks stay. This was clearly the best outcome for her, but also freed up a much-needed acute hospital bed and meant that her personal care needs once she returned home were considerably less than they would have been without this intermediate rehabilitation care.

I know that financial constraints are often raised as an issue for Benjamin Court, but I am sure that a thorough cost-benefit analysis would show real savings in the longer term if this service were to be restored and built on.

CM: What does not make sense is taking away a reablement centre/intermediate care beds from North Norfolk, which has the highest population of elderly people in the country (not just the county) and centralising reablement facilities in Norwich, which has the youngest population in the county. It should be abundantly obvious that intermediate beds should be situated in those parts of the county where they are most needed.

Most elderly people I know who have gone into care homes either haven't come out again or have died shortly after coming out. Sounds like a plan to get rid of the frail elderly as fast as possible.

Dr Tim Cooksley, the immediate past president of the Society for Acute Medicine: said that "the focus should be on ensuring high-quality community care beds with expert rehabilitation teams as that would be a valuable addition to the care for older people.

“Buying extra nursing home beds will, in isolation, not stop corridor care or improve outcomes for older people. Moving older people around the care system to the wrong place is simply like moving the deckchairs on the Titanic: it doesn’t help them and won’t stop the overcrowding that leaves so many languishing in emergency care corridors,” he added.

A Cromer Resident: In October 22 my relative was in Norwich Hospital with sepsis. Gradually he was cured, but was too frail to come home. He then caught covid in hospital, staff were overwhelmed, beds were lining the corridor.

A demented patient kept threatening to kill him, and he was in fear for his life.

He was told he could be stuck there for months as there were no convalescent beds available. He felt so guilty to be bedblocking, and said it was like a living hell, he became severely depressed, refused to eat the dreadful food, and just wanted to die.

Then suddenly a bed became available at Benjamin Court - It was like a miracle. He found a clean, calm and orderly atmosphere with welcoming and efficient staff. He began to eat again, started to push himself to walk and read, family could easily visit often and were also supported by the staff.

A home assessment was done quickly, and within 3 weeks he was home again. The family feel sure that Benjamin Court saved his life.

It's total madness to close convalescent facilities like this.

We need more of them to relieve pressure on the broken NHS system

Part Two: Other documents

<https://www.nursingtimes.net/news/workforce/nurse-jobs-at-risk-as-role-of-norfolk-community-unit-changes-27-09-2017/>

(Text below pasted from the article)

NURSING TIMES 27 SEPTEMBER, 2017 BY TOM DE CASTELLA

Nurse jobs at risk as role of Norfolk community unit changes

Nurses working at an intermediate care unit in Cromer, North Norfolk, face an anxious wait to hear whether they will keep their jobs.

Clinical leaders in North Norfolk have voted to keep all 18 beds open at the Benjamin Court unit, which currently employs 13 nurses and 26 staff members in all.

But the unit's role is set to change and its management will pass from Norfolk Community Health and Care NHS Trust to Norfolk County Council, meaning staff changes are likely.

A trust spokeswoman said: "We have 13 registered nurses – 12 band 5s and one band 7; we also have 10 unregistered band 2s and one apprentice."

A previous proposal from NHS commissioners would have seen it lose two beds, with the remainder used for palliative care, intravenous therapy and "discharge to assess".

However, under a last-minute proposal from Norfolk County Council, the property will be leased to the local authority for £2m and turned into a re-enablement unit.

On Tuesday, the CCG voted to pass Benjamin Court to the council to provide short-term care to people deemed medically fit to leave hospital but who need further support before going home.

The council said it hoped the additional capacity of the unit would complement the home based re-ablement service that it already provides across Norfolk via adult social services.

Bill Borrett, chair of the Adult Social Services Committee at Norfolk County Council, said: "We care about people who have had a stay in hospital and we understand that most of them want to be able to return home and live independently for as long as possible.

"Our re-ablement services allow that to happen by helping those who need some extra support for a short period of time," he added.

But the health service trust cautioned that, while the beds had been saved, the council was looking to bring in its own staff, with "implications" for staff currently employed there.

