



No.28 - 18 March 2017

Save Our NHS

WELCOME

It is good to have some contributions from other areas in this issue. Working so hard on our own campaign, it is easy to forget that there are hundreds of people fighting the fight in their part of the country, trying as hard as they can to protect their hospitals, their beds, their health care.

It is also good to know that Redlines is read by TPTB in the hopes of finding ways in which they can criticise our campaign. It is good, because they are finding it very difficult, and constantly have to resort to the fallback when challenged, of "I know nothing". Fortunately some of our campaigners know rather a lot, and the facts which we quote are backed up by reports and research. They may not know the plan, but we certainly do.

A welcome to all new subscribers and a thank you to all our existing subscribers who work so tirelessly in keeping up with the campaign.

Material for future newsletters 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)

A while back I penned a statement which appears in various places. It says "Plans will mean inconvenience, danger and death". In context, this of course means if, and when, they are carried out. This was challenged by an official in the health service who claimed that this was untrue, as "our (NHS) clinicians would never sanction any proposals that were not safe". Reassuring on not?

Not.

The first flaw in this statement is that the decisions are not really in the hands of clinicians, but basically in the hands of politicians and accountants. There is some confusion as to who actually is responsible as there is a great deal of buck passing, as demonstrated in the graphic we published last week. More worrying is the claim that proposals would not be sanctioned if they were not safe. If they are not safe, why make them in the first place? Take stroke care. If it were to be moved to Plymouth, 50 or more miles away, there would most certainly be avoidable deaths. The first hour after a stroke is the critical time. If prompt help is not given it negatively affects the outcome.

These plans affect real people. Here are some real life examples.

The first one led to death. It was reported by the Daily Mail: <http://tinyurl.com/kzk6wb4>

A lady of only 58 years age had a stroke. Her nearest hospital, was five miles away, but this was insufficiently equipped to handle the emergency. Her nearest big hospital was twenty miles away, but that had no beds (maybe due to staff shortages). Another, similarly large hospital, Sheffield, was 25 miles away, but that also had a shortage of beds. This one, according to Wikipedia is the largest hospital trust in the UK. Sadly, by the time a bed was found, it was too late, the patient had died.

We have already lost an astonishing amount of beds in Devon. Dozens of them. Many of them "temporarily" closed due to "staff shortages", then permanently closed. Around 20% have gone in the last five years. This certainly endangers lives. I have to stake my life on it.

Supposing Plymouth becomes the stroke centre. That means other hospitals would not be able to treat strokes, so patients from North Devon would have to travel many miles before treatment.

Continued on next page

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Continued from Page 1

Where would be the next nearest hospital should Plymouth have no available beds? Remember Sheffield was much larger than Plymouth hospital. So the patient has to wait for an ambulance to arrive, then endure an agonizingly long journey, all before serious treatment can begin. If Plymouth is full it could take half a day or so to locate an available bed.

Tell me again, this doesn't endanger lives!

Next let us turn to a distinctly local story. A supporter wrote the following letter, which we have permission to publish:

I find it unbelievable that there are plans to down grade most if not all of our acute services provided by NDDH. Our Hospital has a good reputation and serves the community in their hour of need. They are planning to increase our population by building new homes and taking away our medical services for the area. ALL SERVICES TO BE RETAINED locally or people will suffer or at the worst DIE, time is critical in heart or accident situations.

I will try and be brief but wish to point out three true occasions that actually happened to my husband and could have had very different outcomes if NDDH had not had an A&E.

December 2009, my husband was unexpectedly taken ill in the night. He awoke and was gasping for breath, I had no idea at that time how serious it was, opened the window for air (silly) and at the same time I rushed and telephoned 999. It suddenly dawned on me that he was probably having a heart attack. The ambulance was here in 6 minutes (seemed a life time). He was rushed to NDDH and his life was saved. The staff were brilliant and various tests done, on Christmas Eve he came home, best Christmas present for us all.

September 2014, again in the night another similar panic, difficulty in breathing yet again. Once again 999, but all the Barnstaple ambulances were occupied elsewhere. One was diverted from Ilfracombe, it no doubt rushed with lights flashing (it took a long time)

understood to be 25 mins. The lovely crew arrived and said he only had minimal oxygen left, they could administer oxygen immediately. Diagnosis was another mild heart attack coupled with pneumonia, he came home on 1st October thanks to NDDH.

February 2015, he had a further attack, 999 again, quick response but apparently in the ambulance it was touch and go, they admitted that they nearly lost him. NDDH were ready for him on arrival and he was saved yet again. He was in hospital for 10 days with double pneumonia and heart failure, some days he seemed to respond but sadly the battle was lost on the 9th February 2015. The staff were excellent, everything possible was done for my husband and ourselves as family, sleeping facilities by his bed as we knew time was limited. I cannot speak highly enough of NDDH care.

