Gerald Rigler, Chairman of Poole and Purbeck Group of Dorset Campaign to Protect Rural England (CPRE)

Following the recent judicial review of the proposals made by the Dorset Clinical Commissioning Group, we have become aware, amongst other things, that the adequacy of necessary clinical assessments is suspect: the attached five page document refers. *(see below)*

Poole has issued a proposed Local Plan for the next twenty years and we have advised the Planning Inspectorate that the Environmental and Infrastructure Capacity Study is more of a 'work in progress' rather than a sound basis for planning. Other Local Plans for Dorset are being produced requiring relevant sound supporting evidence about such capacities.

Sound planning does involve ensuring that the infrastructure can at least maintain (if not improve) the quality of life and living. The attached document strongly suggests that the proposals made by Dorset CCG are unsound and therefore unacceptable across Dorset for use in improving the health elements of local infrastructure services and facilities necessary for life and living in Dorset for the current population, let alone the forecasted population.

It is trusted that Dorset Health Scrutiny Committee will find a way in which "sound and co-ordinated" planning can actually be achieved and generally supported, as distinct from suspect wishful thinking / bulldozing.

The risk to residents due to loss of A&E and Maternity at Poole

The CCG has failed to properly assess the risk to residents as a result of the proposed loss of A&E and Maternity services at Poole. There is significant risk to at least 400 patients per year, and there are at least 180 patients per year at risk of fatality.

CONTEXT

Safe Travel Time Guidelines

CCG Consultants Steer, Davies, Gleave said in their Travel Times Analysis that safe travel times for maternity emergency, major trauma and acute stroke are just 30-45 minutes.
The 'Golden Hour' is often used as a guideline. It is measured from incident to treatment, includes the time it takes for the ambulance to come, and the time to unload the patient on arrival at Hospital.

Time critical conditions that can't be treated in the ambulance It's important to remember there are a range of conditions, such as heart attack, stroke, sepsis and meningitis that cannot be treated in the ambulance, and where increased journey time could mean fatality, or living with disability. In respiratory arrest, treatment in the ambulance relies on there being a Paramedic on staff. Not all cardiac arrests can be treated by defibrillation, and out of hospital survival rates are just 8%. Ambulances do not carry blood, so cannot treat haemorrhage in trauma, or in maternity emergency.

Actual Travel Times

Purbeck: South West Ambulance Services Trust (SWAST) say that blue light time alone from Swanage to Poole is 38 minutes, to Dorset County Hospital is 47 minutes, and its 57 minutes to RBH. Swanage residents would always be outside safe guidelines of 30-45 minutes for major trauma, maternity emergency & acute stroke.
Swanage has 10,000 residents, and a million visitors per year.
In response to a Freedom of Information Act request by Langton Parish, SWAST said that the average time for all BH19 postcodes (Swanage, Langton, Worth & Studland) from category 1 (imminent danger of death) call to SWAST, to arrival at Poole A&E, over the thirteen month period Nov 16 – Dec 17, was 1 hour 43 minutes.
North Dorset: We have not seen SWAST times for journeys from North Dorset to RBH and DCH under the plans, but in evidence to the High Court the CCG said that some North Dorset residents would have to go out of County to access A&E and Maternity.

If Poole were the Major Emergency Hospital: All Dorset and West Hampshire residents could get to A&E and Maternity within safe times. Purbeck, North Dorset, Bournemouth and Christchurch residents can get

to Poole, while West Hampshire residents can access Southampton. Poole is better located if we have only one Dorset newborn Intensive and High Dependency care service.

Calculating the number of residents put at clinical risk by the plans to close Poole Maternity and downgrade Poole A&E

A) Patients currently treated at Poole
Poole Hospital: Current A&E Volume and Specialisms
Poole A&E saw 68,000 people last year, and 37,500 were unwell enough to be admitted. If Poole A&E is replaced by an Urgent Care Centre, and Poole loses 2/3 of its beds, what will happen to the 37,500?

