

Parish Council of Langton Matravers

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Dorset Health Scrutiny Cttee
County Hall,
Colliton Park
Dorchester, Dorset
DT1 1XJ

13th August 2018

Dear Committee Members,

Re: Dorset CCG – Clinical Services Review.

At its meeting on September 14th 2017 the Parish Council discussed the proposed changes to NHS services in our area. They passed a formal resolution that: **‘LMPC is appalled at the CCG recommendation to close critical maternity, paediatrics and A&E at Poole. The recommendation ignores concerns raised by the Purbeck community during the consultation period. The Council is concerned that this will lead to increased loss of life.’** The Council continues to take this view.

You may recall that we wrote to you in January 2018 expressing concerns about the impact of the proposed changes on local communities in the BH19 area regarding access health care in emergencies. We have researched present ambulance response/delivery times for the BH19 area with SWAST under the Freedom of Information Act, and been told that the mean response time for Category 1 calls from Nov 2016-Dec 2017, from the time the call was made to arrival at Poole hospital is 1hr, 43minutes and 1 second. The additional 19 minutes required to get to Bournemouth is life-threatening and totally unacceptable, putting both maternity and emergency patients at increased clinical risk.

We therefore ask that your committee refer the CCG’s plans to the Secretary of State for Health for Independent Review.

Yours sincerely,

Dr Mary Sparks, Clerk to the Council.

Copies to Secretary of State for Health, Richard Drax, MP.

WORTH MATRAVERS PARISH COUNCIL

Representing the villages of Worth Matravers and
Harmans Cross...in the heart of Purbeck

Please reply to:-

Roger Khanna
Parish Clerk
Highlands
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Dorset, BH19 3EE
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Tel: 01929 439044

Dorset Clinical Commissioning Group - Clinical Services Review

Worth Matravers Parish Council at their meeting on the 7 August resolved to request the Dorset Health Scrutiny Committee to exercise their statutory duty to refer plans to reorganise NHS Health services provided to this area and other parts of the Purbeck District for an Independent Review

The PC is aware that a Judicial Review has recently taken place and regardless of that the above powers still exist for the DHSC to request an independent review of the proposals.

Maternity Emergency and other time critical emergencies in Purbeck would under the current proposals to move services to Bournemouth Hospital be affected by an additional off peak journey time by private vehicle of 19 mins (Google Maps). Road infrastructure capacity in that direction from Purbeck is severely limited. Traffic flow especially at peak times is unstable as it can be affected by congestion not least as it involves use of a single carriageway road with restrictions especially through Corfe Castle and Sandford. Holiday traffic can also add to existing severe disruption even for blue light emergencies.

The published South West Ambulance Trust report, which is generally misleading in places with weighted averages put forward, also acknowledges how in an emergency the majority of child patients are currently transported by private car to A & E services at Poole. None of these currently or in future will benefit from the use of the assisted blue light passage.

Ambulance services to Purbeck District are already severely stretched at times with recent waiting times for stroke victims noted at up to 2 hours. Other longer times for an ambulance arrival have also been reported potentially making the extra 19 mins journey time to Bournemouth even more time critical.

The PC has not seen nor had referred to it any evidence that the proposals will save lives indeed the opposite is a possible outcome for Purbeck as ambulance time from Swanage to Bournemouth hospital is predicted by SWAST at 57 mins well outside published guidelines.

On the evidence available and experience of the needs and experience of local residents of this parish and SE Purbeck generally. Worth Matravers Parish Council believes the plans to downgrade A&E and close Maternity services at Poole will not improve health services and potentially will put residents at increased clinical risk.

WMPC formally requests that Dorset Health Scrutiny Committee should therefore refer these plans to the Secretary of State for Independent Review.

Yours sincerely
Roger Khanna
Parish Clerk
WMPC

Corfe Castle Parish Council

Corfe Castle Parish Council at their meeting on the 10th of September resolved to support a request received from Defend Dorset NHS Residents Group to ask that the Dorset Health Scrutiny Committee exercise their statutory duty to refer plans to reorganise NHS Health services provided to this area and other parts of the Purbeck District for an Independent Review.

I attach a paper composed by our Vice Chairman Cllr Steve Clarke in his role as a member of the Defend Dorset NHS group which outlines the case for referral to the Secretary of State. Corfe Castle Parish Council supports this paper and the arguments outlined in it. (see *below*)

To conclude, Corfe Castle Parish Council believes the plans to downgrade A&E & close Maternity at Poole put residents at increased clinical risk, and that Dorset Health Scrutiny Committee should refer these plans to the Secretary of State for Independent Review.

Kind Regards,

Ali Burnett

Clerk to Corfe Castle Parish Council

Discussion Paper. Corfe Castle Parish Council 10 September 2018- Steve Clarke. Defend Dorset NHS Group

1-We attended the consultations by the CCG on the Clinical Services Review, the Governing Body meeting in September 2017, the Councillor briefings by the CCG, the several HSC meetings where there was very long presentations by the CCG and decisions to refer/not to refer to the S of S. Subsequently we worked on the case for the Judicial Review and hearing drawing on national and international research.

