

I Know Nothing

WELCOME

Whose fault is it? That is what we are trying to figure out this week. Well it is certainly not that of Alison Diamond, as she was at pains to reassure us that although she is Chief Executive of NHS Trust North Devon she knows, er, well... nothing. Fortunately Ray has come to our rescue and produced a useful flow chart. You will find that on page 5.

Talking of figures. We have a quick look at the astonishing figures top bureaucrats are earning. These are the people who save budgets rather than lives.

New subscribers: welcome, thanks for joining us. We hope you find that Redlines helps to keep you informed, and helps you to be active in our 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)

Reports coming into the SOHS newsdesk from the public meeting at The Cedars Hotel seem to confirm the news that Dr Alison Diamond was able to tell the public several times that she knew nothing. One wonders why she was chosen to address a public meeting with that in mind, (or not in mind). Taking into account the large salary she is being paid, covered elsewhere in *Redlines*, it has started me wondering if I could perhaps take up a similar career. After all there are many areas on which surely I also know nothing. Perhaps I could address a group of rocket scientists, for example. I'm fairly confident I've got that covered and can qualify as an expert in knowing nothing. I've been trying to think of other subjects of which I know nothing, but actually it is harder than it seems. Maybe Dr Diamond deserves that big salary after all.

As one commentator pointed out, why should we have

expected her to be able to tell us anything, "but why should she, after all she's "only" Chief Executive of our hospital." Actually she is a bit more than that as another commentator observes, (she is) "part of and representing the STP/Success Regime/CCG/Trust partnership! It leaves us wondering- what exactly is she trying to do."

That's a fair question. Are the public talks really designed as an opportunity for meaningful dialogue? They are clearly not intended to be a chance to impart information, as after all if the Chief Executive knows nothing, then there can't be much of that to be had. Whatever

the purpose, from our point of view it is a fail.

- Some of the questions to which visitors wanted answers included:
- Is this a move towards privatisation of hospital service?
- Have the travelling times from more remote parts of North Devon



Manuel in *Fawlty Towers*
"I know nothing"

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to Exeter and Plymouth been assessed by the STP?

■ What would be the effect on staff morale?

■ Has the care in the community programme been properly trialled?

■ Have population increases and new housing developments been considered in the plans?

As the answers given on behalf of the STP may not have been forthcoming, here is our interpretation.

■ Yes it is a move towards privatisation.

■ Not properly. Unrealistic travel targets have been suggested which it is impossible to achieve unless you are The Stig.

■ The STP isn't about staff morale.

■ No. It is an untested plan. That is why the STP likes it so much. Nobody can say it doesn't work.

■ No. Forward planning does not feature high on the agenda.

One commentator at the meeting, made a very telling remark and I will leave you with that: "If someone dies on the road to the hospital, that will be on your conscience."¹

¹ That pre-supposes those promoting this plan have a conscience. One has to wonder.

Dave Clinch writes:

I DON'T KNOW THE ANSWER TO THAT QUESTION

said CEO of the Northern Devon Healthcare Trust Dr Alison Diamond in response to virtually every question being put to her by the public at the District Council meeting held at The Cedars Hotel today.

Not once was there a straight answer regarding acute services at North Devon District Hospital, for example.

The meeting was subjected to a PowerPoint presentation from which she spoke verbatim at times and which consisted of vague generalities and platitudes. Questions and contributions from the large public presence were predominantly evidence based.

Dr Diamond provided no evidence to justify the extended journey times to be made in an emergency, for example.

The tone of the meeting in which the chair brought in mostly questions from the public was one of anger and disbelief at the obfuscation and obduracy being shown by Dr Diamond.

This meeting was audience led and an example of how the NDHT should be dealt with by Town and Parish councils.

Links for this article

North Devon Gazette
<http://tinyurl.com/zakzfbj>

DevonOnline
<http://tinyurl.com/hweshy2>

A number of useful articles

Because of copyright restrictions we can't paste content from websites directly into Redlines and there is not always time to make a summary, so please forgive the fact that all we can offer is a link to follow. If you have time, though, they are well worth following.

"Closure would be a safer option for patients," says consultant who worked at the hospital for 20 years

Although relating to a hospital in the Midlands, it is an interesting viewpoint

<http://tinyurl.com/z2xvu6o>

Sidmouth wins out over Seaton in final decision on hospital bed closures

We reported on this "choice" some time back. This is the result.

<http://tinyurl.com/jlgwa67>

Hospital bed cuts to be referred to Secretary of State for Health unless raft of assurances given

Of particular interest to East Devon Campaigners.

<http://tinyurl.com/zfv6as3>

United effort required to tackle huge challenges facing the NHS: Commons Select Committee

<http://tinyurl.com/zf5z5b7>

What Are TinyURLs?

You may notice that we have used short website links. This is to save space and make things easier for those who can't click the link or copy and paste, but have to type them in. Some of the website links are very long when written in full. The links are safe to use, and there is no cost or advertising annoyance.