There no doubt are many other people locally with similar stories, a trip to Exeter out of the question LIVES WOULD BE LOST.

The other bonus of a local hospital is the ease of visiting and there is no doubt that patients recover quicker and better if their loved ones can visit. Transport to Exeter for many would be very difficult and time consuming.

I have found writing this very emotional but knew I needed to do it if it could help in anyway to save NDDH. It needs to be there for ALL TO USE and SAVE LIVES.

Now this deals with a real situation, and the incidents described occurred at a time that the local hospital was fully functional. Imagine what the outcome would have been without a hospital in North Devon. I don't need to fill in the blanks, but if TPTB (the powers that be) want to actually explain why they made that proposal then I would love to hear. Of course they can't explain, and that is why when asked, they have to play dumb,

Continued on page 5

Diary Dates

Visit the diary page on the website for more dates, fuller details and maps
There are also a number of other events. Details on the website news page

Tuesday 21 March 19.00 SOHS Public Meeting, Grosvenor Church, Barnstaple EX32 8PB

Wednesday 22 March 19.00 SOHS Campaign meeting. The Guildhall, Butcher's Row, Barnstaple. EX31

Thursday 23 March 19.00 SOHS Public Meeting, Christ Church, Bear Street, Barnstaple EX32 7BU

Tuesday 28 March 19.00 Barnstaple Town Council, special public meeting at The Guildhall. To quiz Alison Diamond, Chief Executive of Northern Devon Healthcare NHS Trust, about plans for the future of hospital and other health services in North Devon

Saturday 1 April *You Can't Fool Us* 10.00am Red Lines at North, East and South Devon Hospitals. A full list is given on Page 6.

NDHT Holsworthy engagement events (NHS)

Book for Drop-in sessions (Judith Latcham 01271 322460 or judith.latcham@nhs.net). No booking needed for public meetings.

Monday 20 March Drop-in session 10.30am-1.00pm Holsworthy Community Hospital, EX22 6JQ

Thursday 23 March Public Meeting 3.00pm-4.30pm Holsworthy Memorial Hall EX22 6DJ

Thursday 23 March 6.00pm-7.30pm Holsworthy Memorial Hall EX22 6DJ

Thursday 30 March Drop-in session 9.30am-12noon. Holsworthy Community Hospital, EX22 6JQ.

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

Continued from Page 2

and parrot, "no decision has yet been made".

This is only one of many similar real stories. If you have one to tell, then please send it to us. These stories matter and help strengthen our case.

I mentioned earlier that bed closures are blamed on shortages of staff. Here are a couple of real stories from staff.

"At the weekend I worked in one of the community hospitals earmarked for closure. Staff working there were angry and

progressive deterioration of their health. Only one of the patients I cared for on my shift fell into the 'intermediate' category the rest were either awaiting placement in a home or were terminal..."

Another one speaks about the lack of understanding by administrators

"Re a senior nurse manager -
"Yes he came and did a shift at Totnes hospital as an HCA. He said that the trust wanted to fully understand the role! I think he went home very tired and the hospital wasn't full at the time. He's probably taken early

job. When I think back, there were lots of attempts to run the hospital at lower cost. Lights were fitted that had motion sensors fitted to save electricity. Many the time when an elderly patient was plunged into darkness in the WC. Staff providing their own milk, tea and coffee. The list went on and on. Many thousands spent upgrading side wards in Dartmouth hospital and now its going to close. Still there will be a fantastic amount of top quality second hand WCs for sale at knockdown prices."

"Obviously it shows that closure is going ahead despite the so called consultation with the public and staff"

upset. A recent meeting with staff informed them that intermediate care vacancies ** would be offered to the staff and it was suggested that they start and apply for them. Obviously it shows that closure is going ahead despite the so called consultation with the public and staff.

"Most have no alternative but to accept the jobs on offer as work is the only way to pay the bills. The intermediate care will only provide for patients who are able to see an improvement in their health and no provision is being made for patients with

retirement while there's still some money in the pot. ** (name omitted), Chief Nurse, did something similar at the same time - full of praise for all the hard work and efforts put in by the 'greenies'. The month after that they sent a bod to streamline the dressings and incontinence pads we were using. We finished up having only Surgipads, Micropore tape and a bit of cotton wool. Pads were so scarce we were using towels as 'incopads'. This lasted for a few weeks until it became obvious that we couldn't go on without the equipment to do the

These couple of letters sent in by David Halpin (but not written by him, of course) show a lack of morale amongst staff as well as a wastage of valuable resources, yet staff had to provide their own tea and milk.