Lorraine Barrett, director of integrated care for Norfolk Community Health and Care, said: "While we are confident that this decision is the best way forward for the local community, reducing pressure on hospital beds, we are aware that this will have implications for our staff."

North Norfolk needs better healthcare to avoid ageing crisis

Eastern Daily Press, 10 November 2023

Norfolk is at the centre of a national ageing crisis and urgently needs more healthcare, Prof Sir Chris Whitty has warned.

And England's chief medical officer has singled out North Norfolk, which is home to the oldest population in England and Wales, with a third of its population over 65.

The area has the highest proportion of people over 85 in the country, and the average age of residents is 54 years old – 14 years higher than the national average of 40.

Now, Sir Chris has said in his annual report that healthcare must step in to help older people in north Norfolk, which is "ageing rapidly and predictably".

Sir Chris's Health in an Ageing Society report says: "The population of Norfolk is ageing rapidly, with the median average age already above the England average.

"In the past decade the proportion of people aged 65 and over has increased, and more than 25pc of the county's population are now aged over 65 years.

"This trend is expected to continue with projections suggesting that by 2040 we will see an increase of 55pc in people aged 75 and over.

"Most of Norfolk's population increase will be in the older age groups, with those aged over 65 years increasing by 82,000."

"North Norfolk has an older population compared to other areas with a third of the population aged over 65 years."

In the decade between the last two censuses, in 2011 and 2021, the average age in north Norfolk rose by three years – from 51 to 54.

Due to population growth and an increasing number of people in later life there will be more demand for appointments at doctors, dentists and hospitals, a rise in emergency admissions, and more people living with long-term conditions.

If nothing changes, the demand for appointments across Norfolk and Waveney over the next five years will increase by more than 1,000 per day.

Anneliese Maerz, centre manager at Age Concern North Norfolk, an independent charity based in Sheringham, said the number of people with dementia in Norfolk is set to increase by 55pc by 2040.

"People's mental health is much worse since the pandemic and we're seeing a deterioration in dementia," she said.

"Chronic loneliness has risen by half a million in the UK since 2020. The elderly lose contact with people, which is needed to keep their minds active.

"Some don't talk to anyone from one week to the next. We deliver hot meals and that could be the only contact they have that day"

Dr Victoria Holliday, vice-chairman of North Norfolk District Council (NNDC) and a retired GP, said the planned closures of services in the region such as Benjamin Court and Blakeney Surgery is making it harder for elderly people to access healthcare.

Withdrawal of Reablement Beds Benjamin Court Cromer

There has been provision of care beds on this site for some 130 years from the old Fletcher Hospital through to the present Benjamin Court.

The withdrawal of 18 reablement beds by the Norfolk County Council without public consultation is a disgrace, with Norfolk Community Health and Care NHS Trust having no intentions of providing reablement care in this purpose built facility either, and set to provide reablement care beds (numbers not known) at the Norwich Community Hospital. With Benjamin Court now closed and the reablement care at Norwich not yet up and running there will be a major shortage of reablement care provision in North Norfolk for some time, which will worsen bed blocking at the Norfolk and Norwich University Hospital NHS Trust. With North Norfolk having the oldest population in the UK its closure makes no sense at all. I refer members to CTC Meeting 15 January 2018 Minute 4.1 Benjamin Court that says Reablement will be kept under review yet there was no public consultation by them prior to the decision to close. To say there was no public interest in the closure is a nonsense. If it is kept from them how can they express an opinion? The same goes for the Norfolk Community Health and Care NHS Trust who had to be pressed for an answer on their intentions by the North Norfolk TUC and this Council. Both the County Council and Norfolk Community Health and Care Trust, as partners of the Norfolk and Waveney Integrated Care Board, must have liaised with one another prior to the closure of the reablement facility at Benjamin Court but choose not to publicly consult.



