



No.25 - 25 February 2017

WELCOME

It was a busy week this week with lots of news flying around. I have done my best to bring you the most interesting and relevant. Some of it has been held over and will appear later. As usual we hope to give information that is relevant and gives you ammunition in the fight. I have tried to counter a number of the arguments that are sometimes used against us. As always, we aim to provide material and resources for those who want to research further. We aim not to be, as some would claim, ignorant people, but to be well-studied and informed.

Although next weekend some of you will be away in London, we will still be producing Redlines, so don't forget to send in your snaps and selfies. I am sure they will be interesting.

For those of you who "like" writing emails, you might want to email councillor Andy Boyd, his address is given on page 6 at the end of an article explaining why.

A warm welcome to all new subscribers, thanks for joining us.

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)

No Decisions have YET been made

That's the cry of The Powers That Be (TPTB) and their sycophantic followers. It is intended to be a catch all that is basically saying, 'Shut up!'. Whilst this response might satisfy many upon first hearing, there are fortunately some people who look a little more deeply at the meaning behind the words.

If no decisions have been made yet, one has to ask for what we have been paying the expensive Success Regime, the CCG and the other elitist members of TPTB for some considerable time. Was their brief to take well-paid positions but to make no decisions? I think not. These people are industry leaders and professionals, taking decisions every day. They have hardly been placed in a role after having had surgical removal of their decision making apparatus.

There is another reason why the rallying cry is disingenuous.

If no decisions have been made, then surely that is not a reason to keep quiet, it is a very positive *incentive* to speak out. There is little point protesting about what has been done, after it has been done. At the point when a decision has been made the nature of the campaign changes. If you were campaigning to stop the felling of a tree, until the tree has fallen, there is hope. Once it has become firewood, there is no point campaigning to save it. The nature of the campaign would have to change, maybe to protect other trees, or to instigate a tree planting programme.

It is also astonishing to imply that, because no decisions have been made, nothing is being done, and that nothing will be done until the plan is agreed. In order to maintain the timescale given in the STP Plan and elsewhere, a great deal has to go on in the background. Would anyone be as naïve as to think that

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if, one day, a plan is agreed to perhaps move maternity services to Exeter, the next day the removal vans turn up and transport the whole shebang across the county? Surely you would have to be seriously stupid to believe that. I can imagine the huge amount of planning that must go into such a move. Staff would be laid off or redeployed, their contracts amended or terminated. Presumably new staff would have to be employed at the other end. Cleaning contracts, phone services, medical supplies would all have to be cancelled. Rooms would have to be cleared, and equipment repurposed or sold. Even patient appointments would have to be rescheduled.

Of course these plans are going on in the background, you can bet your boots. But you don't know about them, because they will be kept hidden under a veil of secrecy. They will probably be masked semantically, using words such as "feasibility study" or "assessment". They may not be called "plans", but plans they are.

In addition, we have seen the way in which TPTB like to use all kinds of methods to hoodwink

the public into going along with their schemes. Some of us have been sounding alarm bells for years, and it appears that at last the soporific public may be awakening like Rip Van Winkle. "No changes yet" is a well tried and tested mantra to lull us into a false sense of security because the natural point of focus is "no changes", whereas it should be "yet". Yet implies that there will be changes. This is the classic magician's misdirection technique. The denouement, the pulling of the rabbit out of the hat, is that the changes are silently and quickly made, and by the time anyone notices, it is too late to go back.

Well, we are watching and we are well versed in the technique so, if TPTB want to pull a fast one, they are going to have to get up very early in the morning. I am proud that members of SOHS have spotted the game and, not only that, they have often been ahead of the game. Statistic after statistic, fact after fact shows that the public have been misled and lied to by TPTB.

There has been some controversy this week over a proposed meeting of Braunton Parish Council which was to be

addressed en camera by Alison Diamond, and to which the invitation was withdrawn because the council, rightly, objected to the meeting being secret and proposed that the public should be allowed access. This resulted in the meeting being cancelled with Alison Diamond, and some other councils have decided likewise. Here is what she said in an email to SOHS:

First of all, I would like to assure you that there is absolutely nothing in the content of the meetings that is secret. The purpose of these meetings was to talk to councillors, as elected members representing their towns, in advance of the public meetings so they would be better informed and could share the information with the communities whom they represent. Not everyone will be able to attend the public meetings and some of our more vulnerable citizens do not have access to online information. Local councillors are therefore an important communication channel for us and we wanted them to be well-informed about the Acute Services Review process.

