



No.14 - 10 December 2016

WELCOME

A busy week for many SOHS members, but what a great result. People are really starting to take notice and realise the severity of the threat posed by the Success Regime and its associates. However before we rejoice too much, we must remember this is only one step along the way. There is much work to do. But we must say well done to everyone who has worked so hard to protect our health services. We are grateful for every email, every letter every word written to support our fight.

We still need some active workers to help produce the newsletter and maintain the diary. I know it means a regular commitment, but without people prepared to take on jobs, we might lose the fight. Contact me at address below for info.

We have had a flurry on new newsletter subscriptions, so if you are a new reader, welcome. We hope you find the information helpful, and don't forget to visit our website and our Facebook page, where there is even more for you to see. There is so much going on, it won't all fit in the newsletter!

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)

We Did It!

Halt Success Regime Work Say Council

The Success Regime has met **yet another failure** at the hands of the SOHS and concerned citizens of Devon. A more inappropriate name can scarcely be imagined for this dishonourable group of people chosen to force upon us cruel and ill-considered plans for cutting our health care provision and leaving us sadly wanting.

You, the Red Line Warriors, rose up and penned letters, wrote emails, and protested with vigour. Although the motivation of our enemy may be greed, our warriors fight for a more noble cause, for the health and wellbeing of their loved ones, their family.

Please notice that SOHS campaign was thanked several times for our work.... That means you! Especially if you have lobbied the councillors, MPs, NHS leaders etc etc...well done. Your voice is being listened to. Keep going!

A webcast of the council meeting where Brian Greenslade and Frank Biedermans's motions were passed unanimously is available here:

http://devoncc.public-i.tv/core/portal/webcast_interactive/244711

We will put a link to it on our website shortly.

The following is the information put before the DCC by SOHS members.

Presentation made by Phillip Wearne at the full DCC meeting 08 December 2016

Councillors, one of the motions before you today calls the Success regime now directing our NHS services in Devon flawed and calls for it to be halted until its independence is determined. I agree and trust you will too. You should consider the Sustainability and Transformation Plan process, the STP, headed by the same person in Angela Pedder and operating with the same staff part of the same critique.

In the brief time allowed me I will try and illustrate why what is going on here is not only open to serious accusations of pre-determination but riddled with conflicts of interest and inherently unfair, especially for North Devon. In sum what is going on is an inside job.

Firstly how can a healthcare trust running an acute service district hospital like North Devon District actually defend services when it proclaims itself part of a Success Regime that has made it

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clear that its services will be cut? How can our chief Executive, Alison Diamond, stand up for us North Devonians and represent the Success Regime at the same time? She can't and she doesn't – as consultants, staff and the public who have challenged her on this in Barnstaple have discovered.

Secondly, since this is all about money, who is Alison Diamond, NDDH's Chief Executive accountable to? She is married to Andy Robinson (now having left her employ), the Chief Financial officer of the Success regime. So is she accountable to him or us, the residents of North Devon, where, incidentally, she does not even live.

Third, in the clinical cabinet meetings in Exeter and Plymouth who represents North Devon? How many practising (as opposed to managing) clinicians – it's an important distinction, councillors – from North Devon are involved in the current clinical reviews and decision making? If any, and to date there have been very few, very occasionally, what weight is their opinion ever given?

In the coming weeks and months you will be told repeatedly that all decisions on service cuts are being made on clinical grounds. Ask who those clinicians are, councillors: where they work; what credentials they hold; what motives might impact their opinions. Money follows patients, councillors, particularly in the acute sector. Both Derriford and RD&E have much bigger deficits than NDDH.

The Success Regime's mantra is clinical and financial sustainability. They don't say it but I will, councillors. NDDH is today on the very edge of clinical viability. Vacancies in essential areas are rife, staff covering for ghosts are run off their feet, interim, temporary appointments are the norm.

The very threat to our hospital imposed by the Success Regime's threats to the services provided there has encouraged some staff to leave, others to refuse to come, still others to seek other jobs. Irony of ironies, councillors, the structures are so incestuous that NDDH has even lost two executives to the Success Regime. They are reinforced. We are weakened.

So ask yourselves who has made our hospital less clinically sustainable? Who is already cutting services? Who is weakening, co-opting or even recruiting our management? Ask yourselves in whose interests might that be, if the leadership of the Success/STP Regime are determined to make the case for closing *more* services at NDDH. I say more because ENT and vascular surgery have already gone along with forty acute beds. Facts on the ground are being created councillors. You need to know those facts.

