



No.30 - 1 April 2017

Questions That Demand Answers

WELCOME

Every volunteer is important, and every volunteer matters, and no more so than when we all worked together in harmony to man a Red Line as we did for Fools Day. I was not able to be there for my own health reasons, but how exciting to see all those red outfits all over Devon. It is heartening to see volunteers, young and old, pulling together on the cause. I am sure there are others, like me, who were not able to be there, but are working away in the background. That work is just as important. The letters you write, the leaflets you deliver, the conversations you have about our campaign, they are all vital. Even if you can only do a little, that makes a difference.

We welcome all new subscribers and hope you find Redlines to be of use to you. I get emails from time to time from readers, and I love hearing that some of the things we write have been helpful to you.

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)

Demand Answers

The CCG, STP and Success Regime seem to be unable to answer even the most simple of questions, least of all as to why they decide to call themselves by silly names. We shall refer to them, as is our custom, as The Powers That Be (TPTB) a non-specific term that encompasses these bodies and anyone else who has jumped in. At the meeting before Barnstaple Town Council, Alison Diamond, Chief Executive of NHS Trust, Northern Devon Healthcare, continued to stay on message that she knows nothing. Dr Diamond is paid a tad more than Manuel of Fawley Towers, getting a salary of over £150K a year, and goodness knows how much in benefits. Maybe Manuel should have pursued a career change and become the Chief Executive of ND Healthcare. I have been pondering how much Dr Diamond would earn if she actually knew something.

However I digress, we are not here to consider the value of Dr Diamond's lack of knowledge. We are here to consider the very important questions to which we want answers. It is not just Dr Diamond involved, although she is in the public eye as the bearer of no concrete information. It is indeed TPTB collectively, who all seem to be pleading a case of mass amnesia. To help them in their powers of recall, I have dared to suggest the real answers to the questions.

In view of the fact that you actually know nothing and can give no facts on anything that is likely to happen, what is the purpose of organising meetings before various Councils and the Public? If there is no plan, why don't you just keep quiet?

Official Line: Nothing has been decided. Consultations are ongoing.

Actual Answer: It is important that TPTB can demonstrate that boxes have been ticked so they can claim the public were consulted. This is so that when the medical gore hits the fan, so to speak, they can claim that everyone had the chance to make their opinion heard. It is

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See Page 3 for Our Fools Day Report

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Assorted Links

March 4 March Videos and Talks



4 March might seem to be a long time ago with all that has happened since, but for those who would like to recall events and recap on our own Phillip's speech, here is the link.

<http://tinyurl.com/lmp5pkp>

Father, 44, who died of a heart condition 'could have been saved' but was diverted away from A&E under a pilot scheme to subcontract care to a private firm

<http://tinyurl.com/mdlbnxm>
(links to Daily Mail)

Nurses asked how long will a patient live as the bed is needed

<http://tinyurl.com/j314pfx>

Alison Diamond at Barnstaple Town Council meeting 28 March

Dr Alison Diamond has been holding meetings with various Councils where she has been able to tell Councillors that she knows nothing about the STP plan. It is not entirely clear what was expected to be achieved by this exercise. Barnstaple also hosted two public meetings. Here is a newspaper report on the event.

<http://tinyurl.com/ko6742g> (links to DevonLive)

Video of the event

<http://tinyurl.com/lv13sng1>



Barnstaple Public Meeting

New Range of Clothing in Red Coming Soon

It has been announced today that a new range of clothing is being introduced by High St. retailer N&S. According to Fashion Designer, Paula Legg, "We have noticed a lot of people are favouring red, so we have decided to embrace that, and offer it to customers." The range will include t-shirts, jeans and baseball caps as well as hoodies and will be known as The Red Line.

Elections in May

With many areas having elections it is important for our case to ensure that the people we are voting for are supporting our campaign and working to protect health services.

Those who are "writing warriors" might like to get views and we would be interested to hear your findings.

