



No.30 - 1 April 2017

Changing **Can't Do** to **Can Do**

WELCOME

With my wife, Irene, taking an early Easter break, and lacking her useful input, I have not rounded up so much material for *Redlines* this week. As well as that, I have had my work cut out, preparing all the photographs and videos of "Fools' Day" for the website. They make a fine display, and a useful record for the future.

Do remember that we welcome contributions of articles, although these should be of a non-party political nature. We are also interested to hear your views on things you think should take our attention, although we can't promise we will follow them up. As always, it is a question of time, and as with other volunteers, I have to squeeze my work between other activities.

It is good to see that the *Redlines* subscribers continue to increase in number, and a welcome is extended, as always, to new readers.

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)

This week I want to address a subject which I feel to be important, yet I suppose it could be considered an administrative concern. This is not, in any way, because I believe active campaigning is less important, but actually because I want to enable more active campaigning, and find more people to do it.

From time to time we receive suggestions from campaigners which start off, "why don't you...". They then go on to list various ideas that they have come up. Sometimes the ideas are great. But unfortunately the tripping point is those three words, "why don't you". In short the reason is that we don't because we can't.

To clarify my point, I had better unpack the statement. We can't do certain things because we lack people, we lack time, or we lack the necessary skills. We do not leave ideas neglected by choice, but by necessity. With a limited number of active campaigners we only have the ability to accomplish those things we consider most important. Other things, other ideas, however good, have to be set aside.

Ah, but you say, doesn't SOHS have lots of supporters? What about all those who turned out for Fools Day, or See Red Day. They are supporters, aren't they?, and there are lots of them, hundreds: thousands.

Indeed they are supporters, and we value their contribution, and their presence. (And we should not forget those who we *do not see*, as some of our supporters are housebound or rarely get out.) Every single supporter matters and is valuable to us. They are representatives of the cause for which we are fighting.

But because they are supporters, it does not mean they are all active workers. Of course there are all sorts of valid reasons for this: some may be full-time carers with little surplus capacity, others may be young parents, almost every hour being taken with child care, Some may have health issues. There are any number of reasons people cannot become more active workers.

After years of working with volunteers, I have realised that there is a huge number of people in any campaign, who do not become engaged. They will click a like button, come to an occasional event, perhaps, maybe make a post of two on Facebook, but never get more actively involved.

Over >

Published by Devon Save Our Hospital Services © SOHS 2017 Permission is given to copy and distribute as long as no changes are made.

Postal Address: 70 Newport Road, Barnstaple EX32 9BG Email: admin@SOHS.org.uk Graphic Design: Paradox www.paradoxuk.com

Continued from Page 1

It is this subject I am considering. And I do so for a very important reason. Many of our original active campaigners have been working hard for months. The campaign has expanded to cover more areas. There is much to do and the work has to be shared out between a few active people. If we do not get new workers, the campaign will inevitably slow down. With fresh blood, the campaign will continue and we might even be able to expand.

Wouldn't it be great if we were able to tick some of those why-don't-yous off the list? Turn *can't do to can do*.

There are new areas of the community we need to reach. The young, for example. We need to make podcasts and videos and use other means to reach out to the younger section of the community. They are (largely) not going to turn up to public meetings, or committee meetings, but they can be engaged. We have some Community Champions, but they need help and support to become more active promoting our cause in their communities. We need the message to go out into the highways and the byways. We need to turn young mums from clickers to doers.

Now I should make clear, I don't know the answer to this

question which I am posing. How do we engage people to be active workers? All I can do is make a few suggestions which I hope will be helpful, and ask our readers to give the matter some thought. If you are new to SOHS, your opinion is important. We want to know how we can enable you to be an active worker. If you have been a fringe supporter, how do we draw you into the centre? Please tell us what we can do because we need more active workers.

From past experience I have found a number of things prevent people from becoming engaged, and I offer them here for consideration. (Note, that I am not saying that all these are barriers for people becoming involved in SOHS.)

a) There is no clear path to become involved. Maybe people don't know who to contact or what to do. They might want to offer skills, but really don't know how to go about it.

b) It is all too complicated. I think this often puts people off. Every campaign has jargon, and for new joiners there is a steep learning curve. Sometimes people are scared to put themselves forward for feeling that they might make themselves look silly by not understanding everything.

c) There are already people doing it, they don't need help.

If someone does a job well, the tendency is to think that additional workers are not needed because everything is covered. This is not really the case, even if it may be temporarily true. As the campaign grows, more workers are needed. As existing campaigners get tired or have to attend to other matters, replacements are needed.

d) Everyone knows each other. I am not welcome. Sometimes things can become a little cliquy. It is natural for people who have known each other for some time to have much to discuss, but we should all be looking out for newcomers and helping them integrate.

e) I am not clever enough. This puts a lot of people off, because they think they couldn't do the job well enough. That should not be a problem though, as there are jobs for all kinds of skills.

f) Nobody has asked me. It is true that often volunteers have to be asked personally, or co-opted. This is by far the most successful recruiting method: I should know, I've been on the receiving end many times. Notices of job vacancies and roles to fill often get overlooked, but if specific people are asked to help because of their suitability, it can often lead to success.

g) They are from a different social group. I am including this as it can be a barrier in campaigns that are based around an issue. Some groups do not gravitate together, for example, young and old, rich and poor, left and right politically, intellectuals and working class, and so on. They may not disagree, although sometimes they would, but they are just not natural companions.

h) They think they don't have enough time. This may be true, but as with any cause, sacrifices are sometimes necessary. Many of our hardest workers have many other commitments, and yet give of their time selflessly.

