



WELCOME

It is not my usual practice to start with an apology, but it must be done. We have a slimmed down Redlines, and the report on the Red Day hasn't arrived yet. Sorry about that. We had a logistics issue. All our Red Line Warriors were preparing for See Red Day and had no time to pen articles, and although we have started getting pictures and information coming through, there was not enough time to put it together into a report. Of course, if we had a few more helpers...

But it is all looking good. The Red Day was a great success and I know you would want to join with me in thanking those who organised it, and those who helped in any way. I'm not going to name names, as it is so easy to accidentally omit one, but most of us know the workers. Having organised events myself, when I was younger, I know how hard it is to pull it off. And pull it off they did! Well done!

Welcome all new readers, we're glad to have you on board. You know, as I work on Redlines, I have a picture of your smiling faces in my mind, and I know it is for you and many others that we must continue to 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)

NORTH DEVON

SEE RED

THANKS TO ALL SUPPORTERS

DAY

WELL DONE EVERYONE!

22 October, the day that we had been preparing for along with supporters from all over North Devon. The weather was cool, but fine, and people turned out in their dozens, in their hundreds, in their thousands: well we're not really sure of the exact figure as estimates vary, but that doesn't matter. What matters was that the point was visually created as red-clad figures flooded the streets of Barnstaple. They say there are no red lines: we say, there is a red line, and we are drawing it around our hospital services. Why should loved ones have to die because of accountant-led health cuts? Why should the people of North Devon, be inconvenienced by difficult and painful journeys to hospital 60 miles away? Why should we be lied to by the people brought in by the government to implement these cuts, designed to make the very rich richer, while the rest of us pick up the tab?

There was a huge amount of support, collected many signatures, gave out information, but we also had a good time. We have not had time to put together a full report yet, but there are already many pictures and comments on our Facebook page. We will add a webpage with links to some of the external reports, just as soon as we can.

Of course the task is not over. We still have much to do, and I know that, behind the scenes, the committee has been brewing up some more ideas.

But we still need more help, and so I want to appeal again to

every reader, to consider what they can do to help the campaign. We need you to make your ideas known, tell us that you want to help, and join in with enthusiasm. We know that not all of you can come to committee meetings, *not all of you want to*. But you can still join in. What about volunteering to help in your locality? We are trying to get together local groups who can meet together, and raise awareness in their neighbourhood, getting posters and leaflets out, or hosting coffee mornings or similar events to talk to your neighbours.

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Even if that is not your "bag" there are other things that need doing. You can get on Facebook, Mumsnet, Twitter, Instagram, whatever. Tell people what is going on. For the technologically-challenged, the phone, or good old conversation is a great way to tell others.

Then we need fundraisers. Could you make something and sell it for SOHS funds? What about greetings cards, you crafters, or cakes (special note: red line icing, please). My wife and I have a great idea for red

shopping bags, just need a little sewing. I'm sure there are many things that could be made and sold in the run-up to Christmas, and don't forget selling stuff gives you an opening to talk about why you are doing it. Your money will be spent carefully, on leaflets, posters, event expenses and so on. Nobody involved in SOHS takes any money for themselves, and indeed, I know, many are giving selflessly to keep the campaign on the road.

There are lots of other things you could do, but why don't you

be creative and think up your own ideas? Let us know what you can do by dropping an email to admin@sohs.org.uk.

The Red Day has certainly got people talking, now we must work relentlessly to maximise the impact and increase the momentum.

This is not a fight we can afford to lose. For the sake of your children, your grandchildren, for the sake of your elderly relatives, for your family and your loved ones. We must win!

BBC Report on Health Provider's Finance. MP calls for enquiry.

A recent BBC enquiry into the financial affairs of Integral Medical Holdings (IMH) has raised cause for concern. IMH control 50 NHS sites. The BBC revealed that IMH had offloaded debt to financial interests in the Bahamas. Although not illegal, it essentially means taxpayers' money given to IMH ends up paying off interest of 20%.

IMH operates 12 surgeries and walk-in centres in the West Midlands, seven in Kent, five in London and others in Essex, Cambridgeshire, the East Midlands and Dorset.

A few months ago they exchanged bank loans of £4m at around 3.5% interest rates to take on these off-shore

arrangements. Around £2.4m has been moved to a single multi-millionaire.