Many NHS staff do a great job in very difficult circumstances. It is not their fault patients have to wait on trolleys, that beds are shut, and that these changes are being proposed.

The NHS, at its inception in 1948 was a brave and bold statement made after the ravages of war, and a time of shortages and difficulty. It was a proud moment for our nation offering hope in a damaged world. The most tragic death, if these changes are carried out, will be that of the NHS.

Stephen

In My View: A campaigner gets to grips with the STP and suggests what the acronym might really mean

Being asked for your opinion on which health service you wish to lose is the same as being asked which leg you want chopped off. Of course the committee dress it up as more choices, wanting your views, better health care in the home, etc.

Having sat through their glossy paged lying presentations the truth is they are going through a box ticking exercise

which they are legally required to do. They have taken NO notice of the public's views, if they had, our local hospitals and Care homes would not have closed. The option of dying at home or having an home birth is laudable, but, as any right minded person knows not always possible. The STP cannot hide from the fact that deaths WILL occur if sick and vulnerable people are forced to

travel to Exeter or Derriford if cuts at NDDH happen. I would also add that one of their feeble excuses are staff recruitment problems.....would you want to take a job at a hospital being reviewed by the STP?

Sustainability and Transformation Plan, my a... I stand by what I said 'Stuff The Patient' more like!

If you want NDDH then get up and fight to keep it.

SOHS: Torbay & South Devon Organising Meeting Thursday 9 March

Following on from the demonstration and rally in Paignton on 25 February, 36 people from the area boarded the coach to London to join the 250,000 strong march against NHS cuts and privatisation on 4 March.

Our organising meeting on Thursday 9 March was well attended and included people from UNISON, The Trades Council, Healthwatch and the Friends of Paignton Hospital.

It was reported that at least £40m worth of cuts are on the way for South Devon during 2017/18 alone, and that some staff at the Community Hospital have not yet been offered alternative employment.

We agreed with UNISON Health Branch and The Trades Council to organise a Rally on 1

April starting at 1pm outside the Womens' Health Unit at Torbay. SOHS campaigners will be wrapping red lines of ribbon around the entrance as part of a Devon wide Day of Action. Those with the energy can meet us at the MP's surgery at 11am at Torquay Library and march up to the meet the rally.

Torbay UNISON Health donated a marvellous £82 to our funds and are producing poster and flyers for the event.

We urge as many as possible to come to Totnes this Tuesday from 6pm to join a lobby of the CCG Consultation Meeting which is reviewing plans to close acute services at Torbay and move them to Exeter or Plymouth. Stroke, Maternity and Pediatrics are included in this review.

Finally some of our supporters are creating a special group of people wishing to take part in theatrical type street events called flashmobs. If you like the idea of getting involved please reply to

nickrob.slater@gmail.com

The next organising meeting of SOHS will be held at 7pm on Thursday 13 April at Torquay Rugby Club.

Alex Moore

(Chair SOHS Torbay & South Devon)

The poster is being added to our website.

SOHS: North Devon is working alongside campaigners in South and East Devon

SOHS: East Devon STP: Another costly consultation for PR purposes to misdirect the public?

At yesterday's "Consultation" in Ottery St Mary on initial proposals for acute care services in the Devon STP, five decent enough health professionals, supported by technical assistants and facilitators, and monitored by a highly paid manager (who could not resist intervening, thereby undermining her staff) spoke to a hall of about twenty East Devon citizens (almost all of whom were "the usual suspects"). This was the sixth in a series of such events across the whole county.

They side-stepped queries about what has happened to the CCGs and whether the recent scandals in South Devon CCG management have influenced the latest reorganisation.

They were a bit vague on how to assess clinical outcomes of new "sustainable" models of service delivery. The word "improvement" featured widely in

their proposals, priorities and criteria.

They seemed pleased that they are a national pioneer for STP, but were deeply embarrassed at questions about what effect this whole new set up can hope to have on reducing the cost and waste of employing agency staff, and on their growing inability to recruit and retain clinical staff.

Some of them finished up suggesting we might engage in political activity to change government policy, which they gently suggested seems insane. None of them could bring themselves to admit that the policy is deliberately intended to dismantle and destroy everything except the very saleable commodity of the NHS brand, and to replace our National Health Service with fragmentary profit-making private provision.

The exercise will be repeated this Monday 20th at the Corn Exchange Exeter at 6.30. The venue suggests they may be hoping for a large turnout of members of the public to enable them to tick their boxes but preferably not to persuade them of the iniquity of what they are being paid to do. Treat them gently but firmly. We might win some of them over.