Let's consider this. She says, "There is nothing that is secret", so surely there should be no problem of bringing her information before the public. Why would she want the Councillors to share her information with the public in advance of the "experts"? That seems very strange. The councillors, even with a briefing, are not likely to be as well-equipped to make an explanation as the "professionals" Alison Diamond and her assistants. It is true that not every citizen will be able to attend a public meeting, but then councillors have little spare time to speak with their constituents. They are busy with other commitments, and it seems unlikely that they would have

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Diary Dates

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

Saturday 4 March 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. East Devon coach contact: Robert Crick, ramcrick@gmail.com

Wednesday 15 March 19.00 SOHS Bideford Public Meeting, Bideford College.

Thursday 16 March 19.00 SOHS Torrington Public Meeting, Torrington School Drama Hall.

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

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

STP/CCG Acute Services Review discussion events. Register to guarantee a place. 01392 267642

Monday 6 March 10.30 – 12.30 New Hall, Tiverton EX16 6QP

Tuesday 7 March 14.30 – 16.30 The Great Hall, Lantern Centre, Ilfracombe EX34 9QB

Wednesday 8 March 18.00 – 20.00 Stuclely Dining Hall, Bideford College, Bideford EX39 3AR

Thursday 9 March 16.00 – 18.00 Community College, Main Hall, Westville Building, Kingsbridge TQ7 1PL00

Monday 13 March 18.00 – 20.00 The Canteen, The King's School, Ottery St Mary EX11 1RA

Friday 17 March 11.30 – 13.30 Stanbury Hall, Petroc, North Devon Campus, Barnstaple EX31 2BQ

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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enough time to visit all those who stay away. Based on the size of the halls booked for public meetings, it would seem that TPTB are expecting a low turnout. In Barnstaple alone, that would mean multiple thousands of people, who didn't attend, would need visiting. Each Councillor would have to speak with perhaps 2000 or more people. And what mechanism is in place to associate citizens with their local councillor? I am not even sure I know who mine is, much less know how to contact him, or her, and I can assure Ms Diamond that the said councillor has made no attempt to get my views on the closure of hospital wards and the withdrawal of local services. Although maybe the number of posters in my window is a bit of a giveaway.

The final point, that many of our more vulnerable citizens do not have access to online information, seems a little contrived to me. If their condition is so bad that they are unable to attend a public meeting, and unable to use the Internet, or ask a friend or carer to do so, I think I can be fairly confident that their local Councillors are unlikely to be rushing out to engage in debate with them. If any Councillor wants to put forward some evidence to the contrary, I shall be glad to hear, but I have always understood that pastoral visitation does not normally feature high on their list of duties. Maybe an odd visit to a care home for a photo-op, but certainly not dedicated week by week visitation and engagement. Who might have available manpower to engage with vulnerable people then? Well, maybe it could be the health professionals so surely it would be easier for Ms Diamond, to set up special meetings, than it would be for councillors to do the

work. No, this is classic buck-passing.

Of course the real reason is that it is *easier* for Ms Diamond to make a case when surrounded largely by extremely busy councillors rather than by well-prepared members of the public, who have facts at their fingertips and can counteract the poorly



...but not yet

argued case presented by Ms Diamond and her assistants. How much simpler it must be to present a case in front of severely time pressed councillors, than to face a barrage of impossible questions from a row of Red Line Warriors.

Fortunately there are already fewer *uninformed* councillors, and SOHS members have been ensuring that all our public servants are presented with real facts and evidence. There is also an increasing number of supporters who have spent a great deal of time getting to grips with the evidence, reading through reports, studying the statistics until they know the material better than TPTB. It must be embarrassing when those studying know more than the 'professor'.