2-After all these hearings should Dorset elected members still refer the plan to the Secretary of State on the basis that the proposed CCG plan will not improve health services in Dorset? We believe that the evidence gathered in these meetings and the Judicial Review **strengthens the case** for referral for the reasons set out below.

3-Positive aspects of the CCG plan.

We welcome the creation of community hubs if they are well equipped and staffed to provide more diagnosis and treatment locally. We welcome the *aspiration* to provide better community health services with the aim of reducing the need to use A and E services (but alas the aspiration is not a plan). All of us would love to see a NHS so well resourced that no planned operations have to be cancelled because of emergency pressures but such a resourcing plan does not exist.

We welcome the provisional allocation of £147 million capital investment for Dorset (which was never dependent on the closure of Poole A and E). However the securing of this capital meant that the CCG did not want to engage on the flaws of their plan in case it put the allocation at risk. The JHSC was told last December that any delay would mean risk to the capital allocation but it has not been withdrawn.

4-There were however some **highly misleading presentations by the CCG** to the JHSC. The CCG plans “would save 60 lives” but in correspondence and at the High Court this claim was not backed up. The closure of Poole A and E would contribute to the need to “save £229m” but in fact the creation of separate planned and emergency hospitals will cost **more** as the emergency hospital has to staff for a larger margin of unused beds for unplanned emergencies. We were told that all the staffs was behind the changes but senior staff who are very unhappy with the proposals but have been instructed not to say so publicly have contacted us. The **biggest misleading claim** was that there was “no clinical risk” in their proposals which as the High Court came to understand was not a claim, which could be made.

5-Fundamental Flaws in plan

6-There are 4 fundamental flaws in the CCG plans:

A-The decision to close Poole A and E would lead to unacceptable travelling times for parts of Dorset with the increased risk of mortality or poorer recovery. The creation of a specialist baby unit at RBH would be too far for most of Dorset.

The Defend Dorset NHS carried out an exhaustive review of the cases taken to Poole A and E by the ambulance service using ambulance service data. There were potentially life threatening cases of 180 people a year where the time taken to reach hospital could have been crucial and a longer journey time would have put these patients at risk. This excludes those taken to hospital under their own transport. Most maternity cases are by personal transport.

7-B-There will not be sufficient hospital beds to cope with anticipated demand. The CCG forecast that 2467 beds would be required in 2021 but their plan only provided for 1632 beds. 835 less than forecast and 245 less than now. The reduction would be achieved by reduced demand by fewer operations, better community care and faster discharges from hospital and

The 835 bed shortfall was set out in p104/5of the Decision Making Business case (DBC) but the charts was never presented together to the JHSC/ HSC:only the chart on p105 which showed the 245 bed reduction and which was presented as a modest change. The CCG misleadingly claimed that the Clinical Services Review had nothing to do with beds only services whilst proposing to close community hospitals and reduce Poole by 407 beds

8-The CCG did not present their own statement to the NHS that the large 835-bed shortfall relied on a transformation of community health services but the “failure to achieve community transformation “would lead to the system being “extremely challenged.” In plain language if the NHS cannot reduce admissions by having more GPs, community nurses etc A and E services will be overloaded with Dorset patients in ambulances, corridors and having to be shipped elsewhere with risk to life.

9-Nothing since last year suggests Dorset can survive with fewer beds. The winter flu epidemic caused all planned operations to be cancelled at Poole/RBH in January and this summer the heat wave overloaded A and E with waiting lists continuing to grow. If there were signs that there was a community transformation plan we would be less worried but ...

10-C-There is no viable plan to provide for sufficient staff in the community or with social services.

11-This was the weakest part of the CCG case when they made their decision with vague references to staff being transferred from hospitals? The current services already had a 14% shortfall, which meant 900 staff needed to be recruited.

12-District and community nursing relies on staff being able to afford accommodation in the County and there no plans to make the situation better.

13-Reducing delayed discharges from hospital relies on close working with Social Services whose financial problems are worsening and whose levels of support are becoming ever more restricted. The CCG sought to argue that their plans did not rely on social services which must be misleading when there is integrated working,

14-We have no evidence in Dorset that the situation has improved in the last year and that a viable plan now exists. All the national evidence is that GP turnover is rising and district/community nursing numbers are falling. At no time in the Judicial Review process did the CCG produce evidence that they had filled all the vacancies and were increasing numbers. This suggests to us that Dorset still has a serious and difficult to solve recruitment problem.

15D-There is no coherent plan to replace community hospitals

The CCG has argued that most community hospitals are unviable as 24 beds is the minimum for staffing and economic viability. Some community hospitals, which have been "saved" such as Shaftesbury Wimborne and Swanage, are smaller than this. Community hospitals play an intermediate role in caring for particularly the elderly: for example those who have had falls and are disorientated but are not yet ready to return home. They work best when they are close to where people live. We have not seen the full plan to replace these beds but many are to be provided at Poole and RBH just the large-scale environment, which is unsuitable for the patients.

