

# Signing The Pledge

## WELCOME

If there has been any election fever, it seems to have largely passed by my area. I did a quick reckon up this afternoon of how many houses I had seen that were displaying posters, how many leaflets I had seen, and how many public hustings were held. The total came to, well er, zero.

Whether that is a good thing, or whether that is a bad thing, I do not know. Maybe the local elections have been overshadowed by the national elections or perhaps, as I suspect, people are so fed up with yet more elections, that they have become disengaged. Perhaps things are different in your area, and there is a lively dialogue. Either way, we should know the results before the next *Redlines*.

Thank you for your emails. I feel as though I have got to know some of you, even though I may not have met you. It is always good to hear from readers and to learn how they are getting on with campaigning.

Material for future newsletters  
[editor@sohs.co.uk](mailto: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)

Over the last couple of weeks, potential candidates in the local elections on Thursday have been asked if they will "sign The Pledge". The Pledge is a series of statements which reflect the position of the SOHS and help us to identify allies in our fight. The Pledge was introduced in North Devon, but has been rolled out to other areas, who have produced their own version. This is the North Devon Pledge:

## The Pledge

- Health services in North Devon must not be sacrificed to fund deficits elsewhere.
- I am committed to work for the retention and development of a full range of services and healthcare facilities in North Devon, in particular at North Devon District Hospital and its satellite units, including services for mental health treatment and those specialist services that have been removed.
- I want to see the restoration of community hospital beds, whether 'temporarily closed' or where the need has been

identified, to meet accessible healthcare needs for the public of North Devon.

- There must be adequate and fair funding for the NHS and social care in Devon and, if elected, I will vote accordingly whenever the opportunity arises.

■ It is our NHS and it should be free at the point of use, accessible and responsive to where people live. There must be recognition of the needs of isolated rural communities.

- I pledge to support the provision of health and social care in North Devon.

You can find out who has signed The Pledge by visiting our website:

[www.sohs.org.uk/election](http://www.sohs.org.uk/election)

It can also be found on Facebook.

In addition a series of questions has been prepared that can be directed to

candidates, should you get the opportunity. There are two versions: one for those who have signed up and a second version for those that have not done so.

With just days to go, there is little time left, and by next *Redlines* we should be able to

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John writes:

Join SOHS in Torrington Mayfair Carnival.

We will have an SOHS float and need lots of people walking behind it wearing red, Waving flags (provided) and carrying banners and slogans.

The SOHS red dragon will be there and breathing fire on any STP personnel it meets. Mayfair is the traditional time to be anarchic and ridicule those that aim to laud it over us, and boy do those in the STP open themselves up to ridicule. We'll remind them "NO CUTS IS OUR RED LINE" even though.... "No decisions have yet been made"!

A poster/leaflet is available in the news section of our website.

John



Long before we modernised and perfected communication systems such as mobile phones and the Internet, if you wanted to see a doctor, you went to his surgery and sat in a waiting room until he could see you. The system was imperfect. Sometimes you had to wait a couple of hours. But they were the bad old days.

Now, if you want to see the doctor you make an appointment and get to see him in about a fortnight, or three weeks, or maybe you give up. Look, just don't get sick.

These are the good new days. This is the result of years of improvements by committees such as the CCG, the fruit of plans similar to STP. Great minds have been employed, and thousands have been spent on consultants and advisers, and

<sup>1</sup> The paper 'Quitting patient care and career break intentions among general practitioners in South West England: findings of a census survey of general practitioners' is published in BMJ Open on April 12. Authors are Emily Fletcher, Gary A Abel, Rob Anderson, Suzanne H Richards, Chris Salisbury, Sarah Gerard Dean, Anna Sansom, Fiona C Warren, and John L Campbell.

they have come up with... a system so poor it could have been designed by a ten-year-old.

According to a report, carried out by the University of Exeter, published in the BMJ on 12 April<sup>1</sup>, two out of five doctors in the South West will quit in the next five years. That would not be a crisis if there were plans to recruit an equal or greater number, but the recruitment pool is not that vast. It would be like trying to fill a reservoir from a water jug.