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

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

Wednesday 15 March 19.00 Holsworthy Town Council Public Meeting. The Memorial Hall, North Road. EX22 6EB Info: Town Clerk 01409 253312

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

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 Ilfracombe, Bideford, Torrington Community Hospitals and 13.00 at North Devon District Hospital. East Devon: 10.00 Sidmouth, 11.00 Honiton, 13.00 Paignton: Lowes Bridge Entrance, 14.00 Ottery St Mary, Seaton – time tbc

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

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

Hospital Bed Closures

New Rules

We commented in last week's Redlines that the bed closures at Holsworthy Hospital had to take place before the first of April as new rules were being introduced. The closure could then be affected without applying the tests. Although we had details of the tests we did not have time to include them as they were only announced on 3 March. Don't let the timing fool you into thinking the Holsworthy closure announcement which preceded this was made without prior knowledge of the new rules. You can be sure that although the public were not informed until last Friday, TPTB knew about it.

According to Simon Stevens, NHS England Chief Executive, bed closures will only be supported where a new test is met that ensures patients will

continue to receive high quality care.

The test has three stages. It must:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, show that it is a credible plan to improve performance without affecting patient care.

The full report is given in this link

<http://tinyurl.com/z3nnvqj>

One wonders if the bed closure would meet those guidelines. Somehow I don't think so. And do the bed closures even meet current guidelines:

Under these rules, closures can only go ahead with support from GP commissioners, strengthened public and patient engagement, clear clinical evidence and provided that they are consistent with patient choice.

They have already completely fallen over on their public and patient engagement by the manner of the sudden, unexpected announcement. I don't see much evidence of them meeting the other criteria either. No doubt there will be plenty of spin applied by those driving through the unwarranted and unnecessary changes.

You Can't Fool Us Day, 1 April

On April 1st we will be joining with groups across Devon to put our Red Line once again around our hospitals. The 'Regime' are Fools if they think their plans to cut Our NHS further will be accepted by the people of North Devon.

Once more we will march along Ilfracombe High Street from the Candar to the Tyrrell with our Red Line. Meet at the Candar at 9.45 am: we'll probably get to the Tyrrell shortly after 10.00am.

Torrington, Holsworthy, and hopefully Bideford

and South Molton will be joining in too— I will update you when I know more. Please wear red as usual for our events, the more colourful and flamboyant, the

better. If you can, bring a drum or a tambourine, and a suitable placard.

This event will be repeated at hospitals across the county.

At 1.00pm all the North Devon red lines will join together at North Devon District Hospital, but please assemble at Pilton Park at

12.30pm so that we can march to the hospital.

Please help to make a red line to protect our hospital services — everyone knows that it is essential to keep all of our services.



Top Health Professionals' Salaries are in Good Health

Shame that the patients are dying

A report recently published shows the astonishing number of people involved in the health service who are drawing obscene amounts of money as salaries. Most of these are not serving doctors or nurses, but administrators and pen-pushers. This comes at a time when we are being told that the NHS is strapped for cash, and we, the public, must suffer to bear their costs.

The average UK salary is around £30000. Nurses average just under that at £29000, while the doctors earn between £50000 and 100000.

Nearly 100 NHS staff earn more than £150,000 a year. That is more than the Prime Minister! Sacking them would save £1.5m and go some way to making up the NHS budget shortfall.

How many earn more than the UK average? We don't know. Probably in the multiple hundreds. And you can be sure

these are not front line staff who are fighting valiantly from day to day to save patients' lives and snatch them from the brink of death. No, these will be people who wrestle with such pressing problems as to what to cut here, which hospital to close there, and anything else they can do to make their spreadsheets look nicer and justify another personal salary hike. Sadly, these pen pushers are the ones who hold the power of life and death, rather than the doctors and surgeons. A quick stroke of a pen, and a life is snuffed out.

Remember that these salary figures are only a part of the benefits package. No doubt there will be pension pots, private health care (they wouldn't want to have to rely on the NHS, would they?), expenses, gym membership, company cars, the list goes on.

According to a recent report more than £2m was spent on providing i-phones and i-pads to NHS bureaucrats. Not for doctors or nurses. For the important pen pushers. You can read that here (links to Daily Mail):

<http://tinyurl.com/ztjdg5b>

You would have thought that with their big salaries they might have been able to afford to buy their own i-pads.