GP warning on CCG consultation

A LOCAL GP has warned residents to not be "fooled by the warm words" in the Dorset Clinical Commissioning Group's (CCG) current consultation. Dr Jon Orrell attended a meeting in Bridport last week along with Wendy Savage – a gynaecologist and campaigner of women's rights in childbirth and fertility...
<http://tinyurl.com/n3tsg57> (links to Viewnews)
<http://tinyurl.com/kbxp7uz> (links to The Guardian)
<http://tinyurl.com/ljzb29v> (links to The Telegraph)
<http://tinyurl.com/ljzb29v> (links to BMA)

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

Tuesday 4 April ND Health Trust Board meeting 10.00 – 17.00, Chichester Boardroom, North Devon District Hospital

Wednesday 12 April SOHS campaign meeting 19.00 The Castle Centre, Castle Street, Barnstaple EX31 1DR

Thursday 4 May County Council elections. Vote for candidates who will protect our health services!

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

Thursday 4 May NEW Devon CCG Governing Body meeting 13.00 venue to be advised

Tuesday 6 June ND Health Trust Board meeting 10.00 – 17.00, Chichester Boardroom, North Devon District Hospital

More dates will be coming soon. Other events are being planned!

Devon Says

"You Can't Fool Us"

People across Devon have been out in force today, 1 April. Bearing the message to the STP, CCG and Success Regime of "You Can't Fool Us", people of all ages have taken to the streets to protest. I don't know the full numbers taking part, but there were many hundreds at Barnstaple, our widest-spread Red Line event yet. As we have not had time to process all the many emails sent to us, this is just a quick round up of the events. Further videos, photographs and links to news reports will be added to our website as soon as I can, and we will do a fuller report next week. In the meantime enjoy these photos, and thanks to all who took part. Please send any additional photos, videos and reports to editor@sohs.org.uk



Ilfracombe

If your local area is not featured here it may be because we have not received any photos. Please send them to us so they can be added to our website.



Seaton



Torbay

Impressive turnout folks. Love the red outfits.



Sidmouth

If you were in the Red Line can you tell us what it was like or why you were there? Short personal articles are a great way to share your experience with others.



Torrington



Ottery St Mary



Barnstaple

Thanks to all our photographers. Your work is so important to us. The more people know about our campaign, the more chance of succeeding.



A Real Life Experience

One of our supporters has sent us a copy of a letter sent to Dr. Alison Diamond, which tells of his family experiences of health care.

In the late evening of Friday, March 10th, my 89-year-old mother suffered a heart attack at her home in Leigh-on-Sea, in Essex. She managed to pull the red cord alerting the resident warden at the apartment block in which she lives that someone requires immediate assistance, and the emergency ambulance arrived just five minutes later.

Ten minutes later, upon admittance to Southend University Hospital, she underwent treatment in the Cardiac Care Unit prior to being transferred to the ICU for further observation. It was noted that she had pneumonia and renal failure as well as a chest infection. When I was called, I was told that she was gravely ill and slipping in and out of consciousness. She was confused and her skin had become yellow. I didn't expect her to survive into the following morning.

But last night, less than a fortnight later, she was busy

preparing a curry in her kitchen and is looking forward to a family wedding.

She is to be reviewed in clinic in four weeks' time with a view to having a pacemaker fitted. Her infection has cleared up and her kidneys appear to be functioning well. My mother has been given a drug regime which she is abiding by and I am pleased to report that she looks and feels well.

The team at Southend's CCU were first class. They saved her life and this will enable her to resume her job volunteering at a nearby charity shop. This is a social and physical benefit to her.

In conversation with a senior member of the team caring for her I asked if my mother would have survived had she been made to endure a fifty-five-mile journey to the nearest acute service.

'Absolutely no way', I was told by the cardiologist. 'They would have lost her on the A127.'

Thankfully she received a trauma-to-treatment service spanning just fifteen minutes.

I explained to the nursing professionals that the STP in Devon was considering the relocation of key acute services to another part of the county. This would result in patients having to be taken on an average sixty miles long journey to Exeter or Plymouth. The analogy might be that someone suffering a heart attack in Southend would be taken to Cambridge or London. This appalling situation would become routine should North Devon's hospital be stripped of its facilities. The outcome would be deaths and poor outcomes from delayed treatment.

'I know', said one of the staff. 'Actually, it amounts to manslaughter, doesn't it?'