As I do not have the figures for the total number of GPs in the South West, I cannot give you an exact number for new doctors that would have to be recruited. The figure is over 3000, certainly, and this probably does not take into account the positions that have already been lost. Let us hazard a guess of around 4000, which would mean recruiting 1600 doctors in the next five years. We do know that from 2012 the number of unfilled posts have quadrupled, so that there are already not enough doctors to go round.

Maybe that doesn't sound so bad, except that our GP needs are only part of a larger picture, with other areas also competing for doctors drawn from the pool. Although the government announced funding for an extra 5000 doctors in 2015, many of those will not remain in the health service or want to come to the West of England. I am sure that someone has more detailed statistical information, but I have not had enough time to dig around. If any reader can add detail, please email the information.

Previous research has found that GP morale is low because of

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## 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

**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

**Saturday 6 May** 13.30 Torrington May Fair (see above)

**Wednesday 10 May** SOHS campaign meeting 19.00 The Guildhall, Barnstaple

**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**

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report on the results. Here are the questions:

The first version is for non-signers.

**1) Any candidate who supports the Wider Devon Sustainability and Transformation Plan (STP) is supporting its declared aim to slash £550 million from Devon's healthcare budget by 2020/21.**

Do you think this can be achieved without serious threat to the health, well-being and lives of your constituents? If you believe it can, can you provide an example from Britain or a comparable country where cuts amounting to nearly 10% of a local healthcare budget have been achieved without a serious deterioration in basic healthcare indicators?

If you believe such cuts will be a serious threat to the health, well-being and lives of your constituents and are prepared to oppose them, how will you do so? As a county councillor, what specific action would you be prepared to take to prevent such cuts?

**2) North Devon District Hospital has been operating within budget or at a very modest deficit compared to much bigger deficits at other Devon hospitals.**

Do you believe it is right that health services in North Devon should be sacrificed to fund deficits elsewhere?

As a county councillor, what would you do to support the retention of all services at North Devon District Hospital?

**3) The process of making cuts is already well under way. The STP's stated aim is to eliminate 400+ acute hospital beds and 190 community hospital beds across Devon. North Devon is now down to just 12 community hospital beds for a population of 170,000 and currently North Devon District Hospital's bed-to-population ratio is only just above half the national average.**

Do you believe this policy is ac-

ceptable? Does what you are seeing and hearing suggest that Devon's hospitals are coping well with the large-scale reduction in beds?

**4) Hospital beds are being eliminated in favour of the new model of "care closer to home". Supposedly, too many people are in hospital who should not be there and patients are now being sent home quicker to receive continuing care in their own homes.**

Do you believe that the Success Regime/STP/Clinical Commissioning Groups/Healthcare Trusts have demonstrated that "care closer to home" is actually working? If so, can you provide the documentary evidence?

Is it really feasible to cut £550 million from the healthcare budget and still provide the same quality



of care? Does what you are seeing and hearing suggest to you that people are receiving an adequate quality of care in their own homes?

**5) On 8 December, the full council unanimously passed a motion ("NHS Success Regime") to halt the Wider Devon STP. Since then, the STP's plans for major cuts in health service provision in Devon have continued to be implemented.**

Do you think it is acceptable for the Success Regime/STP/Clinical Commissioning Groups/Healthcare Trusts to ignore the will of Devon County Council concerning the STP? What will you do to advocate for and enforce the unanimous vote?

**6) In the debate that resulted in the above-mentioned unanimous vote, inherent conflicts of interest in the STP process and within the Success Regime generally were exposed and denounced.**

In your view, what are those conflicts of interest? How should they be eliminated?

**7) In the past seven months, the Health and Wellbeing Scrutiny Committee of Devon County Council has repeatedly failed to obtain basic important information and data from STP officials, even when those officials have publicly agreed to provide it. This is the information and data on which imminent decisions will be made on healthcare provision and access, including in relation to acute services at NDDH.**

Do you believe that to date the Health and Wellbeing Scrutiny Committee has adequately fulfilled its scrutiny remit? How would you, as a county councillor, ensure that it does?