Medicine is an evidence based discipline, councillors, and the evidence, points in one direction. Many of you have said to many of us; wait for the various service reviews. But we know from bitter experience in Torrington, Ilfracombe, Bideford, that will be too late: by then pre-determination will have become determination, and consultation will in fact be foregone conclusion.

By then much of the deliberately manufactured evidence on the clinical and financial viability of our hospital will be in their favour. And guess what, it'll all be the product of the ultimate inside job. Well paid Success for them, disastrous failure for us. They move on, we in North Devon remain to live, and die, from the consequences.

Liz Wood also addressed the County Council meeting on your behalf. Read what she said. Thanks for your efforts Liz. There are a lot of people in this group working flat out to defend our hospital in North Devon.

Liz Wood, 3-minute presentation to full council, DCC, December 8th

Councillors, as an active member of Save our Hospital Services (SOHS) in North Devon I am one of those who have lobbied you asking for your support for the two motions on your agenda as

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Diary Dates

Visit our new diary page on the website. More dates and pretty pictures!

Wednesday 14 December 19.00 SOHS full meeting at The Guildhall, Butchers Row, Barnstaple, EX31 1BW

Wednesday 14 December 11.30 – 13.30 CCG Your Future Care roadshow, Landmark Theatre, Ilfracombe EX34 9BZ

Thursday 22 December 09.30 – 11.30 CCG Your Future Care roadshow, Memorial Hall, North Road, Holsworthy, EX22 6DJ

Friday 23 December 12 noon Whitehall, London. STP protest, see page 6.

Friday 13 January Braunton, SOHS Public meeting (details to be confirmed later)

Monday 16 January South Molton SOHS Public meeting (details to be confirmed later)

Wednesday 18 January Northam (provisional) SOHS Public meeting (details to be confirmed later)

Wednesday 25 January Holsworthy SOHS Public meeting (details to be confirmed later)

Saturday 28 January 20.00 - 22.00 Ricky Knight and Friends, benefit event for SOHS. The Plough Arts Centre, Torrington EX38 8HQ £7 from Box Office: 01805 624624 www.theploughartscentre.org

Saturday 28 January Hands Off Our NHS! D-Day March 11.00 · Gower St to Trafalgar Square

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

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Item 15 today. Some of those exchanges have made it clear that there is little real understanding of what is happening or what is at stake here as regards health service provision in Devon in general, and where I come from in North Devon in particular.

Firstly, please understand that the Success Regime and the Sustainability and Transformation Plan process are now essentially one and the same. Both Ruth Carnall and Angela Pedder have made that clear in public and in private. Of course the latter includes Torbay and South Devon, the former did not, but the objectives of both, a reconfiguration and relocation of services to eliminate deficits based on the underfunding and defunding of our NHS — the subject of the motions before you today — are the same. For “Success Regime” in Cllr. Greenslade’s motion before you today you could and should read Success/STP Regime.

Secondly, many of you seem to think there is no defined threat to acute service provision at North Devon District Hospital. I

do not understand how anyone following this issue can believe that. In June Ruth Carnall came to Barnstaple armed with her contradictory and contestable Case for Change document – the product of her own independent healthcare consultancy. Then and since then, she and her Success/STP Regime colleagues have stressed one thing: there are no red lines around any hospital services in Barnstaple. Anything could go, we should expect change, nothing is ruled out they warn in concert. That “nothing” includes all our acute services – consultant led maternity, paediatrics, neonatology, stroke.

You really need to understand one thing, councillors. The basic STP template from NHS England allows for only two full service acute centers in each footprint, so technically just two in Wider Devon. As the acute service hospital catering to the smallest catchment population in Devon that makes NDDH particularly vulnerable. As the remotest acute service hospital in mainland England, that makes us, the people of North Devon, uniquely exposed to any acute service cuts.

Please read page 40 of the first draft of the STP, the one dated June 30th and leaked in mid-September, the one they did not expect the public or the politicians to see. It contrasts sharply with the second draft of the STP, the one sanitized for public and political consumption and published in October.

In the context of Derriford Hospital being the accepted primary fixed point for emergency care in Devon, the STP Draft One states: “Under a two site-option for maternity, paediatrics, neonatology and stroke, Royal Devon and Exeter Hospital would most probably be the second site rather than North Devon District Hospital....”

