

Combe Martin Public Meeting

[General]

In 2014, the government set out its vision for the future of our health services based around so-called “new models of care”. It said that radical change was needed in order to sustain services and improve care for patients.

Subsequently, NHS England was asked to draw up plans to make the government’s vision a reality. It divided the whole of England into 44 health and care systems or areas called “footprints”. Our footprint here is Wider Devon, which comprises two separate areas in terms of clinical provision; firstly, Northern, Eastern & Western (NEW) Devon and, secondly South Devon & Torbay. So our fate here is bound up with the rest of Devon. Each of the 44 footprints across England has been drawing up a so-called Sustainability & Transformation Plan □ STP for short □ showing how local services will evolve and become sustainable over the next 5 years and deliver the government’s vision of better health, better patient care and improved NHS efficiency. So in fact the whole of England will be affected by this process, which is why you may have already started to read and hear about hospital closures and loss of services around the country.

Alongside the Sustainability and Transformation Plans, the government has introduced something called the Success Regime, whose job is to focus on areas where there are deep-rooted systemic pressures such as financial deficits or issues of service quality. Northern, Eastern & Western Devon, that’s us, is one of only three areas in the country to be subjected to the Success Regime.

In practice, the two processes, the STP programme and the Success Regime, are working together in Northern, Eastern and Western Devon. They are actually led by the same person, Angela Pedder, who is the former chief executive of the Royal Devon & Exeter NHS Foundation Trust □ which just happens to be where many of our acute services might be headed! You can join the dots!

The Wider Devon STP □ our STP □ was not required to be published until January 2017, but the first version was leaked to the press, who passed it to SOHS. This is the document here [hold up] and I can’t stress enough that the proposals for our hospital and other health services that you’ve been hearing about are not speculation, rumour or scaremongering – they are set out in this document. You can read it for yourselves. And I encourage you to do so. You can download it from the SOHS Facebook Group page or if you would like me to email it to you, just sign up for that on the sheet on the table at the back of the hall. You can also ask to be added to the Facebook Group or ask any questions that you still have at the end of the night. We’ll do our best to answer them and get back to you personally.

[Specific]

So what does the STP say?

I can’t possibly cover everything here; it’s a complex document that covers a huge amount of topics. The proposals will impact our entire hospital and healthcare system, so they concern issues such as mental health, GPs, ambulances, nurses, funding, etc., etc. I confess that I haven’t yet got my head round all of it. But you’re welcome to ask anything in the Question & Answer session after I’ve finished and hopefully my fellow campaigners will be able to help out.

Anyway, here's the STP's commitment: "Partners across the wider Devon health and care community are united in a single ambition and shared purpose to create a clinically, socially and financially sustainable health and care system that will improve the health, wellbeing and care of the populations we serve". Which all sounds very nice! But what will improving our health, wellbeing and care involve:

Generally, the STP repeatedly says that we have an "over reliance on bed based care", i.e. there are too many patients spending too much time in hospital beds, and that what is needed is "care closer to home". So the idea is that we will all receive more care either in our own homes or through our GPs and other local healthcare providers. You can decide whether you think that's reasonable and whether it's achievable but the bottom line is this: the STP advocates closing 400+ acute beds and a further 190 community hospital beds across Devon by 2021.

Now, more specifically, let's look at acute hospital services:

1) Stroke services: This is one of the areas currently undergoing an "acute service review" and part of a proposed "reduction in the number of sites offering the current pattern of acute and specialist services [with] consolidation at Plymouth and Royal Devon & Exeter. So our stroke services could be heading to either Plymouth or Exeter.

2) Paediatrics: This is also included in the "acute service review". Under what the STP calls a "two-site option" for various services, including paediatrics and neonatology, "Royal Devon and Exeter Hospital would most probably be the second site rather than North Devon District Hospital" – in which case acute paediatric services for us would be in Exeter.

3) A&E: You may have heard or seen something along the lines of 'It's ok, they're not shutting A&E'. Firstly, that has not been expressly stated. Secondly, the "acute service review" I mentioned previously includes "emergency medicine", and "urgent and emergency care (A&E)" is listed as a "priority for action" in a reconfiguration of services. Thirdly, although the STP does imply that there should be emergency care at North Devon, the fact is that it will inevitably be a highly reduced level of emergency care if we no longer have consultants at the hospital specialising in major areas such as stroke, paediatrics, neonatology and maternity. A&E could end up being a glorified minor injuries unit.

4) Speaking of maternity: again, maternity is part of the "acute service review" and a "priority for action" in the "reconfiguration of specialist services". And again, under the two-site option, maternity for us would be in Exeter and I don't think you need me to tell you what that would mean for expectant mothers and their families.

So what specifically is the threat? I'm going to make sure you'll never forget it. Spam, spam, spam, spam, spam, spam, spam: Stroke, Paediatrics, A&E, Maternity. Stroke, Paediatrics, A&E, Maternity. Stroke, Paediatrics, A&E, Maternity. Think SPAM!

Finally, this is happening fast! The authors of the STP – written, remember in, June – say they need to "ensure that plans rapidly take shape post consultation to ensure we are ready for implementation in 2017/18". The public consultation clock is now ticking. We – all of us – must make our views heard in that consultation because, within six months from now, our acute services could well be gone.