Time critical conditions that can't be treated in the ambulance Among the 37,500 admitted through Poole A&E last year, are a significant number of patients with time critical emergencies that can't be treated in the ambulance. Some of these will face journeys of an hour or more to access Hospital care, increasing fatalities and lives lived in disability. A Freedom of Information Act response shows 1784 patients arriving in Poole A&E in 2017 with the time critical conditions of heart attack, cardiac arrest, stroke, sepsis, meningitis, maternity emergency and trauma.

Poole specialisms: Trauma and Maternity & Paediatrics
Poole specialises in Trauma. The SWAST Report names Poole as the Regional Trauma Unit. Poole treats or stabilises 2/3 of Dorset Trauma cases, 507 patients in 2017.
Poole also specialises in Maternity & Paediatrics. Poole Specialist Maternity delivers 2/3 of all Dorset babies born in Hospital, over 4,500 babies last year. Poole is the only Dorset Hospital offering high dependency and intensive care for newborn babies.
A Freedom of Information Act response from Poole regarding newborns needing additional care in 2017, shows that over 1,000 babies needed additional care. This includes 80 newborns that needed Intensive Care, and 171 newborns that needed High Dependency Care. The mothers of these 251 babies have come from all over Dorset, as Poole is the only Dorset Hospital offering this level of care. These maternity emergency Mums would all have to get to RBH under the plans.
Cardiac: Although RBH is the specialist cardiac centre, the Ambulance Trust's triage tool guidance is to take cardiac cases to the nearest A&E if the further journey to RBH would endanger life. More cardiac arrest cases were treated at Poole than at RBH last year. 127 heart attack cases were also taken to Poole.

Statements made to Dorset Health Scrutiny Committee that 'all Trauma cases go to Southampton now'; 'all cardiac cases go to Bournemouth'; '85% of those attending Poole A&E would be able to be treated in the proposed Poole Urgent Care Centre' were, therefore, **highly misleading**. It is also of

concern that Poole's role as the leading Dorset Maternity Hospital has not been discussed at DHSC, nor have the implications of moving Neo Natal Intensive and High Dependency Care Services to RBH been addressed.

B) South West Ambulance Services Trust (SWAST) Report, August 2017: "Dorset Clinical Services Review: Modelling the Potential Impact on the Emergency Ambulance Service."

This Report considered the risk of harm to patients, if Poole A&E were downgraded and Poole Maternity closed, and they had to travel further to access these services elsewhere. The Report covered a 4 month period, January – April 2017, and it looked at those arriving at Poole A&E by ambulance over that time.

The Report did not consider the risk to those who did not arrive at Poole A&E by ambulance over the 4 months, so the Report can only underestimate the number at risk.

Dorset Specialist Clinicians asked to look at the Report stated that it could not be used to quantify the risk to Maternity and Paediatric emergencies as the majority do not come to A&E by ambulance.
Freedom of Information Act responses from Poole show 80% of maternity emergencies do not arrive by ambulance and a significant minority of adult time critical emergencies self present.
The Clinicians were also concerned about the representativeness of the adult sample as there were no respiratory emergencies. There were also only two trauma cases in the sample identified.

The Report did not consider the risk to rural residents facing the longest total travel times on to alternative A&E and Maternity services. It did not consider total travel times at all, so did not address whether these journey times were within safe guidelines, or what the risk to those residents, as a group, would be.

The Report Executive Summary relies on 'average' journey times for it's conclusions. 'Outliers' have been removed. As more people live in Bournemouth than in rural areas, using an 'average' time will favour RBH as a location, and the impact upon rural residents of loss of services at Poole will be concealed.