On the 19th of July the North Norfolk TUC organised a rally protesting at the closing of reablement care at Benjamin Court attended by around 40 protesters many who gave testimony to the care loved ones had received at Benjamin Court. It was good to have the Leader of North Norfolk District Council, Member of Norfolk County Council and Cromer Town Council Councillor Tim Adams joining the protest and expressing his concerns over the bed closures and offering advice and support over the issue.

What next then?. Certainly it has happened but to say nothing can be done about it is not an option.

1.This Council should now refer the closure to the North Norfolk District Council's Overview and Scrutiny Committee for determination and action, with the possibility of it being referred to Norfolk County Council's Health and Overview Scrutiny Committee (NHOSC) of which Councillor Gill Boyle is the District Council's representative.

2.This Council asks MP Duncan Baker to write to the Norfolk and Waveney Integrated Care Board (the funding Commissioners) for finance to reopen Benjamin Court as an 18 bed NHS Reablement facility and call a public meeting. Let us resolve that this Council together ensures that Benjamin Court remains a reablement facility providing NHS care for those in need for the next 130 years. Councillor David Russell Cromer Town Ward

BMJ Open Length of stay and economic sustainability of virtual ward care in a medium-sized hospital of the UK: a retrospective longitudinal study

Abdollah Jalilian,¹ Luigi Sedda ¹, Alison Unsworth,² Martin Farrier ²

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ABSTRACT

Objective To evaluate the length of stay difference and its economic implications between hospital patients and virtual ward patients.

Design Retrospective longitudinal study.

Setting Wrightington, Wigan and Leigh (WWL) Teaching Hospitals, National Health Service (NHS) Foundation Trust, a medium-sized NHS trust in the north-west of England.

Participants Virtual ward patients (n=318) were matched 1:1 to 1:4, depending on matching characteristics, to all hospital patients (n=350). All patients were admitted to the hospital during the calendar year 2022.

Outcome measures The primary outcome is the length of stay as defined from the date of hospital admission to the date of discharge or death (hospital patients) and from the date of hospital admission to the date of admission in a virtual ward (virtual ward patients). The secondary outcome is the cost of a hospital bed day and the equivalent value of virtual ward savings in hospital bed days. Additional measures were 6-month readmission rates and survival rates at the follow-up date of 30 April 2023.

Risk factors Age, sex, comorbidities and the clinical frailty score (CFS) were used to evaluate the importance and effect of these factors on the main and secondary outcomes.

Methods Statistical analyses included logistic and binomial mixed models for the length of stay in the hospital and readmission rate outcomes, as well as a Cox proportional hazard model for the survival of the patients.

Results The virtual ward patients had a shorter stay in the hospital before being admitted to the virtual ward (2.89 days, 95% CI 2.1 to 3.9 days). Chronic kidney disease (CKD) and frailty were associated with a longer length of stay in the hospital (58%, 95% CI 22% to 100%) compared with patients without CKD, and 14% (95% CI 8% to 21%) compared with patients with one unit lower CFS. The frailty score was also associated with a higher rate of readmission within 6 months and lower survival. Being admitted to the virtual ward slightly improved survival, although when readmitted, survival deteriorated rapidly. The cost of a 24-hour period in a general hospital bed is £536. The cost of a day hospital saved by a virtual ward was £935.

Conclusion The use of a 40-bed virtual ward was clinically effective in terms of survival for patients not needing readmission and allowed for the freeing of three

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ The largest virtual wards study, in terms of virtual ward patients, and the first in the UK assessing their cost.
- ⇒ The information about inclusion and exclusion criteria used to send patients to virtual wards was subjective and therefore subject to selection bias.
- ⇒ Exact costs for hospital patients were not available for this research, causing some uncertainty about the true cost difference between hospital and virtual ward patients.
- ⇒ Given the sample size, only a few individual factors were used for matching; therefore, not all potential confounders could have been considered.

hospital beds per day. However, the cost for each day freed from hospital stay was three-quarters larger than the one for a single-day hospital bed. This raises concerns about the deployment of large-scale virtual wards without the existence of policies and plans for their cost-effective management.