STP/Success Regime proponents and protagonists are not accountable to us councillors. But they are accountable to you and you are accountable to us, the residents and electors of this county. Please read what I have referred to, please listen to what they say, please question them, their assumptions, their statistics, and their evidence much more comprehensively than to date.

Above all please understand what is being proposed here – real, substantial cuts in provision and accessibility under the pretence of better care. Passing these motions today as I trust you will is just a start. The real work begins when you give them effect in both practice and spirit. Please ensure you do. Please make today a beginning, not an end.

SOHS Christmas Cards



Above: Santa cartoon

Below: No Room at the Hospital



Yes, we have made SOHS Christmas Cards available as requested by a number of people. The cards, which are A6 in size are supplied with a cheerful bright red envelope (now where have we seen that colour before?). They are supplied in packs of 10 and you can choose either the cartoon, or the “no room at the hospital” design. Price £3 per pack. You can collect them at SOHS meetings or you can order them from the website by clicking on the shop tab for delivery by post (delivery is extra). Not only do they send your Christmas wish, but they publicise the work of SOHS. Maybe buy an extra one for the Success Regime?

More info: webmaster@sohs.org.uk

Holsworthy

N Devon CCG are holding a public “consultation” in Holsworthy Memorial Hall on the morning of the 22 December. Timed right just before Christmas!! But there has not been a lot of publicity (*a common trick - Ed*). SOHS members, please attend if you can as we would not want to disappoint the CCG.

BIDEFORD

The Bideford Public Meeting

The Pollyfield Centre, East the Water, saw a packed public meeting organised by Save Our Hospital Services (SOHS) Devon on 28 November. The meeting was called to detail the very serious threat to acute and other hospital services at North Devon District Hospital (NDDH) in Barnstaple. Paediatrics, the consultant-led maternity unit, acute stroke and more could all go under plans now being discussed.

The audience listened attentively as Phillip Wearne of SOHS explained that the Success Regime imposed on North, East and West Devon by NHS England 18 months ago has now merged with the local version of the national Sustainability and Transformation Plan (STP) programme. "We have already lost vascular surgery and ENT at NDDH and the threat to other services here in North Devon is real and present," he insisted. "It's not us saying that — it's the Success/STP Regime itself.

They've always said there are no "red lines" around any services at NDDH, that anything could go. They still say that nothing is ruled out."

Ian Williams, also of SOHS, told the audience of the impact local protests at the proposed cuts have had nationwide, attracting national press coverage. "This is a fight we can win – but we need YOU to get involved to do that," he said. "We need me, you, all of us to be the "red line" we all want to see protecting all our current hospital services here in North Devon."

Audience response was enthusiastic and determined. Those attending were told that two crucial motions on the cuts are on the agenda of the full Devon County Council meeting on 8 December. Both motions have been proposed by North Devon County Councillors (Brian Greenslade and Frank Bierderman) and all those attending the meeting were

asked to write to any and all county councillors in Devon and ask them to vote in favour.

One audience member wrote afterwards: "What an informative meeting that was! The proposals are worse than I thought." Jane Whittaker, leader of Torridge District Council, one of several District and Town Councillors present said later: "At the meeting there was mention of the potential effect on our local economy should our District Hospital be downgraded. This made me think very seriously about just what effect these proposals could have on the economic health and wellbeing of Torridge, over and above the inevitable concerns we all must have. Surely at almost any age effective, accessible healthcare would feature prominently as an essential requirement for anyone when considering a move here. Endangering our economy is just another by-product of these very dangerous plans."

BRAUNTON

Your Future Travel Plans: Dead on Arrival

When Laura Nicholas, the Clinical Commissioning Group Head of Strategy had not arrived fifteen minutes after the scheduled start of the *Hear the Facts* public meeting she was due to address in Braunton Parish Hall on Tuesday, the waiting audience had no doubt. Obviously she was road testing travel times to Exeter for all those patients who will have to be treated there under her plans to cut acute services at North Devon District Hospital. Well at least she now knows that her plans on paper don't work in practice. It's a long way – even when it's not a matter of life and death. As SOHS campaigners prepared to fill in and take the stage, she arrived to be greeted

by a mutinous audience that refused to watch the *Your Future Care* soft-focus PR film on the planned closure of community hospital beds in East Devon. North Devon knows all about that, one audience member insisted. Did she really need to be reminded that her own CCG approved the closure of all but 24 community beds here in the north of the county a year ago?