We can infer what 'no decisions yet made' will look like once TPTB and their minions have gone through the various 'information gathering and discussion events, community engagement and formal

consultation processes'. The end result will still be a thousand cuts, regardless of public opinion and feedback. The policy decisions have already been made to close community hospitals, move hospital services, reduce the number of acute hospital beds and replace them with an unproven, untested, inadequately resourced and disorganised, downright dangerous system of Care/Hospital at Home. This is evidenced by the many cuts already implemented at most community hospitals across the county (see Community bed number comparison list elsewhere in Redlines). Many more cuts are continually being made right across the whole of Devon (e.g. recent closure announced of four community hospitals in

South Devon – see Reconfiguring services on Torbay and South Devon NHS Trust website,

www.torbayandsouthdevon.nhs.uk/about-us/news-and-publications/news/2017/02/reconfiguring-resources-11343/

This report says: *'Although we have now started planning for the safe closure of Dartmouth, Ashburton, Bovey Tracey and Paignton community hospitals, no dates have yet been set for these closures.'*

So "no changes yet" is double speak hypocrisy at best, and an outright evil lie at worst; those spreading the deception are as guilty as those who formulated the plans, having sold out for their thirty pieces of silver. If they had any real courage or human decency they would speak out and expose the true plans.

Red Line Warriors, fight on. No decisions have been made *yet*, so no campaigns will stop — yet.

Stephen, with additional material from Irene

Picture: Josh. www.flickr.com/photos/joshinrhodeisland/3830744825

The Alison Diamond Letter

Dear SOHS

As you are no doubt aware, we are currently holding a number of meetings with town and parish councillors. The purpose of these meetings is to discuss the next stage of the acute services review and explain the process whereby we will be gathering feedback from local people to inform the development of any proposals for change.

If you recall, we have been trying to set up a similar meeting with your committee, but still have not had a response. It was my understanding that you were still debating whether or not you wanted to meet with us.

Unfortunately, three local councils have come back to us saying that, due to pressure being put upon them by protesters, they are now unwilling to meet with us as planned and that any rescheduled meeting has to be held in public.

First of all, I would like to assure you that there is absolutely nothing in the content of the meetings that is secret. The purpose of these meetings was to talk to councillors, as elected members representing their towns, in advance of the public meetings so they would be better informed and could share the information with the communities whom they represent. Not everyone will be able to attend the public meetings and some of our more vulnerable citizens do not have access to online information. Local councillors are therefore an important communication channel for us and we wanted them to be well-informed about the Acute Services Review process.

We have held one meeting with Lynton/Lynmouth council so far and they welcomed the opportunity to consider how they could ensure their local residents' voices could be represented in this pan-Devon engagement.

We also wanted to meet with the councils before the public meetings took place so that we could help set expectations about the public meetings – e.g. that there are no proposals for change on the table yet. It now appears that this will not be possible, as any rescheduled dates will most likely be after the public meetings and therefore defeats our original objective.

I understand that you were planning to protest outside the Braunton Parish Council meeting. This will no longer be necessary as Braunton have cancelled the meeting.

In response to your request for public meetings, please see the announcement last week of the 12 public meetings being held across

Who is Alison Diamond?



Alison Diamond is Chief Executive of NHS Trust, Northern Devon Healthcare. She was appointed in May 2014 having had 10 years in medical leadership. She has had experience leading in

primary, secondary and community care, with a clear focus on patient safety and experience. Alison has worked in the NHS since 1985 and became a GP partner at Northam Surgery, near Bideford, in 1994. Her medical leadership commenced as a member of the North Devon Primary Care Group before she became Clinical Governance Lead and Medical Director of North Devon Primary Care Trust. She joined the Trust in 2006 as Associate Medical Director and became Medical Director in 2010. She is an honorary lecturer at Plymouth Medical School and holds MB and BCh qualifications. She is a member of the Joint Executive Committee, Northern Locality CCG and chair of the Clinical Services Executive Committee.

Devon, three of which in Northern Devon. The content for the stakeholder meetings is almost identical to the public meetings. We just wanted our councillors to be briefed first.

I still await confirmation of whether you would like to meet with us so we can discuss all of this in person.

Sorry Councillor You Got That Wrong

I fear I must address an ill-informed statement by a local Councillor as it accuses me (indirectly) of being a fear-monger and disseminating wild rumours. It is perhaps no surprise that the Councillor is a supporter of the establishment and therefore is probably trotting out the official line. It is quite clear there is little thought put into it and, as is usual in such cases, there is not a scrap of support attached to it. It is all "I think", and unfortunately the truth is, he doesn't.

