

Before I answer the questions being asked by SOHS I present below my understanding of the problems the NHS faces as a result of the plans embodied by the STPs. My answers are based on this understanding.

When Simon Stevens published the NHS Five Year Forward View in 2014 it was clear that he accepted that the NHS would no longer receive the funding it needed to provide the same level of service that it had delivered for the first 10 years of the century. Following on the heels of 'The Nicholson Challenge', which had already made £18 billion 'efficiency savings' in the 5 years from 2010, in the Five Year Forward he committed to finding a further £22 billion by 2020, by 'transforming' the NHS: this meant each of 44 areas, of which Wider Devon is one, cutting £550 million from their annual budgets.

The transformations to which Stevens referred involve, amongst other proposals:

- reducing the NHS real estate (selling 'under-utilised' property)
- reducing the number of highly skilled clinicians and concentrating them in fewer hospitals
- increasing the number of volunteers in hospitals, in care homes, providing health and social care
- replacing care in hospitals with care 'closer to home'
- action on obesity, smoking, alcohol, and other public health issues
- combining health and social care budgets (worth noting NHS care is according to need not ability to pay and social care according to ability to pay...blurring the edges)
- integrating hospitals and GPs to create Primary Acute Care Systems (PACs) – a US idea linked with Accountable Care organisations
- smaller hospitals forming partnerships with other hospitals further afield
- midwife-led units to replace obstetric-led units
- diverse solutions and local leadership in place of a national reorganisation, i.e. separate local health systems offering different menus of treatment instead of a universal, comprehensive, national system available according to need.

The means that Stevens devised to achieve his Five Year Forward View are the Sustainability and Transformation Plans (STPs). STP areas that achieve the 'transformations' whilst reducing the costs as dictated will be allowed to bid for extra funding. No doubt if they fail to achieve the target then they will be fined!

My interpretation is that the STPs will impose rationing and refusal of treatments, further reductions in bed capacity (which in turn will increase the pressures on all acute and elective services), increased fragmentation of services, and increased stress on patient, family and friends through 'care closer to home' being provided on the cheap instead of as it should be.

Q1. I oppose unequivocally the Wider Devon STP, in particular, and reject the STPs in general. I believe that STPs are unreasonable, unworkable, adversely affect staff morale, and seriously threaten health and life. Trying to fit the NHS to a reducing budget by experimenting on the service-user instead of designing a service and budgeting for it rationally is either a deliberate ploy to destroy the NHS or the action of an incompetent.

As a county councillor I would scrutinise documents, challenge document authors, raise motions against the STP, and take any action within my remit to prevent cuts to services and to re-instate the NHS.

Q2. It is supposedly a given that any services retained at NDDH will mean others will be lost; that services lost from NDDH will be made to boost financial viability elsewhere. Trying to fit the NHS to a reducing budget by experimenting on the service-user instead of designing a service and budgeting for it rationally is either a deliberate ploy to destroy the NHS or the action of an incompetent.

As a county councillor I would lobby for NDDH to be a special case. It is deemed to be a 'smaller' hospital and remote and this combination would indicate a need for more investment per capita rather than less, because of the accessibility of a sparsely distributed population.

Q3. It is obvious that the obsessive removal of beds from both community and acute hospitals is putting increased pressure on all health services. Removing hospital beds does not remove the need for them and is not the way to keep people out of hospital: in fact, it causes more problems.

Q4. The new model of care closer to home has been introduced without any benchmarks against which to judge its efficacy; in fact no evidence is presented in the STP to support the move to the new models of care.

In Devon where there are scattered communities it must mean that delivering a decent level of care in the home will require greater investment and is not a candidate for reducing costs, yet the STP driver is in fact cost reduction. This is unacceptable.

Q5. It would appear that Devon County Council have either not taken the required action to effect the suspension of the STP or have been ignored by the STP management. I would take whatever action is available to me to push for the STP to be stopped.

Q6. The NHS is riddled with conflicts of interest: in just one example in Devon Ruth Carnall was advisor to the CCG on the STP and also a beneficiary of the advice through her company. Conflicts of interest arise because there are private organisations competing for NHS contracts. The competitive tendering process is expensive and unnecessary: I will continue to campaign for the re-instatement of a publicly provided NHS.

Q7. There is no simple answer to this question. The NHS is no longer an organisation with clear lines of accountability nor does it have a commitment to transparency: fragmentation and privatisation has meant that data which would once have been readily available may now be hidden behind the veil of commercial sensitivity.

The cabinet model of council in effect at county level is not democratic: the scrutiny committees have no power to make decisions, only to hold enquiries and make recommendations to the executive. They do, however, have the power to request evidence on which they can then base their recommendations. Given this model is unlikely to change during the next administration it is imperative that the health scrutiny committee demand access to all the statistics, studies, clinical evidence and outcomes, measures and metrics being used to justify major changes in healthcare provision.

I would pursue the publication of this data by whatever means available to me.

Q8. I think that the provision of health and social care is a key issue not only in the county council elections but also in the general election. All public services have been under attack in recent years but none more so than the NHS. My literature does not explicitly reference the STP, however it does put the NHS as my top priority, references the actual and threatened loss to local hospital services, and states that I will campaign

for their reinstatement. I have spent the last year speaking against the STP at public meetings and rallies and since early last year have proposed motions at town council meetings in support of retaining and reinstating hospital services in North Devon.

Netti Pearson 2/5/2017