The result? A free-range question and answer session in which she did indeed *Hear the Facts* from the public who pay her salary. Has any senior CCG/Success Regime member of staff ever exposed themselves to such an audience in such a format, especially here in North Devon, so far away from their Newcourt

House bunker, the other side of Exeter? Not that we know. All credit to Laura Nicholas for staying, listening and answering. All credit to the audience for waiting and asking such hard-hitting questions, so many of which were based on real life experiences not paper theories or computer designed systems. Ms. Nicholas left in little doubt about the strength of feeling about the reality of past cuts and future STP/Success Regime proposals for many more. "Excuse me, it's been a long and difficult day," she said in leaving at the end. Not half as long and hard as it will be for patients having to travel from North Devon to Exeter or beyond under her Success/STP Regime's plans.

If there is one place Clinical Commissioning Group (CCG) officials can guarantee to get an earful its Torrington. This was the first town to lose its community hospital beds more than three years ago – and is still fighting, through STITCH. Their never-lie-down local campaign fight back has gone all the way to Jeremy Hunt twice now). Having closed the beds in Torrington in 2013 illegally, without consultation, it's one place the lawyers are sure to have advised the CCG *Your Future Care* circus to stop off for their current "have your say drop in session" consultations now circling the county. It's the law you understand, even for those who know no rules. But what's this? Nick Pearson, the CCG Communications chief (in charge of himself we think) blaming SOHS for the failure to fill the growing list of

consultant vacancies at the district hospital in Barnstaple? Yes, unbelievable, Pearson insisted to a local District Councillor and former Major of Torrington on Monday that SOHS has so effectively publicized the Success/STP Regime's threat to acute services and much else now at North Devon District Hospital that no one wants to work there! What a surprise!

You need to get with the programme Nick – and learn a few facts in doing so. It's your bosses – Ruth Carnall, Angela Pedder, Laura Nicholas — who have been insisting for the best part of a year that there are no red lines around any services at North Devon District Hospital. Anything and anyone might go. Surely no warning could be more effective in putting off staff. – present or future. But then if you

want to argue that services have to close and be cut, the most complete way of doing it is to argue you can't get the staff. Witness the closure of the ENT service in Barnstaple earlier this year. If you want to argue that a service is, in CCG/Success Regime jargon, "clinically unsustainable" make it so. Sack, vacate, deter staff and specialists, rather than retain, encourage and recruit them. Keep up now Nick.

So do "drop in" and "have your say" at Nick Pearson's *Your Future Care* appearances in Ilfracombe 14 December and Holsworthy 22 December.

Does Nick know what happened in Holsworthy when they tried to consult on the possible closure of their community beds in August 2015? Good luck Nick. You'll need it.

A letter to Peter Heaton-Jones MP after Braunton Meeting

Dear Peter,

Thank you so much for sparing the time to listen to my concerns, which I know you share, with regard to North Devon and Braunton in particular.

You will probably be aware that a meeting took place in Braunton on 29 November, ostensibly to discuss Devon County Council's plans with regard to medical services in North Devon. The 'Strategic Director' for the plans opened her presentation by announcing that she was going to give us details of the proposals for medical services in EAST DEVON. I was restrained from leaving the meeting at this point by someone representing Save Our Hospital Services Devon and listened to questions from many residents. The questions and comments from the floor were indicative of real worries for the future of health facilities in the area. The answers from the County representative were mostly to the effect that plans were still in the consultation process and nothing had been decided yet, contrary to the general impression from those attending the meeting; which was that no matter what was said and what fears were expressed by the public, departments of the North Devon Hospital and smaller hospitals, such as Ilfracombe, Torrington, South Molton and others, would be closed and many beds would be lost. We were told that money saved by these measures would be spent on care in the community, which was unconvincing.

In my opinion the meeting was a sham. A cynical exercise to suggest that meetings such as these are consultations, which is

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Ilfracombe will be hard hit by any cuts in hospital services, a fact that has not gone unnoticed at Christchurch's Christmas tree festival being held this weekend.

Closure of half the Community Hospital Beds in South Devon

David Halpin of Infoaction has commented on a BBC report of 7 December. The report by Nick Triggle, Health correspondent, is entitled 'Deeply worrying waits for hospital beds'.

Mr Triggle states that more than one in 10 patients in England face long delays for a hospital bed after emergency admission. "According to a BBC analysis of NHS figures, nearly 475,000 patients waited for more than four hours for a bed on a ward in 2015-16, almost 5 times worse than five years ago.

