



PRESS RELEASE – 4<sup>TH</sup> December 2017

## The Battle for the NHS in North Devon enters a New Phase

Campaigners from Save Our Hospital Services (SOHS) claim that the resignation of Alison Diamond, Chief Executive Officer for Northern Devon Healthcare Trust (NDHT), will mean changes to the administration and delivery of health services in Torridge & North Devon. The retirement of Alison Diamond comes at a critical point in healthcare service delivery. A change in leadership could introduce significant changes in priority of hospital services, particularly if Health and Social Care Partnerships are introduced with CCG backing. The inquiry into the recent baby death at North Devon District Hospital (NDDH) could threaten the clinicians recommendation that all acute services be retained at NDDH with the removal of maternity which SOHS have campaigned for retention.

Delivery of health services to the wider community are likely to be cut at local level after Sonja Manton, Joint Director of Strategy for the Clinical Commissioning Group (CCG) reported to North Devon District Councillors that cuts will mean greater travelling distances for patients who are referred to consultants.

The SOHS campaign are not convinced by Government declarations that more doctors and nurses have been recruited. SOHS are still waiting for a detailed reply to their correspondence with Dr. Tim Burke seeking clarification of how consultants retiring will be replaced and how will enough nurses and doctors be trained to service local hospitals. The shortage of nurses coupled with the shortage of beds in community hospitals where currently there are only 10 beds available in South Molton, could lead to an emergency situation in the event of a flu epidemic this winter.

Ian Crawford, a spokesperson for SOHS said, “ Even if we retain all acute services at NDDH we still require more beds in community hospitals to relieve bed demand at NDDH where bed blocking has been an issue. The claim by NHS administrators that their policy of Care Closer to Home is based on a perception that patients at the end of their lives would rather die at home ignores the fact that current budgets cuts cannot deliver the staff required for that service, putting the onus on family and friends to care for dying patients who should have proper care in a local hospital bed.

The SOHS survey of Care Closer to Home, which several patients have now completed is now on line at <https://surveys.sohs.org.uk> where patients who are discharged to a bed in their own home can submit their comments about their own experience of Care Closer to Home.

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