Do you believe the public can have any confidence in the STP process unless the statistics and studies, clinical evidence and outcomes, and measures and metrics used to justify major changes in healthcare provision are made available for all to examine?

If, as a councillor, you believe it is essential for you and your constituents to have access to the data on which crucial healthcare decisions will be made, what will you do to secure it? How will you do so?

**8) SOHS believes that the provision of health and social care should be a key issue in the County Council elections and that all candidates should demonstrate that, if elected, they will positively and proactively represent their constituents in health matters.**

Why have you opted not to sign the pledge proposed by Save Our Hospital Services?

If you broadly support the pledge but have opted not to sign, can you explain why you feel that you cannot sign?

Do you accept that the STP poses a threat to our hospital services? If so, how will you, if elected, work to safeguard our health provision and save our hospital services?

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We will now look at the signers version of the questions:

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Do you think this can be achieved without serious threat to the health, well-being and lives of your constituents? If you believe it can, can you provide an example from Britain or a comparable country where cuts amounting to nearly 10% of a local healthcare budget have been achieved without a serious deterioration in basic healthcare indicators?

If you believe such cuts will be a serious threat to the health, well-being and lives of your constituents and are prepared to oppose them, how will you do so? As a county councillor, what specific action would you be prepared to take to prevent such cuts?

**2) North Devon District Hospital has been operating within budget or at a very modest deficit compared to much bigger deficits at other Devon hospitals.**

Do you believe it is right that health services in North Devon should be sacrificed to fund deficits elsewhere?

As a county councillor, what would you do to support the retention of all services at North Devon District Hospital?

**3) The process of making cuts is already well under way. The STP's stated aim is to eliminate 400+ acute hospital beds and 190 community hospital beds across Devon. North Devon is now down to just 12 community hospital beds for a population of 170,000 and currently North Devon District Hospital's bed-to-population ratio is only just above half the national average.**

Do you believe this policy is acceptable? Does what you are seeing and hearing suggest that Devon's hospitals are coping well with the large-scale reduction in beds?

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Do you believe that the Success Regime/STP/Clinical Commissioning Groups/Healthcare Trusts have demonstrated that "care closer to home" is actually working? If so, can you provide the documentary evidence?

Is it really feasible to cut £550 million from the healthcare budget and still provide the same quality of care? Does what you are seeing and hearing suggest to you that people are receiving an adequate quality of care in their own homes?



**5) On 8 December, the full council unanimously passed a motion ("NHS Success Regime") to halt the Wider Devon STP. Since then, the STP's plans for major cuts in health service provision in Devon have continued to be implemented.**

Do you think it is acceptable for the Success Regime/STP/Clinical Commissioning Groups/Healthcare Trusts to ignore the will of Devon County Council concerning the STP? What will you do to advocate for and enforce the unanimous vote?

**6) In the debate that resulted in the above-mentioned unanimous vote, inherent conflicts of interest in the STP process and within the Success Regime generally were exposed and denounced.**

In your view, what are those conflicts of interest? How should they be eliminated?

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Do you believe that to date the Health and Wellbeing Scrutiny Committee has adequately fulfilled its scrutiny remit? How would you, as a county councillor, ensure that it does?

Do you believe the public can have any confidence in the STP process unless the statistics and studies, clinical evidence and outcomes, and measures and metrics used to justify major changes in healthcare provision are made available for all to examine?

If, as a councillor, you believe it is essential for you and your constituents to have access to the data on which crucial healthcare decisions will be made, what will you do to secure it? How will you do so?

**8) SOHS believes that the provision of health and social care should be a key issue in the County Council elections and that all candidates should demonstrate that, if elected, they will positively and proactively represent their constituents in health matters.**

Does your campaign literature align with the commitments that you have made in signing the pledge?

What do you think about the threat to our hospital services posed by the STP? Have you publicly rejected the STP as flawed? Have you stated how you will work to halt the STP?

Are you making the public aware of how, if elected, you will specifically work to safeguard our health provision and save our hospital services?