INTRODUCTION

Virtual wards offer patients the opportunity to receive healthcare in the comfort and safety of their own homes, including care homes.¹ Pioneered in the UK, virtual wards became a popular scheme during COVID-19² and since then it has been replicated in other 'thematic virtual wards' (ie, respiratory, heart failure (HF) and chronic obstructive pulmonary disease (COPD), to name a few). Virtual wards are the response to the chronic and unsustainable high demand for secondary care beds.³ By providing an alternative to continued admission, virtual wards may help bridge the gap between demand and capacity for hospital beds, especially in the context of an ageing population,^{3 4} although their successes are still debated (see, eg, Creavin and colleagues' review of randomised controlled trials of virtual wards for acute respiratory infection⁵). A plan to enrol in

REPLY TO MARTIN ABOUT QUESTIONS FOR ICB BOARD:

From: PUNT, Jon (NHS NORFOLK AND WAVENEY ICB - 26A) <jon.punt@nhs.net>

Sent: 02 October 2023 08:31

Dear Mr Booth

Please accept my apologies for the delay in coming back to you. Unfortunately I was unwell last week and am just catching up on my emails. I can confirm your query was answered at the board meeting last Tuesday, a written response will be added to our website in due course and can be found below.

We constantly review and assess how best we can put in place services to support people, particularly as we approach another challenging winter period. Across the system we have carried out detailed analysis of the needs and demand last year and this is allowing us to shape future services. In particular we have put in place additional home and bed based reablement capacity across the whole of our system and are currently working on other short term proposals if more funding becomes available.

This means for people in North Norfolk, they will have access to:

26 Intermediate care beds in Care Homes for Central Norfolk residents including North Norfolk, with wrap around Multi Disciplinary Team (MDT) support to provide a reablement, recovery and assessment service for up to six weeks to optimise independence and determine an individual's long term needs for discharge. This is for individuals specifically with moderate to significant cognitive impairment including dementia. MDT support includes physiotherapy, occupational therapy, social work, Primary Care, Exercise Specialists and Flow Co-ordinators. Weekly MDT meetings are supported by the Head of Integrated Discharge for Norfolk and Waveney.

Three Double up Norfolk First Support teams – one in North Norfolk, one in South Norfolk and one in Norwich to commence ahead of winter. This is an up to six week reablement and recovery service to promote independence at home and determine long term care needs. This additional capacity is to specifically support individuals with double up (two carers supporting an individual rather than one) care needs

We are committed to engaging with stakeholders and in North Norfolk have established groups including the North Norfolk Place Board and our district council led Health and Wellbeing partnership.

Kind regards Jon Punt Complaints and Enquiries Manager
NHS Norfolk and Waveney Integrated Care Board jon.punt@nhs.net
<https://www.improvinglivesnw.org.uk/>

MARTIN'S REPLY 16 OCT

Dear Jon,

I hope you are better now, and thank you for sending me the board's response to my questions about Benjamin Court. I have further questions about this, which I would like to be put to the board, as follows:

I do not consider that my questions submitted to the ICB meeting on September 26th about Benjamin Court have been answered. I asked firstly 'what steps is the ICB taking to assess the needs for locally-based rehabilitation services following hospital discharge, specifically in

North Norfolk?' Your response did not address what assessments the ICB had made of the needs for locally-based post-discharge rehabilitation, only that an assessment had been made. I would have expected an assessment to be based on the level of delayed discharges at acute hospitals, specifically Norfolk and Norwich (which as we know is still a major problem), and how many of those affected live in North Norfolk? Please can you now address this question. I would also like to know how the figure of 26 intermediate care beds for six-week reablement, covering 'central Norfolk' (which apparently includes north Norfolk) relates to any actual assessment of need.

Secondly, I asked 'what steps is the ICB taking to consult with the local community about the use of the Benjamin Court site for NHS services, particularly rehabilitation and reablement?' Your response ignored that question completely, so I will ask it again. In doing so, I would draw your attention firstly to Mark Burgis' reply to a question at a public meeting called by Duncan Baker MP in August; when asked about plans to consult the public about the future of Benjamin Court, Mr Burgis replied that he was 'happy to keep the community involved and consult with you to ascertain views'. I would also draw your attention to the minutes of a Norfolk County Council meeting on 19th January 2023; when the question of a public consultation about the closure of Benjamin Court came up, it was minuted that that would not be necessary 'because it is for an alternative use rather than closure'.