However the Report provides a starting point for assessing risk.
Based on the cases in the SWAST Report, the CCG calculated during the Judicial Review High Court case in July that **132 of the patients** arriving at Poole A&E by ambulance over the 4 month period of the Report, **would face potential harm had they had to travel further**. **This scales up to 396 patients at potential harm over a year.**

Despite knowing in August 2017 that almost 400 per year of those arriving at A&E by ambulance alone were at risk of potential harm, the CCG claimed in September 2017 that the Clinical Risk of the plans to downgrade Poole A&E and close Poole Maternity was 'minimal' and in fact went on to claim that '60 lives would be saved'. When pressed in Court for evidence, the CCG relied on the Keogh Report, which was based on centralisation of services in urban areas where access to A&E was never more than 30 minutes away. Keogh specifically warned against using the blueprint of centralising services in rural areas due to longer travel times to reconfigured services cancelling out any benefits.

SWAST Report: Calculating actual harm: likely fatalities

The SWAST Report called for further review by a wider range of Clinicians to confirm the overall clinical impact of the changes (page 2, 1.6). This work was started in August 2017. Evidence to the High Court showed that the Clinicians asked for more time to carry out the risk assessment, and for access to the patients Hospital records.

The CCG rely on the fact that they have not done the work to assess how many of those at 'potential harm' would have faced actual harm.

However, an A&E Dr has looked at the sample cases listed in the Ambulance Trust Report, in terms of the danger posed by additional travel time to Hospital and says that a significant number of the cases listed are in imminent danger of dying.

Maternity Cases at risk of fatality

2 of the 3 Maternity cases listed (p10, 4.5.3) are in imminent danger of dying. They urgently need blood, which the Ambulance does not carry. These are:

Case 1: Post-Partum haemorrhage with absent radial pulse, which indicates extensive bleeding, where the Mum's life is at risk, facing a 9 minute longer journey.

Case 3: Ectopic Pregnancy with extreme hypotension, systolic BP 66mmHg (extremely low) and pain score 10/10. There would be bleeding into abdominal cavity putting the Mum's life at risk.

Adult Cases at risk of fatality

12 of the 27 Adult cases listed (pp 15-16, 5.4.5) are in imminent danger of dying.

These include 9 of the 10 cases where SWAST has put 'Yes' in the Potential Harm column (the A&E Dr excluded case 27 as improving) plus:

Case 6: 91 year old with large PR bleed, hypotensive and becoming shocked, facing a 20 minute longer journey.

Case 9: 42 year old overdose with fluctuating Glasgow Coma Scale and requiring Airway intervention, facing an 18 minute longer journey.

Case 26: 76 year old with cardiac arrest, where the Ambulance staff are trying to give CPR in a moving ambulance. Although the onward journey is only 4 minutes longer, in cardiac arrest a minute can be the difference between life and death.
The 27 adult cases are taken from a sample pool of 150 cases, where the actual pool at risk is 696 cases. 12 of the 150 are at imminent risk of dying. This scales up to 56 cases out of the 696.

Child Cases at risk of fatality
3 of the 4 Paediatric cases listed (p24, 6.5.3) are in imminent danger of dying. These are:
Case 1: Multiple Convulsion (status epilepticus). Patient remained Glasgow Coma Scale 3 (unresponsive) throughout ambulance attendance. Facing a 9 minute longer journey.
Case 3: Post cardiac arrest facing a 4 minute longer journey
Case 4: "Very sick child" – more details would aid assessment

Therefore we believe that those at risk of fatality over the 4 month period due to loss of A&E and Maternity at Poole are: 3 Children, 2 Mums in labour & 56 Adults = 61

Over a year, this scales up to 183 patients at risk of fatality due to longer journey time caused by loss of A&E and Maternity at Poole: 9 Children, 6 Mums-to-be and 168 Adults.

This is **183 patients per year who arrive by ambulance** at risk of fatality due to loss of A&E and Maternity services at Poole.
This figure does not include the risk to those who do not arrive at A&E by ambulance, the majority of Maternity & Paediatric emergencies, and a significant minority of adults with time critical conditions. Longer journeys affect those who are not travelling with blue lights much more, as the traffic will not move aside for them.