The entire piece is available on our website, but I shall pick out a few items for comment, scrutiny and examination by thinking people. Mr Boyd's words are in *blue italic*. *There has been a very active "fear"*

campaign, run by a select few, that is being laid down with a view to some attempting to benefit/gain advantage

This is an interesting comment as I would suggest that the diametrically opposite is nearer the truth. Always ask the question, who benefits financially from the action?. In this case it is unlikely to be the Red Line Warriors. They are fighting, not for financial gain, but for the sake of their health, and that of their families. However, if the changes are made then certain rich people are likely to become even richer. They have no worries about their health, they have plenty of money and can

The Editor comments on a letter by Andy Boyd presented to Torrington Council

afford private health care for themselves and their loved ones. What matter if a few people die, as long as their bank balances swell? I am not suggesting the Councillor is such a person, as I have no knowledge of his personal circumstances, but I regret that he seems to have been deceived by those who have a vested interest in furthering their own gain.

He goes on to suggest that the campaign might be for political purposes to influence the elections in May. Hang on, while I recover from

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laughing. SOHS is deliberately not party political. It is a very diverse group, and people who would usually be political opponents have joined forces. Not only that, if the Councillor thinks his particular political party is under-represented, then he knows how to change that balance; SOHS holds a public meeting every fortnight.

The first thing to accept is that the world really operates with some basis in common sense.

Exactly, that is why all SOHS arguments are backed up by solid fact. However, I am sure that he would be amongst the first to observe that many of the things that happen in the world are not based on common sense. Certainly some recent events have defied the best predictions of both scholars and cranks. Undoubtedly the scholars used common sense, and possibly the cranks didn't. But they both failed to predict the unpredictable.

It doesn't a lot to realise that things have to change. we have to find, develop and/or install a new system of provision, that is to say that we can no

longer continue to provide health services in the 'ad-hoc' way that it has been operated up to now. things have grown too big! there are too many demands on a very weak infrastructure!

We have no disagreement with this. This is accepted. Flash the lights, hang out the flags, we agree. But don't stop there. Ask the question of why we got in the mess, and what things we can do to stop it. Suppose you return home to find that the boiler has broken and there is no heating. You say, "We have to do something. We can't live with no heat". OK, no argument, so far. So is your next statement likely to be; "We'll move to another house at great expense, and abandon this one"? I doubt it. I think you are more likely to consult a heating engineer. He might suggest repairing the old boiler or he might suggest a new boiler. Now, how about he says, "I suggest this new boiler. It has not been tested. Once it is installed, you are stuck with it, you can't go back to the old boiler. Nobody knows if it will work, or if it is adequate to support all the radiators in your house, but I'd recommend it". You would say, "On your bike, I'll find a heating engineer who knows what he is talking about". He replies, "but it is common sense..."

One of the main reasons for Scrutiny (by that I mean the Devon Health & Wellbeing Scrutiny Committee) is to investigate, question and where necessary, challenge the changing proposals that are being developed by the Health Services in Devon. So, not only do the medical profession want the best outcomes for the public (not least through the Hippocratic Oath) but every professional who has any input into the process wants the best outcomes for the public...and the public themselves want the best outcomes!

Typical politician puff-speak. All conjecture.

It is ridiculous to imagine an A&E

patient having to negotiate the road network from the Torridge rurality to either Exeter or Plymouth.

It is ridiculous. That is why we find it astonishing that the STP plan contains these proposals, and the journey times have been understated publicly by TPTB. Sorry Mr Councillor, these are not our claims, but they are made by the Success Regime.

This is undergoing a period of consultation with the public, and the health practitioners (those professional who actually look after our health) It will then be modified to take into consideration the results of the consultations....then it will be put out to public consultation again!

Thank you Mr Councillor. Please provide actual evidence that they will actually examine and debate the results of the consultations. If you submit the documents to me, I promise I will make them available to readers of Redlines. We have much evidence that public opinion is not taken into account. You will find in this edition of Redlines **solid** evidence of actual bed closures. This is fact. We have many testimonies of people who have experienced the home based care. They all say that it falls short with often inexperienced and unqualified personnel who are not appropriately trained to carry out the care necessary. Dozens of testimonies. Mr Councillor, please send me just half that number of letters from real people who have had first-hand positive experiences of the care at home system. Surely if it works, these would be available. We also have documentation of the failings of the experiment in the Torbay area. Sorry, but I think the public consultations are nothing more than a box-ticking exercise. They are not advertised very well. You would have thought a full-page ad in the local newspaper would be called for, at least. No, not even a little advert to my knowledge, only a press release at most. You would have thought there would be prominent notices in doctors' surgeries, clinics and so on. I live next door to a surgery, and even though I put on my bionic spectacles I was unable to locate the tiniest poster. The so called 'consultations' and engagement are a farce. One was even held the day before Christmas!