Many thanks, Martin Booth

From: PUNT, Jon (NHS NORFOLK AND WAVENEY ICB - 26A) <jon.punt@nhs.net>

Sent: 02 November 2023 12:49

Dear Mr Booth

Thank you for your email, I'm sorry for the delay in replying. There is a history of providing good services from Benjamin Court which have helped many people living in North Norfolk. We are in the process of considering what services could be provided from Benjamin Court in future.

This will take some time as we want to work with the community and we want to do this properly. It is vital that we ensure any services located in the building help to meet the needs of people living locally and fit with the model for how we want to care for people in Norfolk and Waveney. We are planning a programme of engagement to discuss with the local community what services could be provided from Benjamin Court in future and further information will be shared shortly about this

We regularly assess the needs of people living in Norfolk and Waveney as they change over time. We have data about current and past performance relating to discharge from hospital and the need for rehabilitation and reablement services, as well as projections for demographic changes that will impact on what services are needed in future. As part the work we are doing to consider what services could be located in Benjamin Court in future, this will include an analysis of need using the latest data, to ensure it is as accurate and up-to-date as possible.

It's important to note though there are many factors that will help determine what services could be provided from Benjamin Court in future, including the needs and views of the community, as well as what other services are currently provided in the area and any plans for transforming these, what could practically be provided given the size and layout of the building, our ability to recruit the right staff and the money available to commission services. We will need to take all of these into account as we consider what is the best use of the building.

Kind regards

Jon Punt

Questions from the public

Three questions were received ahead of the meeting, which are detailed below and on subsequent slides:

Question 1: At the ICB meeting on November 28th, the Board committed to a public engagement exercise to decide the future of Benjamin Court in Cromer, following the submission of a petition with some 3,600 signatures calling for it to be reopened . Nearly two months on, no details of this exercise have been announced, with Benjamin Court standing empty despite the urgent need to support those waiting to be discharged from hospital and many other pressing needs. Can the ICB please reaffirm its commitment to a genuine public engagement programme, offering the opportunity for the whole community in North Norfolk to have their say about the future of this vital facility, and can we have dates as to when this will happen?

Answer 1: We are committed to discussing this with members of the local community. Our primary focus during December and January has been to ensure we manage the winter period and industrial action effectively, which has taken-up a significant amount of staff time. We are now in a position where we can start talking with members of the community and partners organisations about Benjamin Court.

The ICB has already written to local NHS organisations, Norfolk County Council, North Norfolk District Council and Broadland Housing Association to ask them if they would have a future use for the vacant part of the building. We will also raise the issue at the next meeting of the local One Public Sector Estate Group. We have asked partners to confirm by the end of February if they think they would have a future use for the building.

Our next step is to organise a meeting with members of the local community. At the meeting we will be able to provide some more detail about the building, finances and the lease arrangements, as well as other factors that need to be considered, such as changes to health services we have recently made or we are planning to make, for example the expansion of the virtual ward and improvements to ambulance response times. The meeting will be an opportunity for local people to share their ideas about how the building could potentially be used.

Our hope is that we can find an alternative use for the site, however it is important to acknowledge that there are constraints we will need to take into account, including financial and workforce challenges.

Question 2: Has the ICB got a plan for Benjamin Court? It is such a waste of a building. The longer it remains empty the more it will cost to get it up and running again. What money, if any, has been saved with its closure? How many failed discharges have there been? How many 'blocked beds'? Has there been a recruitment drive for staff to work at Benjamin Court? How many people would have benefited from Benjamin Court in the last 6 months. Is the 'virtual ward' now being used in Norfolk?

