

## WELCOME

Some weeks I seem to write a great many articles for Redlines, and I am heartened that readers seem to find them helpful. In this issue, I have written hardly any, as we have a number of submitted pieces from others.

I am working on a new page for the website which has all the back copies of Redlines together. I'd also like to put together an index of the main articles, but that may be a bridge too far. There is lots of useful information in the Redlines and for new campaigners, if you have time, you will find it worth reading some of those items.

A few items didn't make it to this Redlines as they were not ready in time, but they will appear in a later issue.

We welcome a number of new subscribers to Redlines. It is good to see new people coming along, and especially heartening when some of them start getting involved. We're glad to have you with us.

Material for future newsletters  
[editor@sohs.co.uk](mailto:editor@sohs.co.uk) by Thursday  
 SOHS-Save Our Hospital  
 Services  
 (A non-party group whose aim is  
 to campaign to protect our  
 health services in North Devon)

## Anyone up for a little scrutiny?

I've pointed out on various occasions that the official version of the Wider Devon STP is a shoddy piece of work (re)written in great haste, as evidenced by a particular editorial comment that was mistakenly left in. Wanna take a look?

*So what's the problem with hospital beds?*

"There is an over reliance on bed-based care - every day over 600 people in Wider Devon are medically fit to leave hospital inpatient care but cannot for a variety of reasons" (STP, p.5)

*I know just what we could do with those beds!*

"As we change the model of care these beds will no longer be required and this then releases resource[s] to invest in improved care and achieve clinical and financial sustainability." (STP, p.10)

*Fantastic! We close the beds and reinvest the money we save in treating those people closer to home!*

*Hang on, I've got another idea!*

"The objectives of the review will be to optimise the quality and timeliness of acute hospital and specialist care by making services more resilient with better outcomes and improved affordability. This will allow us to meet the increased demand for hospital-based services and support services" (STP, p.40)

*Brilliant! We free up the beds and then we can use them to cope with the unmet demand!*

*Hang on, didn't we say we were going to close those beds?*

*Hm, yes, we did. That's a bit tricky. Never mind, I'll put a note in and we'll worry about it later. Here you go:*

"Does this need clarifying so it doesn't contradict earlier statements about not needing so much hospital inpatient capacity?"

Did they clarify it? Not exactly. They simply took it out ... without telling anyone! The official version of the STP currently on the CCG's website is not the one that was posted in November - fortunately, I have both copies.

Did they resolve the contradiction? No, because here's what Devon County Council's Health and Wellbeing Scrutiny Committee was told on 19 January:

"At the moment we have patients who have an extended length of stay in hospital when they don't need to be there. That has two consequences for our system and for our patients: patients are in beds unnecessarily, which causes them harm, or can cause them harm, if they're there for too long in terms of mobility, independence, likelihood of recovery; having patients in those beds when they

*Continued on page 3. >*

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don't need to be there also obviously compromises our ability to bring into hospital the people who really do need a bed and so trying to get us out of that circle of pressure is actually one of the important factors."

Let me sum up:

1) We have patients in hospital beds who are well enough to be discharged but cannot be discharged because the necessary continuing care is not available. If we close those beds, it will free up money to provide that continuing care.

2) We have people who really need beds but there are no beds currently available. If we get rid of the "bed blockers", we can use their beds.

Anyone see a problem there?

By the way, the person who addressed Devon County Council's Health and Wellbeing Scrutiny Committee was one of the co-authors of the STP!

Ray

## Write to the Point

Time to get writing to the House of Lords! If you want to stop the relentless march to privatisation tell the Lords the NHS must be returned to public service.

The House of Lords appointed a Select Committee on the Long-

**"There's not a single plan to close a single bed on the basis of the STPs. This is wholly bogus."**

(Damian Green MP, Work & Pensions Secretary, *Daily Politics*, 11/1/17)<sup>1</sup>

**"We have plans to reduce both acute and community hospital bed numbers."**

(*Wider Devon Sustainability and Transformation Plan (STP)*, official publication, November 2016)<sup>2</sup>

(Footnotes)

<sup>1</sup> <http://www.bbc.co.uk/iplayer/episode/b088s1d6/daily-politics-11012017>

<sup>2</sup> <http://www.newdevonccg.nhs.uk/about-us/sustainability-and-transformation-plan-stp/102099>

## Your Presence is Requested

A presence from SOHS is needed at the Board meeting of the Northern Devon Healthcare NHS Trust this Tuesday, 7 February 2017, 10.00 – 17.00 in the Chichester Boardroom at North Devon District Hospital, Raleigh Park, Barnstaple EX31 4JB. NDHT Board meetings are open to staff, the press and the public. The NDHT website page [www.northdevonhealth.nhs.uk/about/trust-board/](http://www.northdevonhealth.nhs.uk/about/trust-board/) has Guidance notes available on how the

meetings work and how to submit a written question on matters being discussed at the Board meeting, also links for the agenda and previous minutes.

Liz Wood has submitted written questions and will be attending, together with any other SOHS members able to go along for either or both sessions (the morning session is scheduled to end at 12.15). To co-ordinate with others, Liz can be contacted via email: [italianstudent@hotmail.co.uk](mailto:italianstudent@hotmail.co.uk)

Term Sustainability of the NHS on 25 May 2016.

There was an appeal for written evidence for a deadline of 20 September. These were published in October, including a submission from the National Health Action Party. The committee has also heard oral

evidence from a range of different sources.

Not one of the health campaign groups who submitted evidence was called to parliament. The evidence stage of the committee is concluded. It is now writing its report and will publish its conclusion by 31 March 2017.