And I'll leave you with that observation from one of the team who saved my mother's life because I fear that if should a single fatality occur following the implementation of the STP's initiative, manslaughter would be an accurate description of the cause of death. If the STP has been warned of such a scenario there could surely be no other verdict.

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inconceivable that a Chief Executive should know nothing, and why call it the Sustainability and Transformation Plan if it is just a possible route amongst other possibilities.

Can you explain how the consultations are being used and how the opinions of the public are being taken into account?

Official Line: The information is collated for consideration.

Actual Answer: The consultation process is sketchy for the reason that it is simply a PR exercise. In other situations, such as a hospital closure, when public opinion has been overwhelmingly against the closure, when councils and other official bodies have spoken against it, the consultations have

been ignored and the closures pursued without any explanation given as to why the opinion was discarded.

Can you explain why public meetings have been poorly advertised and the public are left largely unaware of the proposed changes? Why are the meetings held at inconvenient times? Can you explain why it is necessary to book an appointment for something called a "drop in"?

Official Line: Unknown

Actual Answer: There is no appetite to attract people to meetings. TPTB are doing everything in their power to keep their plans secret and to conceal the extent of the changes they want to make. They have to do a box ticking exercise, but by holding

meetings at inconvenient times, such as the day before Christmas Eve, they ensure attendance is kept low. This also applies to the fact they have not placed advertisements or given out leaflets advertising the meetings. Have you seen any adverts? In fact SOHS has probably done a better job at publicising these public meetings than has TPTB.

The closed "drop-ins" are interesting. We understand that initially the public were welcome to drop in without an appointment. We believe that too many people were asking the wrong questions, so it was decided to make it harder to attend. This would substantially reduce the visitor numbers and make it easier to manipulate the meetings, whilst still box ticking.

Continued on next page

Can you explain how Care in the Community/ at Home can be achieved for a lower expense to the public budget than providing health care in a hospital?

Official Line: No answer has ever been given to this.

Actual Answer: Studies have shown that the cost of private contractors supplying care in the community is more expensive than providing care in a hospital. Common sense bears this out. Private companies have to pay staff commercial rates, yet at the same time generate enough money to provide a profit to their shareholders. To achieve care in the home the contractor has to drive around taking necessary staff and equipment. This is obviously going to cost more than bringing the patient to a centre where all the facilities are on hand. Care in the Community is a vital part of the plan as it delivers public funds to the wealthy investors (many of the MPs and probably members of TPTB are shareholders). In addition, as a bonus, disgruntled patients dissatisfied with Care in the Community/at Home will go direct to other private health care providers thus generating even more profits to the fat cats.

There is also a worrying report that some private health firms are going broke. This would at first glance seem to contradict what I have written above, but we need to ask, who will pick up the contracts? The health care cannot be taken back by the NHS because of the "scorched earth" policy, so undoubtedly it will go to the bigger private health care providers.

<http://tinyurl.com/lw51e2g>
(report in The Guardian)

Can you explain on what basis the Care in the Community/ at Home

has been evaluated and where it has been thoroughly tested and evaluated?

Official Line: The public welcomes Care at Home rather than going to hospital.

Actual Answer: This rather vague statement is not defined enough to be of any value. We would agree that the public would welcome being treated at home rather than in hospital *providing the standard of care was as good*. As there is no guarantee of that, the statement is meaningless. There has been no official research carried out



amongst the public. In addition there has not been any proper testing and evaluation of care in the community. There have been some attempts at it and, from feedback we have received, the public are very dissatisfied with the results. For such a major change in policy there should have been extensive tests carried out with thorough auditing of costs and effectiveness.

This link shows how effective it is

<http://tinyurl.com/mdlbmxm>
(links to Daily Mail)

Why are you temporarily closing beds, and why do these closures almost always lead to permanent loss of beds?

Official Line: Beds have to be closed because of staff shortages.