Answer 2: As noted in the response to the previous question, the ICB does not have a plan for Benjamin Court, however we are considering how it could be used in future. Please note that the NHS hasn't closed Benjamin Court and so hasn't saved any money. Norfolk County Council did stop using part of the site last year because they wanted to start providing the service in people's homes instead. We don't have the information to tell you how many people could have been cared for at Benjamin Court over the past six months if the council hadn't made this change. However, the reason the council made the change was because it

enabled them to care for more people than they could just by operating out of Benjamin Court.

We have a programme of work called 'RightCareNow' which is focused on improving discharge and ensuring people are cared for by the right person, at the right time and in the right place. Working together, we have been able to transform complex discharges.

There are still too many patients who no longer meet the criteria to reside in an acute bed and who are awaiting support to go to the right place. However, this number is down by around 200 compared to this time last year.

To put this into context, for the week of 8 January 2024, we had a total of 434 people who no longer met the criteria to reside across the three acute providers, compared to 640 last winter. Similarly, last winter, we tended to achieve around 30 complex discharges in a day, but during the industrial action, we hit a new record with 72 complex discharges in one day in the centre of our patch with 58 of them from the Norfolk and Norwich University Hospital.

We are continuing to work on this. A new unified digital system, OPTICA, should be live across all three acute trusts from the beginning of February which will help speed up the transfer of care processes even more.

The NHS does not currently have any services operating from Benjamin Court, so we are not trying to recruit staff. At the moment part of the building is used by Broadland Housing Association and the rest is empty. It should be noted that in the past when NHS services operated from the building it did prove to be very challenging to recruit the right staff to work at Benjamin Court.

We do run virtual wards in Norfolk and Waveney, and one of our three key objectives for this winter is to increase the capacity and use of virtual wards. We are doing this both by increasing the number of patients who are monitored at home following discharge from hospital, as well as starting to use virtual wards as a way of preventing emergency admissions to hospital. This is benefitting residents from North Norfolk and indeed across all of Norfolk and Waveney.

Question 3: Since the closure of Benjamin Court in Cromer, the use of short-term care beds has significantly increased, whilst the overall usage of community rehabilitation facilities does not appear to have reduced. This is seen within the figures of for delayed discharges published monthly by the NHS. Can this significant increase in the use of short-term

care beds in Norfolk since Spring therefore be explained? It must be having a significant financial impact. It would also be useful to have an explanation on strategy for the usage of community rehabilitation facilities for discharged patients, and how this has changed over the last year.

Answer 3: The use of short-term beds across the Norfolk and Waveney system has in fact reduced from last winter by around 50 percent. The number of beds utilised is typically much lower during spring and summer months and increases moving into winter. This is in line with system wide winter planning.

The short-term beds used have been typically targeted towards a patient's needs, mainly for those with an element of cognitive impairment. Where there are gaps in the care market, spot purchases of beds have also been utilised.

Norfolk Community Health and Care NHS Trust will be working to increase the amount of therapy led rehabilitation beds with the opening of the new Willow Therapy Unit, which will be a state-of-the-art, therapy- led centre providing a supportive and comfortable environment for 48 patients. This is due to open at the end of Quarter 1 in 2024-25.

Moving forward we are committed to reviewing intermediate care provision with our system partners, this work will commence in April 2024.

Cromer care home is not needed, council tells protesters

Published 18 October By Peter Walker BBC News, Norfolk

A county council has defended its decision to close a care home that specialised in caring for people leaving hospital. The Benjamin Court reablement unit in Cromer, Norfolk, closed in June.

About 100 people marched in the town on Saturday calling for it to be reopened.

Norfolk County Council, which ran the unit, said more people wanted care at home since the pandemic and that retaining staff was "difficult".

The home offered beds for people aged over 65, and with dementia, who had left hospital but were not ready to return to their own beds.

March organiser Martin Booth, secretary of North Norfolk Trades Union Council, said: "At a time when there are real problems with discharging patients from big hospitals like the Norwich and Norfolk, it seems like madness to be closing down a facility like Benjamin Court.

"We are calling for Benjamin Court to be kept within the NHS and for a proper convalescence and reablement service to be reopened there." An online petition calling for it to be reopened has collected more than 1,000 signatures.