Robert Crick

Editor's Note. We have consistently maintained that the staff shortage is being engineered (see lead article). We are also investigating astonishing claims from people who should know, that care in the community costs more than care at hospital, and the supposed savings are yet more lies from TPTB. We will bring you more news on this asap.

The Rothbury Incident

Rothbury Community Hospital is in Northumberland. Like Holsworthy Hospital it serves a small community and the hospital has 12 beds. At least...

There is a campaign, the picture looks familiar, except their colours are blue while ours are red. Why not join their social media page to support the local campaign. Find it on Facebook by searching for

SaveRothburyCottageHospital

At a stroke of a pen the local Clinical Commissioning Group (CCG) decided to pull the plug. For the moment the ward has been temporarily shut for four months after it was found to be "under-used". There are now public consultations. Sound familiar?

The local people believe that the beds have been empty not because of a lack of demand, but

because decisions have been taken to send people home to receive community care, or to Alnwick Infirmary to receive in-patient care. As a result, Alnwick infirmary has been running near to capacity for some time, and



patients in urgent need of care there are having their treatment postponed.

Their local MP is actively supporting the campaign to keep the beds and even asked a question in the House.

<http://tinyurl.com/mxmb73>

Retired Consultant, David Halpin, believes that we are being deceived and steamrollered into making poor decisions. We can only agree with his conclusion. Not only are beds vanishing, but so, also, is the integrity and honesty of the professionals authorising the closures based on deceit, funny figures, and a breathtaking lack of transparency.

Footnote

The observant amongst you, might have noted the similarity of the title with the Rothwell Incident, a supposed UFO event that took place in 1947. It has been hotly debated and still is, although it turned out to be based on deception, misleading reports and cover-ups. I wonder what suggested that title to my mind?

Holsworthy Town Council support community campaign against NHS proposals – Patients do not want medical care in their homes

A Press Release from our new Press Officer, Ian Crawford

A meeting of some 500 local residents attending Holsworthy Memorial Hall on Wednesday night, is clear evidence of the opposition to North Devon Healthcare Trust's plan to remove beds from the Holsworthy Community Hospital. It took nearly an hour for the Memorial Hall to fill to capacity and residents were in the mood to have their say. No satisfactory answers were given by Alison Diamond, CEO at North Devon Healthcare Trust to questions from the floor of the meeting – How long will the ward closure last? – What conditions need to be met to allow re-opening? – Why don't you show leadership and overturn the decision? Her main response was to blame the deci-

sion on the shortage of nurses and low bed occupancy.

Ian Crawford, a campaigner from Save Our Hospital Services (SOHS) said "We congratulate Mayor Jon Hutchings and the Town Council for their support of the campaign to oppose the removal of beds from their local community hospital

Cllr. Barry Parsons made a compassionate plea "Why should we be the ones to suffer?" He emphasised the sense of community and said "I'm terribly disappointed at this decision."

A local GP told Alison Diamond that as a doctor he needed beds for his patients and for convalescence on return from treatment at the main hospital.

Contrary to the NHS England view constantly espoused by Alison Diamond that the plan is to provide medical care in the familiar surroundings of home, previous patients confirmed their preference to receive medical care from professional staff in the safe environment of their local hospital.

These closures of hospitals, removal of beds and plans to provide medical care in the home rather than a hospital are all part of NHS England's strategy to slim the NHS down for privatisation with the use of agencies on lower wages with little union representation- this is the view of SOHS campaigners.

You Can't Fool Us Day

Events across Devon - 1 April

With support across Devon we expect a turn out of hundreds. Please plan to support now. Remember to tell others. If possible, wear red. Sensible placards welcome. Don't forget to post lots of pictures on social media, and share the message.

A new, dedicated page, is being set up on our website with a number of posters for download, more details, and pictures and reports as they come in.

sohs.org.uk/fools-day



North Devon

Ilfracombe 9.45 the Candar for 10.00 at Tyrrell Hospital

Torrington 10.00 at Torrington Hospital

South Molton 10.00 South Molton Hospital

Bideford 11.00 Jubilee Square, Bideford

Red Lines then converge at 12.30 in Pilton Park to proceed to **North Devon District Hospital, Barnstaple** for 13.00.

Rest of Devon

Seaton 10.00

Sidmouth 10.00

Okehampton 10.00

Wilmington, Exeter 10.30

Red Lines then converge at 12 noon **Royal Devon and Exeter Hospital, Exeter**

Honiton 11.00

Torbay 13.00 Maternity Unit

Paignton 14.00 Lowes Bridge Entrance

Ottery St Mary 14.00



A suitable poster for use as a placard or banner. It is being added on the website on the new fools-day page. Best way to print it is to go to a printer that specialises in large format printing. Just give them the file, they will do the rest.