Although patients had to cope with being shunted into side rooms and corridors, the NHS blamed "growing demand" on the system.

According to doctors, with bed occupancy exceeding the accepted rate of 85%, there was a higher risk of infection and the spread of disease. Staff had insufficient time to clean and prepare beds for the next patient.

About one in five patients attending A&E have conditions that require them to be immediately hospitalised, and it is they who are particularly suffering from the bed shortage.

Dr Halpin commented that staff would be stressed by trying to cope,

and the winter respiratory illness is yet to come.

The BBC report is here:
<http://www.bbc.co.uk/news/health-38228411>

Dr Halpin has also written to the press about the proposed closure of the Ashburton and Buckfastleigh Community Hospital. He points out that a decision as to whether 60 Community Hospital beds will be closed and 'care at home' substituted, will be made by the CCG in January/February.

Dr Halpin goes on to write: "As someone who served in our NHS as a doctor and surgeon for 40 years, I need to tell readers that there will be more misery if the beds are wheeled out prior to demolition.

"Distress in those with acute conditions as they wait in ambulances outside Torbay A&E. Misery for older people as they wait in hospital for that care package of whatever size.

Distress in those being telephoned to say their operation has been put off. And much more.

"But do not have my word for this. Ask the people of Torrington who lost their good hospital 3 years ago, and without discussion."

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not the case. Those of us attending the meeting were not persuaded that a plan does not already exist, and regardless of any arguments against, it will be implemented. I thought it was indicative of the County Council's attitude of indifference to their taxpayer' concerns that a senior representative was unaware that a presentation about East Devon to an audience in North Devon might be considered inappropriate. Her late arrival due to traffic, brought little comfort to those of us who would have to travel to Plymouth or Exeter for treatment in the future.

Although there are many savings that could be made within the N.H.S., both locally and nationally, the basic problem is that the South West in general is desperately underfunded. I feel sure you have and will continue to persuade or otherwise convince the government to rethink their devastating measures.

London Protest

You can take part from home!

Friday 23 December is the sign off day for *Secret Theft Plans* (Sustainability and Transformation Plans) 2 year operational NHS plans and contracts 2017-2019. London has a protest on that day.

At 12 noon, Whitehall, London, a HOWL of protest in support of the NHS. Three HOWLS in Whitehall, three simultaneous Thunderclaps across social media, 1.00pm, 1.15pm and 1.30pm. **As part of this protest, anyone can sign up for three Thunderclaps to bring Facebook, Tumblr and the Twitterverse alight in support of the NHS on 23 December:**

Thunderclap 1, 1.00pm

<http://thndr.me/hrKJ1e>

Thunderclap 2, 1.15pm

<http://thndr.me/7rMMUI>

Thunderclap 3, 1.30pm

<http://thndr.me/5NGuRQ>

What is more, Mr Robinson happens to be the partner of the Chief Executive of the Trust, Alison Diamond.

"Professional or personal? How can this relationship avoid directly impacting on the life-and-death decisions now being made?" says Mr Clinch.

The full release is on website.

Press Release on the Nature of Independence And Impartiality

A press release (slightly abbreviated) issued before last week's vote. This information may be useful to SOHS members for future actions.

SOHS is today calling for the abolition of NHS England's *Sustainability and Transformation Plan (STP)* for Wider Devon and the suspension of the so-called Success Regime for North, East and West Devon that is now an integral part.

"These two programmes are false, flawed and fraudulent," says Dave Clinch, for SOHS. "They are riddled with public-private, professional-personal conflicts of interest."

SOHS Devon points out that the *Case for Change* document on which both the Success Regime and the STP are based was produced by a private-owned health service consultancy, Carnall Farrar. One of the consultancy's founding partners, Dame Ruth Carnall, is now the 'Independent' Chair of the Success Regime pushing through the STP in Devon.

"SOHS Devon believes that there is a pre-determined agenda in Devon to cut services, limit access and reduce demand by redefining medical need to ensure that government cuts are carried out. How can Ms Carnall, who produced the blueprint for the STP, be considered remotely independent in assessing our needs or services to meet them?" asks Mr Clinch.

SOHS Devon points out that to push their agenda for cuts to NHS services and staff, the Success Regime/STP team will have been allocated £7.4 million between 2015 and 2017. Some of this funding has been used to recruit senior staff from those same services they plan to cut; for example, Andy Robinson, who left his role as Director of Finance at the Northern Devon Healthcare NHS Trust to join the Success Regime in Exeter.