Conservative North Norfolk MP Duncan Baker was at the march and has called for the council to reconsider.

Conservative cabinet member for adult social care, Alison Thomas, said: "Research has shown that you can recover much faster at home in a familiar environment, as your own bed is the best bed for recovery.

"Hospitals are where you get treated and home is where you get well."

NCC said the shift to home care, by its Norfolk First Support service, meant it supported "an estimated 1,500 more people return home" in 2023 compared with last year.

Grays Fair Court in Costessey, near Norwich - which likewise was offering social care support rather than medical or nursing care - was also closed by NCC.

The council said it was "difficult to recruit and retain staff" and the units had both been running at half capacity - with about eight beds in use.

The NHS owns Benjamin Court, but the NHS Norfolk and Waveney Integrated Care Board declined to comment when asked about its future.

Steve Blatch NNDC Chief exec, *reply to Chris Williams ICB 7 May 2024*

Good morning Chris

Thank you for your email below advising of the arrangements the ICB has made with respect to the public engagement process inviting comments as to the future use of the Benjamin Court facility in Cromer.

On behalf of the District Council I advise that we will wish to participate in this process and will be submitting a representation to the ICB as part of this engagement process. I am also happy to offer the District Council offices as a venue for any public meeting or workshop event if this was considered suitable.

At this stage however, I do have some questions as to the venues proposed for the drop-in sessions to be held by Healthwatch and would ask how these have been chosen, making the following observations:-

Why are there two drop-in sessions in Sheringham on consecutive days?

Why are there no drop-in sessions proposed in Holt, North Walsham, Aylsham, Mundesley, Stalham or Wells-next-the-Sea – when sessions are proposed at Hoveton, Fakenham and Wicken Green?

It isn't clear why a drop-in session is planned for Wicken Green – as against locations such as Blakeney, Briston / Melton Constable, Aldborough – which are closer to Cromer and served by direct public transport services to Cromer and therefore residents of these communities would be more likely to use facilities at Benjamin Court, Cromer than more distant communities?

Sorry, but at this stage I think the District Council would be concerned that the principal issues which Cllr Tim Adams and I raised at the meeting on 22nd March about North Norfolk's aged demographic, inequalities of access to rehabilitation services, impacts of delayed hospital discharge for family and visitors to patients in the NNUH and to a lesser extent JPH and QEH etc for residents from rural North Norfolk do not appear to have been fully appraised in the arrangements made for this engagement process through providing sufficient or appropriate opportunities for the communities most directly impacted to participate in this engagement process.

Regards

Steve

TO BBC: Many thanks for the Newsnight feature about the appalling situation at Norfolk and Norwich Hospital. **There is an important extra strand to this story.**

Until recently there were two convalescent/reablement units with approx. 40 beds for those fit enough to be discharged, but not yet able to cope at home. These offered an important "pressure relief valve" for the hospital wards and staff, enormously reduced bed-blocking and hospital acquired infections due to prolonged stays... and of course all the long-term human benefits of a caring recovery period.

In June 2023 both units were closed suddenly and with no public consultation. We have been fighting to reopen the unit in Cromer, Benjamin Court, and we are nearing the end of the line now with a large public meeting scheduled on 16 July at our District Council Offices. This is the culmination of a long campaign including leafleting, public engagement, march and rally, dossier of statements and experiences, plus a 3700 signed petition presented to Patricia Hewett of the Integrated Care Board. We have had several meetings with the ICB, NHS and Healthwatch asking them to revisit their decision, and to justify it from a wide cost-benefit point of view.

From a human point of view it certainly dismisses the large isolated and elderly population of North Norfolk, as detailed in Chris Whittey's report in The Eastern Daily Press, November 2023.

From a technical point of view the introduction of virtual wards certainly doesn't suit this area and has been a costly and damaging error. Note the recent BMJ report. (attached)

From a financial point of view it really doesn't stack up either. Benjamin Court cost £350,000 a year to run, a new replacement unit is costing 19.2 million, is not yet open and, based in Norwich which certainly doesn't serve the population of North Norfolk.