With all these potential barriers, it is a wonder any

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 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!

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!

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

Continued on Page 3

Acute service reviews: why North Devon should not trust NDHT and the CCG

At the NHS's discussion event held at Petroc, Barnstaple, on Friday 17 March, representatives of the Northern Devon Healthcare NHS Trust (NDHT) and the NEW Devon Clinical Commissioning Group (CCG) made a number of seemingly reassuring statements about the fate of North Devon District Hospital's acute services currently under review. In spite of this, a member of the public angrily asked the question that SOHS has been asking for some time now: "Why should we trust you?"

Not surprisingly, the panel deftly sidestepped the question,

Continued from page 2

campaign group comes together. However, fortunately when the cause is strong enough a nucleus of people form to start things moving. This is part of the history of SOHS which brought together a number of people from different places and with varying political persuasions to work together to protect our local hospital services. Now is the time that core group needs to expand, to reach wider communities,

What we need to be asking now is what steps we can take to enable a wider participation. What can we do to draw people in and make them active in the cause?

I don't have any ready answers, but I am sure there are people out there who have got suggestions. They used to say, "answers on a postcard, please", but I guess the modern equivalent is "answers in an email, please".

editor@sohs.org.uk

As with all these sort of things, there ought to be a prize, and in this case, your answer might just help to save our local health services, and protect the health of your family and friends. That has to be a prize worth striving for.

but it needs answering. Particularly given the way that NDHT and the CCG have treated the public in North Devon with regard to the removal of beds and the closure of in-patient services at our community hospitals. It's an appalling catalogue of disregard, disdain, deceit and double-crossing. Let's talk facts.

In 2013, the inpatient beds at Torrington Community Hospital were closed without any regard for the statutory obligation to consult. Subsequently, the new model of "care closer to home" was proclaimed a success despite compelling testimony to the contrary. STITCH campaigners fought to have the case referred to the Secretary of State, and their expert evidence, impact assessment and case studies are

news was naturally met with consternation by the residents of Holsworthy itself, but with utter disbelief by the residents of Okehampton who, facing the permanent closure of their own community hospital, had consistently been told – right up until the previous day – that Holsworthy's beds would be available for them if needed. Unbelievably, in the following weeks NDHT's CEO Alison Diamond stated at two separate public meetings in Barnstaple that she had no knowledge of the reassurances that had been given to Okehampton.

At the ensuing public meeting in Holsworthy on 15 March, NDHT and the CCG faced a series of all-too-familiar charges: broken

CCG, "Why should we trust you?"

now with the Independent Reconfiguration Panel (IRP) for a second time. Even the chair of the Sustainability and Transformation Plan, Ruth Carnall, described the complete lack of due process in Torrington as a "black cloud". It would not be the last.

In November 2014, the Tyrrell in Ilfracombe saw all beds closed before a retroactive consultation was held on a de facto state of affairs in late summer 2015. In August 2016, we in SOHS then watched the CCG retroactively conduct a Gateway Review – designed to answer critical questions before actions are taken – to rubber-stamp the elimination of community beds in both Ilfracombe and Bideford more than nine months after they had actually been removed post consultation.

Most recently, on 3 March 2017, it was announced that the beds at Holsworthy Community Hospital would be temporarily closed due to concerns over staffing and bed occupancy. The

promises; failure to consult with staff; gagging of staff; contempt for the general public; refusal to provide clinical evidence; opacity in answering important questions; and a clear failure – and apparent unwillingness – to proactively address the situation. Is it really any wonder that the people of Devon have trust issues?

NDHT and the CCG have now retrained their sights on North Devon District Hospital. As the acute service reviews continue, SOHS is demanding nothing less than full transparency. In particular:

- that the records of all the internal workshops forming part of the reviews be made public (who was there? who said what? what was agreed? what reports were produced? what evidence was considered?);
- that the upcoming meetings of the Clinical Cabinet be webcast and the video recordings and

Continued on Page 4

Continued from Page 3

written minutes made publicly available;

■ that all clinical data and documentation considered in the review process with a view to formulating proposals for reconfiguration be made available at an early stage for public scrutiny (metrics and measures, outcomes, independently reviewed studies and statistics, peer-reviewed evidence, etc.).

If NDHT and the CCG are willing to comply with these demands, they may yet halt the nosedive in public trust that is entirely of their own making.

Ray

SOHS You Can't Fool Us Day

I had hoped to bring you lots of interesting reports of the day, but sadly, nobody sent any in. I gather there was a lot of activity on Facebook, so those of you who use that can find out more there.

On our own website a new page has been added, called Fools Day Report. It can be found on the "News" tab.

At the moment the page contains pictures and videos, and we intend to add links to news sites just as soon as we can.



It's EASY from your armchair!



Take the easy journey to Exeter Hospital by watching this promotional video. You can be sure the real journey will not be anything like as easy.

The SOHS Campaign film recreates an emergency journey from Lynmouth to Exeter RD&E Hospital.

It was written by: Dave Clinch (former Press Officer for SOHS) and Michael Collins (Journalist at Rebel Boy Media) and directed by Michael Collins.

Please share the video and post it on social media. Here is a short link:

<https://youtu.be/MFApb1ZcHNw>