MP Emma Reynolds (Wolverhampton North East), has written to Jeremy Hunt to call for an investigation into private firms that are squirreling away money in tax-havens. "I would like to know why this private company has taken a loan at such a high interest rate and I would like to know if the NHS and Department of Health and government is looking into this practice and whether it's widespread," she said.

Take into account that firms such as this are the very ones that we are being told can manage the care of the nation's health better than the NHS. Companies like this, feature high in the Success Regime's recommendations. It does not take a genius to see that there is manipulation and deception going on here, and that the sums do not make sense.

The report will be put on our website shortly.

If you find any news that is interesting and relevant do send it to us, please. Our email is editor@sohs.org.uk

Diary dates

Wednesday 26 October

7.00pm, The Voice Studios, Belle Meadow Road, Barnstaple
SOHS Meeting

Saturday 29 October

World Stroke Day

Wednesday 2 November

7.00pm - 8.00pm, Exeter University
Lecture Series: Creating a 21st Century NHS. Simon Stevens, Chief Executive of NHS England, will talk about creating a 21st Century NHS. For more info and registration details www.eventbrite.co.uk

Thursday 3 November

NEW Devon CCG Governing Body meeting 1pm, Committee Suite,

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

County Hall, Topsham Road, Exeter EX2 4QD.

Saturday 5th November

A Conference on Health and Social Care: Reality not Rhetoric. 10.30am - 5.00pm, with registration beginning at 10.00am. St Mary & St Petroc's Parish Centre, St Mary's Rd., Bodmin PL31 1NF. Registration, £5 (free to those on low incomes). Please bring food for a shared lunch.

Tuesday 8 November

Devon County Council Health and Wellbeing Scrutiny Committee meeting 2.00pm, County Hall, Topsham Road, Exeter EX2 4QD

Wednesday 23 November

Northern-Eastern Locality Clinical Commissioning Group meeting, Broadclyst Victory Hall, near Exeter (about 6 miles north-east) EX5 3DX (in typical fashion no time is given for this yet, TBA arranged, it says)

A letter from the local MP, Geoffrey Cox

From: Geoffrey Cox,
<geoffrey.cox.mp@parliament.uk>
Sent: 20 October 2016
To: Cathrine Simmons

Dear Ms Simmons

I understand your concerns about these serious matters, and you will be pleased to know that I attended a Parliamentary debate on this issue this week and was able to speak for a few minutes.

I have included below my intervention in the debate, which I hope you find helpful and informative.

"The problem with North Devon district hospital has for decades—certainly for as long as I have been in politics in Devon—been quite simple: it is a general hospital that is far out on a limb of sustainability, in terms of the range of services it offers. For decades, there has been a decision begging to be taken, but it has never had the proper, honest and frank discussion that it really needs.

A general hospital generally requires something around a third of a million people to sustain it. The population of northern Devon, including Torridge and the hospital's catchment area, is some 80,000 or 90,000 people short of the figure that generally sustains a general hospital. However, historically, it has been universally accepted that Barnstaple requires a general hospital. We cannot provide health services to the population of northern Devon unless we have an acute hospital in Barnstaple. We are therefore faced with a clear and stark choice: either make a special case for funding it in the way that a rural hospital that otherwise could not survive needs to be funded, and make it an exception to the principles that apply to general hospitals for which the population is sufficient;

or see it slowly wither on the vine, dying by a thousand cuts, and by weasel words used by clever civil servants and others to justify one saving after another. Those savings really mean services reduced, and patients redirected over 40, 50, 60 or 80 miles away, with some expected to travel into the heart of Somerset for treatment that other residents enjoy on their doorstep.

I endorse what my hon. Friend the Member for North Devon (Peter Heaton-Jones) said; there are red lines for Devon's Members of Parliament. Of course we accept that the current model of healthcare cannot be preserved in aspic. There must be change and transformation, but we cannot put accountants' methodology over the interests of patients and the citizens we represent.

I say to my hon. Friend the Minister that I know the green and pleasant lands of Shropshire well. What a fine county it is. It, too, has had its battles on this score; I know, because I have family who live there. Let him come to Devon and see the wide distances. I do not believe that in Shropshire there is a place over 70 miles from a main conurbation, as many communities in my constituency are. Travelling 70 miles to, say, have a child delivered puts at risk and prejudices the interests of those who are to be treated.