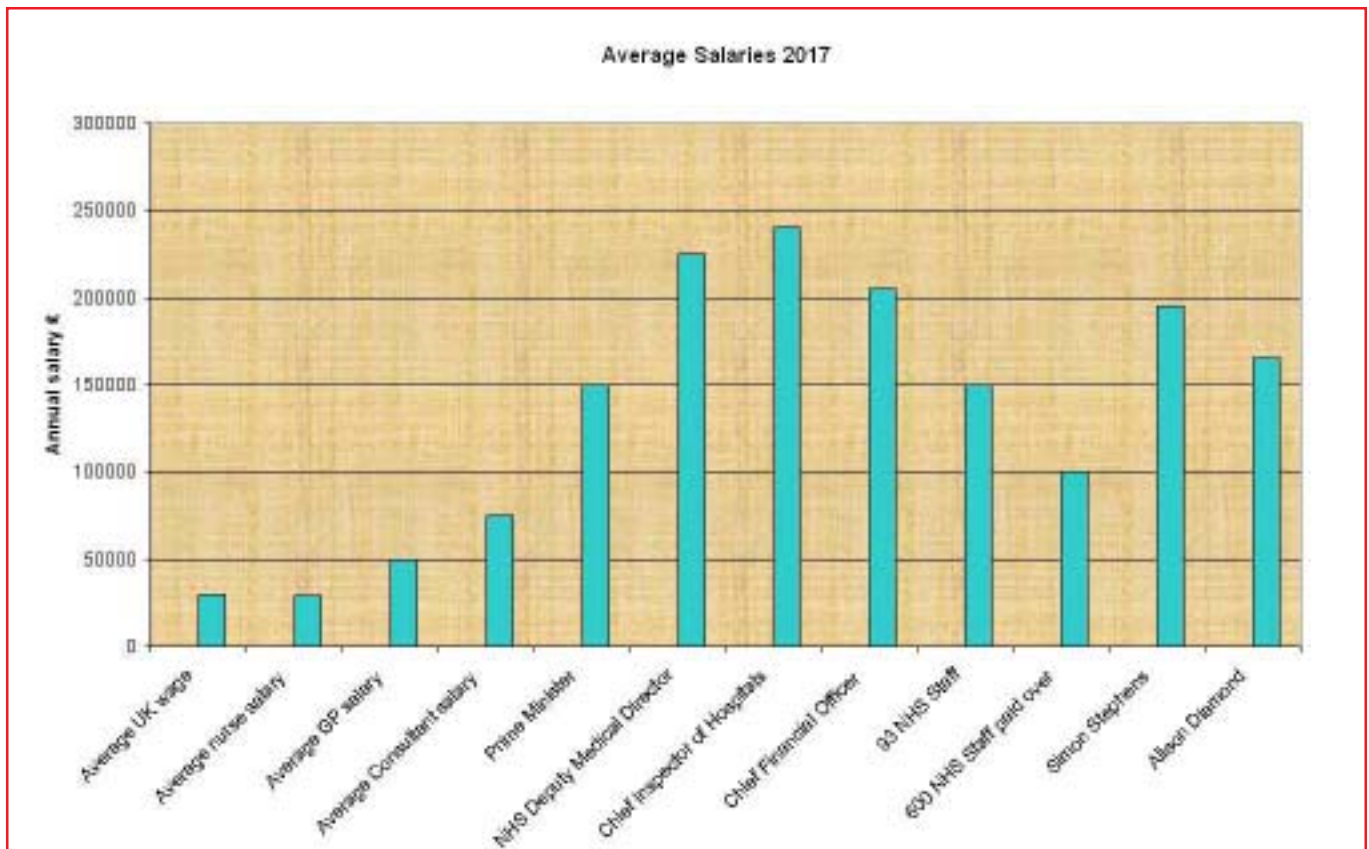
Can there be any justification for the high salaries? If there is then I fail to see it. How can an office worker and spreadsheet pounder be worth three or four times more than hard-working dedicated medical staff? Perhaps some of those on the high salaries would like to send in a detailed explanation of what they do to earn it.

More information:

<http://tinyurl.com/helztc8>

<http://tinyurl.com/jsj5k5>

Stephen



Nothing to do with me, guv!

THE GENERAL PUBLIC

(ordinary men, women and children who would really quite like a full-service hospital)
"So why are you taking away our beds and services?"

THE HOSPITAL CEO

(paid rather a lot of public money to provide the best possible hospital services)
"Obviously I want to keep them but I'm no expert. I have to listen to the specialists."

SECRETARY OF STATE FOR HEALTH

(who does the job out of public duty and compassion for humanity)
"Strictly speaking, it's nothing to do with me anymore. But actually, it's that lot! They're just too old, too sick, too needy!"

THE CLINICAL COMMISSIONERS

(paid rather a lot of public money to commission the best possible hospital services)
"We'd really like to keep them, too! But we have to deliver her plan."

HEAD OF NHS ENGLAND

(paid a colossal amount of public money, but a very clever chap who used to live in America)
"Look, I admit I made a bit of a cock-up with the figures, but that's all. You're gonna have to talk to him."

THE STP/SUCCESS REGIME LEAD

(paid... to transform our services so that everyone has equal access to improved care)
"Don't blame me! I'm just implementing the national programme."

Who is responsible?

Text by Ray Ashman
Graphics by Stephen Clark