Visit [www.sohs.org.uk/](http://www.sohs.org.uk/) election for more details

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workload pressures, and many younger GPs do not want the financial risk and responsibilities of taking on a practice. This has led to a predominance of ageing GPs. Many medical students do not choose to become family doctors, but there is also a shortage of all types of medical staff within the NHS. Dr Richard Vautrey, deputy chairman of the British Medical Association's GP committee, said: 'We need GPs from around the world to support the Health Service, and we simply don't train enough.'<sup>2</sup>

Some doctor shortages are covered by locum doctors. Locum doctors are doctors who do not have a regular practice. They are a fully qualified doctor and often provide temporary cover to fill a vacancy or cover sick leave, staff holidays or training commitments. Many locums are retired doctors, who continue to fill temporary placements. They may also be doctors who have other interests and cannot commit to a regular routine. As is the case of all temporary staff, the cost to the NHS, per hour, is significantly higher than would be that of a routine doctor. There are an estimated 15,000 GPs working as locums in the UK. They make up a quarter of the general practice workforce and see 36 million patients a year.<sup>3</sup>

Foreign doctors may make up for some of the shortfalls in "home-grown" doctors. In some areas these make up more than two thirds of GPs and the nation average is one in five. This is not necessarily a problem unless there are language difficulties or the doctors are insufficiently qualified. Astonishingly the qualifications needed by foreign doctors is lower than that needed by UK nationals. According to The Telegraph, 'A review carried out by University College London into the proficiency of foreign doctors in Britain has found that half of them lack the qualifications that are expected of domestically trained practitioners. Each year, about 1,300 physicians

from overseas are licensed by the General Medical Council, provided that they pass a competency exam that assesses clinical and language skills. But this test is too easy, according to the UCL researchers, who say its pass rate should be raised from 63 per cent to 76 per cent to "ensure patient safety".<sup>4</sup>

Family GPs no longer provide out of hours cover, and this is now outsourced. This is not successful and it has been shown that many patients have been left without any cover, their only recourse being to go to the already overstretched A&E. According to a report in The Guardian "At least 4 million people were left without access to an out-of-hours doctor at some point last year because of inadequate staff cover and pressure on resources, it has been revealed."<sup>5</sup>

That figure may look bleak, but actually figures reveal huge numbers of people who have had no access to out of hours cover. This inevitably leads to patient deaths.

So what do you do, when you can't get a doctor? There would appear to be a number of routes that patients might take:

Resort to self-diagnosis and treatment. This might work in the case of minor health complaints, but is not possible for something

that is more major.

Ignore the problem and hope it goes away. This could lead to minor things becoming more serious, or failure to diagnose and treat conditions that could become serious.

Go to a private doctor. Undoubtedly some would choose this option, but many people just could not afford a private doctor.

Go to A&E. This is hardly the same as the care that can be provided by a local doctor, and in any case A&E departments are equally stretched. Some have had to shut the doors temporarily, as they have not enough staff to cope with the volume. For those of us in North Devon, if plans go ahead to reduce the local A&E to a first aid post, this would mean many would have to journey to Plymouth to get the help that ought to have been provided by a local GP.

There seems to be a distinct lack of action in solving this looming crisis, and some people might interpret this to mean that there is an intentional plan to drive people from free medical care to a system whereby they have to pay private doctors and companies for consultations. Whilst this would be a lucrative solution to certain people, as usual it would be at the expense of the poor and less fortunate. There is no real reason why we should have been placed in this position; proper planning and correct resourcing by governments over the years should have addressed this problem long ago. It is absolutely despicable that greater effort was not made to fix what was a predictable problem so that now the whole system has become very broken and in danger of imminent collapse.

Stephen

<sup>2</sup> <http://tinyurl.com/q33atey> Links to Daily Mail

<sup>3</sup> <http://tinyurl.com/k4aq96k> Links to Daily Mail

<sup>4</sup> <http://tinyurl.com/kuglbm7> Links to Telegraph

<sup>5</sup> <http://tinyurl.com/lyd9pm4> Links to The Guardian