A decision must be taken on health services in North Devon. It is the same with hospitals in the far north of Scotland; they are highly rural, deeply isolated and not sustainable unless a special formula and a special approach are taken. Words such as "care closer to home" are all well and

fine, but the difficulty is that communities see an historic legacy of underfunding that has left the health authorities in our area with an £380 million annual deficit. That deficit has built up over decades of accounting measures, and of conjuring with accounts. On the one hand, communities see this vast deficit, and on the other, they hear words such as "care closer to the community," or "Cut your beds and we will provide you with a service that is just as good, and that better fulfils the needs of patients." Of course we can listen to the logic and rationality of that argument, but while it is all the time moved by the spectre of deficit, they will suspect that it is being made for one reason only: to reduce the budget.

My plea is for fairness. It is a plea to be heard, made on behalf of a neglected, extraordinarily rural area—possibly one of the most rural in England. It is a plea for a special look at this problem in northern, eastern and western Devon. The language coming from well-meaning and, I accept, wholly sincere health administrators has an Orwellian flavour to it while it is governed by this shadow of deficit that hangs over it.

I welcome the news from my hon. Friend the Minister that there has been allowance for rurality in the 2016-17 budget, but one or two minor tweaks do not reverse the legacy of decades. The truth is that the health services we represent—of the people we represent—are being seen to perpetrate a grave injustice. For example, public health spending alone—spending on the prevention of ill health—in the county of Devon is less than half the national average. On any



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analysis, the funding we receive in Devon is wholly inadequate to deal with its wide disparities and distances, its ageing population, and the other factors that affect Devon.

My simple plea to the Minister today is to hear the voice of those

whom we represent, and to hear them pleading with him. Until the deficit is addressed and there is fair funding for rural health services, we will not believe the assurances from well-meaning administrators that our health services are safe. They are not safe. We need a major amendment to the rural health

funding formula; we need to improve on what has been done this year; and we need to assuage the anxieties of our constituents by a proper, demonstrably fair health funding formula."

*Geoffrey Cox QC MP
Member of Parliament for
Torridge and West Devon*

Health Expenditure

One of the things being constantly drip fed to the public is that we can't afford the health care we need, so cuts must be made. They don't ask why we invest in health care

Country	Expenditure
United States	9523
Switzerland	6466
Norway	6177
Netherlands	5217
Germany	5002
Sweden	4904
Austria	4553
Denmark	4553
Canada	4429
Luxembourg	4371
Belgium	4256
France	4124
Iceland	3903
Australia	3866
Japan	3768
Ireland	3663
Finland	3517
New Zealand	3328
United Kingdom	3235
Italy	3126
Spain	2898
Slovenia	2585
Portugal	2584
Korea	2440
Israel	2428
Greece	2366
Czech Republic	2040
Slovak Republic	2010
Hungary	1719
Chile	1606
Estonia	1542
Poland	1530
Mexico	1048
Turkey	941

at third world levels. Needs more investigation. Chart shows annual spending *per capita* in US dollars, based on most recent data. Source Wikipedia.

A song for SOHS

THEY'RE TAKING IT AWAY

Ian Robb, with new words by Ray Ashman

Chorus

Oh, they're taking it away, they're taking it away,
Oh, they're taking all our healthcare, but now we want a say,
'Cause they'll take it all tomorrow if we don't speak out today;
From the poor and sick and helpless they are taking it away.

If it's ever your misfortune in the hospital to stay,
You'd best not be impatient for a bed on which to lay
For your health ain't worth the taxes that the healthy have to pay,
And the beds are too expensive so they're taking them away.

If you're due to have a baby, you'd be well advised to pray;
Just cross your legs and fingers that there won't be a delay
As they drive you down the Link Road and along the motorway,
'Cause maternity's a-going, yes, they're taking it away.

If you think that someone's had a stroke, think FAST is what they say;
There's a highly skillful stroke team standing by to save the day,
So quick now, every second counts – oh, and by the way,
Now the unit's down in Plymouth, 'cause they've taken it away.

Now our hospital's outstanding, paediatrics leads the way
But there's a cost to this cost-cutting, and it's with young lives we'll pay,
For the management's looked down and they will have the final say,
And that's "Suffer little children - and take them all away."

Up and down this fine old country you can hear the people say,
"They're taking this, they're taking that – they'll take it, come what may",
But North Devon's being shafted in the usual bloody way;
They are taking everything we've got, they're taking it away.

There's a recording of this on the Facebook page.