It is clear that the committee will not include any findings on public service unless we force them to, so it is up to us all to hold them to account.

Please write to the Lords Committee. (A sample letter will be added to the website shortly.)

You can email them at [hlnhssustainability@parliament.uk](mailto:hlnhssustainability@parliament.uk) or you can send in your letter to: Lord Patel  
Select Committee on the Long-Term Sustainability of the NHS  
House of Lords  
London  
SW1A 0PW

## Diary Dates

Visit the diary page on the website for more dates, details and maps.

**Tuesday 7 February** 10.00 – 17.00  
Northern Devon Healthcare NHS Trust  
Board meeting, Chichester  
Boardroom, North Devon District Hospital,  
Raleigh Park, Barnstaple EX31 4JB Open  
to the public.

**Wednesday 8 February** 19.00 SOHS  
campaign meeting, The Castle Centre,  
Castle Street, Barnstaple EX31 1DR

**4 March 2017 Health Campaigns Together** IT'S OUR NHS DEMONSTRATION,  
London, Coach tickets: £15, DEPOSIT £5.  
Available at SOHS Devon meetings and  
events or contact Dave Tel: 07887  
650671. Coach pick-up points: 6.00am  
Ilfracombe: Petrol Garage, High Street,  
6.15am Braunton: Car Park next to SQ Bar,  
6.25am Barnstaple: Old Town Station,  
North Walk, 6.50am Bideford: Kingsley  
Statue, 7.40am South Molton: The Square.

**Don't forget to send us your dates to include in the diary. If people don't know, they won't attend**

## FOR YOUR URGENT ATTENTION RE MATERNITY SERVICES!

There has been a worrying development in Cumbria that is relevant to the fate of our maternity services at NNDH.

**Why is Cumbria important?** It is a very similar area to North Devon in terms of remoteness and their acute services are already at the public consultation stage, so we can learn from them.

**What is happening to maternity services in Cumbria?** Cumbria has two acute-service hospitals, in Carlisle and Whitehaven. Both currently have consultant-led maternity units but the Success Regime wants to remove Whitehaven's unit. It would still have a 24/7 midwife-led unit for low-risk births, but women experiencing complications in childbirth (1 in 4) would be transferred to Carlisle, an additional journey time of 45-48 minutes.

**What is the worrying development?** Campaigners in Cumbria have worked extremely hard to challenge the maternity proposals. Midwives wrote a letter expressing their concerns<sup>1</sup>. And councillor Rebecca Hanson and obstetrician John Eldred produced outstanding reports demonstrating that there is no UK

evidence that journey times to consultant-led care of over 45 minutes are safe and that such journeys would entail an increased risk of stillbirth and/or neonatal death. These findings have been dismissed by NHS England's Roy McLachlan: "Overall, we do not feel that there is sufficient evidence in the papers referenced to justify a conclusion that increased travel times to the nearest maternity unit (**at less than four hours distance**) are associated with an increased risk of either stillbirth and/or neonatal death." (He did admit that there was plausible evidence that it may lead to a higher number of babies born before reaching hospital!)<sup>2</sup> If this view is accepted, it could be used in North Devon to justify moving our services.

**What can we do?** 1) Support Cumbria in their campaign! 2) Get informed and make up your own mind<sup>3</sup>. 3) If you are a consultant, midwife or other health professional, what do you think? Is Roy McLachlan right? Feel free to message or email ray.ashman77@gmail.com, anonymously if you prefer. I would be happy to collate any responses that might be useful in our own campaign.

Ray

(Footnotes)

<sup>1</sup> <https://debbieandrebecca.files.wordpress.com/.../wch-midwives-letter-16-dec-16.doc>

<sup>2</sup> <http://www.nwemail.co.uk/news/Four-hours-safe-for-mums-NHS-boss-85bd2f99-62af-4adc-9425-93708b3b65f7-ds>

<sup>3</sup> SOHS Devon files:

Maternity transfer-times-final1.pdf

+Maternity implications-for-birth-outcomes-in-west-cumbria-final-report-corrected-14-nov-2016.pdf

## Liars All

*This is a song/chant written by Dave Clinch and John Wardman. It is inspired by over 3 years campaigning as part of STITCH in Torrington where we were lied to on numerous occasions by the Trust and CCG. The SOHS campaign has been told even more lies this time round by the STP robber barons (see the public speeches at the last scrutiny meeting on webcam). This song is dedicated to the Success Regime/STP.*

### Liars All

1) You don't need an A&E

Liars All, Liars All

You don't need an A&E

Liars, Liars All

*(the subsequent verses follow this pattern with line 3 the same as line 1 and lines 2 & 4 the same as verse 1 throughout the song)*

2) "10 billion for the NHS"?

3) Can we trust the CCG?

4) Brexit cash for the NHS?

5) Jeremy Hunt, he's your friend?

6) The STP its good for you?

7) You don't need community beds

8) You can trust Ruth Carnell?

9) "we'll ringfence the NHS"

10) Our MP will fight our cause

11) "The NHS is safe with us"

12) Private healthcare's what you need

13) you don't need maternity

...and so on. Write a verse yourself for the 4th March

### Final verse

**The strong red line is here to stay  
For us all, for us all**

**The strong red line is here to stay  
For us, for us all**

## Health Bill

An innovative idea has been suggested by an SOHS member and is in the form of a spoof bill for healthcare. The back of the bill would present facts about the SOHS campaign. The bill could be handed to people to make them aware of the proposed changes to the system.

There is still work to be done on this, so it is not ready yet, but if you have any thoughts or suggestions for publicity ideas please put them forward.

There is a great value in using many different approaches in publicity, and usually most people will need to see two or three leaflets before taking action.