The same is true of Maternity (another one of the rumours!) It would be a poor service that required expectant mothers to travel, unnecessarily, across the County.

Over >

One Third of the beds in Devon have been lost already

"No Changes Yet" is beginning to sound a bit hollow

These figures supplied by Robert Crick illustrate the shocking lie that is being fed to us every time TPTB tell us that there are "no changes yet". I would say that the loss of over one third of our beds could be called a substantial change. Robert writes: (next column)

Community Hospital	Number of beds 4 years ago (April 2013)	Number of beds today ((February 2017)
Axminster	12	0
Seaton	12	18
Sidmouth	18	18
Honiton	18	18
Ottery St Mary - stroke	0	15
-medical	12	3
Exmouth	30	18
Budleigh Salterton - stroke	8	0
- medical	4	0
Exeter (whipton)	30	20
Crediton - stroke	7	0
- medical	5	0
Tiverton	36	32
Okehampton *	21	16
Moretonhampstead	0	0
Bideford - Elizabeth	12	12
Bideford - Willow	28	0
Torrington	10	0
Holsworthy	24	16
South Molton	24	16
Ilfracombe	10	0
Total	314	202

* (temporary 5 bed increase re Moretonhampstead Hospital ward closure Feb 2013 -July 2013)

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We agree. So why was it suggested in the STP? Have you actually read the STP plan, Mr Councillor? I have spent hours studying it. I have prepared digests, and extracts, all of which are available on our website. If it is so ridiculous, as to not be countenanced, why did these expensively-hired-in professionals suggest it?

We must also consider that no agreement has yet been reached in respect of what an improved service will look like, let alone how we will get there!

A very strange statement. There have been at least two versions of the Sustainability and Transformation Plan. Now correct me if I am wrong, but surely the plan demonstrates what the service will look like and proposes how that might be achieved. And to my knowledge there is no other plan. Yes, it may be tinkered, modified slightly, but the plan has already been made. We are not being asked to come up with a plan, but to comment on what has been planned.

I'm sorry that I have ranted on.

We agree. Perhaps next time you will check out the facts before accusing us of being ill-informed idiots otherwise you might appear to be an, er, ill-informed idiot.

If you want to explain things to Andy this is his email: andy.boyd@devon.gov.uk

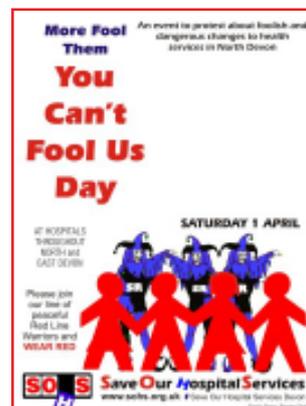
Following over two months of repeated requests, I have finally received the attached spreadsheet, which gives statistical details on community bed provision in NEW Devon.

The report on the Eastern Locality "Success Regime" confirming which hospitals are scheduled for bed closures will be delivered at County Hall on Thursday 2nd March at 2pm.

We can now calculate that the intended reduction in Eastern Locality beds to the level of provision previously "achieved" in Northern and Western Localities means that NEW Devon CCG will have successfully closed a total of 183 beds (approximately 60% of the county's community hospital provision) during the four years since the implementation of the Health and Social Care Act.

One might have expected our CCG to have had these interesting figures to hand before they drew up their proposals, or at least to have had them available during the public consultation period. But only now have they been able to collate this data.

While our NHS has been being dismantled, the government has cut by as much as 26% a year the local authority precept, out of which the social care budget is provided. It is encouraging to see that the public and politicians of all parties are waking up to this structural crisis and are now demanding more information and action more radical than a bit of emergency funding.



New Posters

On the left is a poster blank that can be modified to add details. Let me know if you want me to do it for you.

On the right is a poster advertising the Barnstaple Public Meetings.

The blank is on the website and I shall put the Barnstaple one up there in the next day or so, as soon as time allows.