Actual Answer: The staff shortages situation is engineered by TPTB so that they can claim they have a valid reason for closing beds. They fail to advertise jobs properly, make conditions impossible and use many other techniques to ensure that they can make the claim. Once the beds are "temporarily" closed, the wards and equipment are allowed to fall into disrepair, then the excuse can be given that recommissioning the beds is too expensive and thus they have to shut them permanently. Temporary closures almost always lead to permanent closures but after the initial protest about the closures, which can be fought by the defensive shield of that word "temporary", things can go on in the background, unobserved, so that the beds can be permanently lost. By the time the public notice it is too late to go back. This technique has been employed time and time again.

If it is so uncertain what the changes will be, why were only one sided proposals made in the STP plan?

Official Line: The plan doesn't give any detail or make any definite proposals.

Actual Answer: The STP plan is not a consultation plan. It is a proposed course of action. Thus when it talks about moving maternity to Exeter it doesn't suggest it could also stay at North Devon District Hospital, or look at any other alternatives. It doesn't provide a list of reasoned arguments for each proposal. It doesn't suggest a way to evaluate the proposal. It simply provides a single statement. This would indicate that someone or some group has evaluated ideas and this is the result of their thoughts. It is therefore a smokescreen and

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deliberate obfuscation to say that they do not know what the plans are. They have already been made. The only bit they don't know is whether they can slip them past the public before the protests really start.

Some £4m was spent on consultants who drew up the STP plan. If it makes no actual proposals and nothing has been decided, as is suggested by TPTB fronted by Dr Diamond, what was the purpose of the £4m, what exactly did it pay for?

<http://tinyurl.com/mq28jq8>
(links to The Independent)

Why were there differences between the two versions of the STP plan?

Official Line: No explanation has been given.

Actual Answer: The first version revealed too much detail and this was removed to avoid being asked awkward questions and to keep the public in the dark.

You say that you have evaluated the journey time from North Devon to Exeter and Plymouth. Can you say how this was done as we do not believe the figures you are quoting?

Official Line: Journey times have been tested.

Actual Answer: We have been unable to fathom how these proposed times have been achieved unless they were carried out using a professional driver, a fast car, and travelling when the roads were quiet. Undoubtedly the time failed to take into account the time needed to find a parking space. In an ordinary family car, the journey times for people from North Devon to Exeter or Plymouth would be in excess of an hour and more likely at least double that. Travelling through the rush hour or in the busy holiday season the times might be even longer, as they would be with a sick passenger or driver. Many people would not be able to travel by car if their medication or injury prevented it, and

they could not rely on a volunteer driver. The hospital car service has ceased. If travelling by bus or train it would take around 2 hours to Exeter from Barnstaple. In order to be at the hospital at 8am (required for operations) it would be necessary to leave at 5am. From Barnstaple to Plymouth it would take about 3.5 hours by public transport and there is no option to arrive at 8am. If you were travelling from one of the villages or small towns of North Devon the journey would become impossible.

Can you give assurances that these proposed changes will not endanger lives?



Official Line: Our clinicians would not allow this to happen.

Actual Answer: Really? Was the STP drawn up by clinicians or accountants? The changes will endanger lives and people will suffer and die as a direct result.

Why are these changes necessary?

Official Line: We are only implementing changes that have been set by the government.

Actual Answer: That's strange. The government says that the changes have been proposed by the NHS. In fact nobody is prepared to admit that they are

responsible. It is always someone else's fault.

If the NHS is so strapped for cash, why are they paying huge salaries to vast numbers of civil servants to implement the changes?

Official Line: Unknown.

Actual Answer: The large salaries are being paid to various people who are being set up as fall guys. When the public becomes widely aware of the changes, and the chaos and distress caused across the country, the blame will be passed on to some of these overpaid executives, who will be forced to resign, with little comfort other than a golden handshake (severance pay) and a large pension. It is highly likely that people like Simon Stevens and Alison Diamond will suffer this fate. At least £17m has been spent on consultants. See this report:

<http://tinyurl.com/k23q4cc>
(links to Daily Mirror)

<http://tinyurl.com/mq28jq8>
(links to The Independent)

It is fortunate that there are many people working away at spreading the news of what is happening and providing the answers to the questions that supposedly stump TPTB. We are fighting for something more important than the wealth of a few fat cats. We are striving to protect our health, and the health of our family and for our future. We cannot let the NHS be starved or die.

Stephen

What Are TinyURLs?

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