

**Statement made by Dorset Clinical Commissioning Group (CCG)
17th October 2018**

All parties acknowledge the unprecedented pressures being faced by the NHS; this is reflected in Dorset. Our current system is unsustainable we have variations in the quality of services, workforce shortages and increasing financial pressures. I would love to provide every service that everyone wants but this is simply not possible and for that I am truly sorry.

The NHS has dedicated staff, who are going above and beyond, to deliver the best possible services, despite additional demands. This is not a sustainable and to simply do nothing is not an option; therefore, in Dorset we commenced the Clinical Services Review or CSR.

The CSR proposals were formed by doctors, nurses and other health professionals who serve the population of Dorset and surrounding counties. The plans were fully backed and supported by all the NHS organisations in Dorset and they underpin our Sustainability and Transformation Plan which was developed and approved by all NHS and Local Authority Partners in Dorset.

The vision was to create and make use of community hubs by moving services closer to people's homes, and creating centres of excellence for both emergency and planned care; this we believe this will save lives, improve patient experience, reduce transfer times, and reduce length of stay in hospital.

The CSR is a long-term plan for the NHS in Dorset. The decisions will not change services overnight. It is an evolutionary process that will ensure that current levels of services are maintained until the new services are safely in place.

Before we went to consultation our plans were scrutinised and went through a thorough assurance process by NHS England which has included:

- Two external review team,
- two clinical senates;
- NHS England Gateway process;
- Two national oversight committees;
- two national investment committees; and
- a Royal College review.

As well as the various JHOSC, and local HOSC and meetings with council members.

The consultation was awarded best practice by consultation institute and challenged in the high court by Judicial Review all seven ground were dismissed and it was very clear from the Judge that we had followed the correct process.

Following the consultation, we undertook further work with the ambulance trust and Dorset County Council regarding emergency and non-emergency travel to seek further reassurance.

It's important to remember that currently, when people are seriously ill or experience trauma or injury, they are already taken to the most appropriate hospital, for example if you have a heart attack and live in Purbeck you are taken to Royal Bournemouth Hospital, or if you suffer major trauma or a seriously unwell child, you will be taken to Southampton. The focus of the CSR has always been on about getting the patient to the right team in the right place first time for the best clinical outcomes and patients experience.

By having a dedicated Emergency Care Centre and combining our the A&E consultants on one site we will be able to achieve our ambition to have 24/7 consultant delivered services, which we don't currently have in Dorset. 33,000 people currently attend B&P A&E when there is no consultant on site.

The recent study by Sheffield University, who after studying closing A&E departments in five areas, concluded 'overall, across the five areas studied, there was no statistically reliable evidence that the reorganisation of emergency care was associated with an increase in mortality'.

I appreciate that the process has involved some difficult conversations and some local residents are concerned about some of the CSR decisions. These concerns were raised during the CSR consultation and I have met with a number of local residents and the groups representing them. This included the 'Save Kingfisher Ward', 'Please Don't Axe Poole's A and E department', and Shaftesbury 'Save Our Beds' campaigns and this has led to a number of the original decisions being revised and members of those group becoming involved with the implementation stage of the proposals and as governors of the Trusts.

It is disappointing that the CCG has not had this level of engagement with Defend Dorset, who have chosen not to meet with us but rather to take their concerns

directly through a judicial review after the CSR decisions were made. This has been at considerable cost to the public purse.

We very much hope that we can continue to work with local communities and their elected representatives to influence the implementation of local services, many of which do not involve building or large capital investments. A good example of this is the reference group in North Dorset that brings together a wide range of representatives to inform and test out how we develop community services in Shaftesbury, Gillingham and the surrounding areas.

There were 23 separate decisions made by the CCG. Are members really considering referring all 23 and asking the CCG not move services closer to people's homes, not to accept the £147m capital funding that has now been allocated to Dorset, to reverse the decision to invest £13m into community services, to unwind the post consultation proposals for Shaftesbury Hospital and DCH maternity and Children's Ward? Which this committee were very pleased with.

I would further like to point out that the CCG is made up of people who live in Dorset. We work for the NHS and we and our families and loved ones use local NHS services. We care passionately about the local NHS and have a vested interest in ensuring that local health and care services are provided with the best interests of local people in mind.

We want to ensure that high quality services are in place for current and future generations. In this respect, we all share the same goals and we look for your support to meet the incredible challenges we are going to face in the coming years.

There are no easy solutions to ensure we have a sustainable NHS in Dorset and we need to work together on this. We genuinely believe the CSR decisions will lead to better services and better outcomes for patients, and as leaders of the NHS we have to stand up, be courageous and make the difficult decisions required to do this, even when they are unpopular.

Tim Goodson
Chief Officer
Dorset CCG