We recently had a look inside the closed unit at Benjamin Court. It was clean, well ordered and well equipped... all that was missing were the beds and the staff! It was heartbreaking to see these empty rooms, when we all know of the horrific situation at NNUH. We are very aware that the ICB probably won't bend to any sensible arguments, but we must continue to challenge this Inhumane and mad decision.

North Norfolk General Election candidates statements on Benjamin Court

Steffan Acquarone – Liberal Democrat

I absolutely support the Benjamin Court campaign. Here is a statement:
Benjamin Court provided essential convalescent care, enabling residents to recover effectively post hospital treatment, in a safe and professional setting.
Over the years Benjamin Court has helped hundreds of people in Cromer and the surrounding area with essential care in between hospital and home. All the evidence shows that convalescent settings speed up recovery, reablement, and reduce hospital readmission.

It's naive and unrealistic to think that home-based care can provide the same support to everyone. I have little hope that the ICB will reestablish such provision. As a county councillor, I am currently using a technical procedure to 'call in' the original decision to withdraw the facility without public consultation.

The campaign, which you chair, has my full support.

Duncan Baker - Conservative

"Ever since this announcement I have supported the Save Benjamin Court Campaign group in the excellent work they have been doing. The Integrated Care Board are not listening. They are paying lip service to our residents and not putting every effort into saving our healthcare facilities in the area. Shown by the recent allowance to shut Blakeney Surgery.

The consultation process for Benjamin Court has been lacklustre and not enough suggestions of how to save the premises have in my mind been driven forward. Had it not been for the public meetings and protests, all of which I have been at, I fear we would have been swept aside by now. Protecting Benjamin Court and delivering more health services at Cromer Hospital are two of my absolute priorities".

Liz Dixon - Green

Benjamin Court was a vital step in getting people out of hospital and back home. My Mother-in-Law was recently involved in a road traffic accident down on the south coast and after 10 days in hospital she was sent to an absolutely brilliant rehab unit about 10 miles from her home. It was a fantastically well-run place where she was given the care and most importantly, the rehab she needed. She was able to return home less in than two months. A great example of the right care in the right setting. The residents of North Norfolk deserve the same facilities local to them.

Jason Patchett - Reform UK

With the greatest of respects, I know that your email is sent to all PPC's and I know that all of our responses be the same wrt to Benjamin Court.

I know that all the PPC's have the same ambition which is to ensure that people who need our help and assistance, will receive it. Those who are standing have the same goal and that is to protect the vulnerable. I of course have a political front when it comes to Benjamin Court but I can assure you, the end game is the same for all the PPC's.

(No response from the Labour Party candidate)

Statements collected June 2024

SELECTED REFERENCE & BACKGROUND READING



BMJ Open Access: Length of stay and economic sustainability of virtual ward care in a medium- sized hospital of the UK: a retrospective longitudinal study

NURSING TIMES 27/09/17 Nurse jobs at risk as role of Norfolk community unit changes

Norfolk First Response leaflet_NCC (out of date)

Transitional Integrated Care Strategy and Joint Health and Wellbeing Strategy
Setting the agenda for our new Integrated Care System across Norfolk & Waveney 2022-23

Hospice UK: Promoting equality in end of life care

NHS Winter Plan 2023

EDP 10 Nov 23: North Norfolk needs better healthcare to avoid ageing crisis

Sir Chris Whittey Ageing Society Report

BBC News 9 Feb 24: Patients treated in corridors as Norfolk hospital struggles with demand

EDP 9 Feb 24 : Astonishing story of Norfolk man's three month stay at N&N

EDP 8 Oct 23: More than 2,000 wait for vital care in Norfolk amid backlog

Evening News, Jan 24: Willow Therapy Unit, £19.2m due for completion June 2024

NN News 14 Nov 23: Benjamin Court Cromer campaign backed by Healthwatch Norfolk

BBC News 18 oct 23: Cromer care home is not needed, council tells protesters

EDP 28 sept 23: 'Just a building' - Anger at leading councillors comment over health centre

BBC Newsnight Report "Corridor Care" - May 2024