-So how did we get to this position?

16-The CCG followed national guidance on the Keogh Report which recommended specialist A and E centres but did not prescribe how this would be achieved as it recognised that everywhere was different. In London the creation of specialist stroke and heart centres had led to increased survival rates but the centres are still only 30 minutes blue light travelling time from the population. Elsewhere most CCGs are creating specialist A and E services but are not closing A and Es with patients transferring if necessary once they have been stabilised.

17-Dorset already has specialist centres with Poole leading on trauma and RBH on cardiology etc However the concept is not fundamental as Dorset CCG propose to retain Dorchester as an A and E and planned hospital with presumably the same level of outcomes. What is missing from the review is how Dorchester can maintain the same level of outcomes as RBH although not specialist. This matters to Purbeck as the ambulance service proposes that patients from our area are transferred to Dorchester in future.

18-In Dorset the CCG decided early on to create one emergency hospital and one planned hospital one planned which would centralise A and E expertise. However the plan is flawed on travelling times, number of beds required and access. The “facts” have been made to fit but they don’t.

19-Should the HSC refer in the light of the Judicial Review?

20-The Judicial Review is about the legality of how the CCG made its decision not the decision itself. A terrible plan can be agreed if the right processes were followed. If the JR is upheld the CCG will have to review its plans and consult again.

21-If the JR is not upheld this does not mean the Judge thought the plan was a good one. By law it is for Dorset HSC to give a view on that.

22-As we have argued the plan has fundamental flaws, which have not been rectified in the last year. Referral to the Secretary of State would force a review of these issues.

23-Do we have an alternative?

Defend Dorset NHS’s view is that Poole is the best placed hospital for A and E. in Dorset. Option A proposed that Poole serve as the major emergency hospital. Another option which would make the best use of the hospital stock is that the A and Es at both hospitals should be retained under joint Trust governance and integrated A and E management. The capital allocation would refurbish the whole stock and provide for a new maternity unit. This would enable the specialist skills to be developed across both hospitals building on the specialist skills now available.

Steve Clarke

Portland Town Council - 19 September 2018

Portland Town Council to request the Dorset Health Scrutiny Committee to exercise their statutory duty to refer plans to reorganise NHS Health services provided to this area and other parts of the W&PBC for an Independent Review . The PTC is aware that a Judicial Review has recently taken place and regardless of that the above powers still exist for the DHSC to request an independent review of the proposals.

Maternity Emergency and other time critical emergencies would under the current proposals to move some services to Bournemouth Hospital be affected by an additional off peak journey time by private vehicle of 20 + mins (Google Maps). Holiday traffic can also add to existing severe disruption even for blue light emergencies.

The published South West Ambulance Trust report, which is generally misleading in places with weighted averages put forward, also acknowledges how in an emergency the majority of child patients are currently transported by private car to A & E services at Poole. None of these currently or in future will benefit from the use of the assisted blue light passage.

Ambulance services to Portland are already severely stretched at times with recent waiting times creating concern. Other longer times for an ambulance arrival have also been reported potentially making the extra 20 mins journey time to Bournemouth even more time critical.

PTC has not seen nor had referred to it any evidence that the proposals will save lives indeed the opposite is a possible outcome for Portland,

Last year when the consultation closed and before the crucial DCCG decision meeting they published the public responses. For every other community hospital they put down the local area response. However for Portland and Weymouth they grouped us with West Dorset and then claimed overall support.

They were challenged to produce figures for W+P at the time and they waited until they won their vote then confirmed the figures.

It showed that W+P taken as a locality voted AGAINST the closures.

Thank you for contacting NHS Dorset CCG with your queries about Weymouth and Portland.

Page 83: figure 33 of the consultations findings report breaks the responses to the question down by area. I have attached this for you.

Page 84 3.94 also states 'For the open consultation questionnaire, there is some slight difference between responses from Weymouth (45% agree) versus Portland (37% agree) on the Weymouth and Portland proposal'

*and 3.95 'While around half (48%) of respondents from the neighbouring locality of Mid Dorset agreed with the Weymouth and Portland locality proposals, only around two-fifths (42%) of Weymouth and Portland locality respondents agreed. By comparison, **more than half of respondents from Weymouth and Portland (53%) disagreed.**'*

Involve@dorsetccg.nhs.uk

NHS Dorset Clinical Commissioning Group

PTC is dismayed that the local opinion has been totally ignored and already the beds at Portland Hospital have been closed. We note that there was a qualification about the future of Portland Hospital, that it will be not closedbefore consultation with local people .

PTC asks that DHSC seeks assurance that medical and day services will continue on Portland and

PTC formally requests that Dorset Health Scrutiny Committee should therefore refer these plans to the Secretary of State for Independent Review.

Weymouth & Portland Borough Council - 11 October 2018

Weymouth and Portland Borough Council request the Dorset Health Scrutiny Committee exercise their statutory duty to refer plans to reorganise NHS Health services provided to this area and other parts of the W&PBC for an Independent Review.

W&PBC is aware that a Judicial Review has recently taken place and regardless of that the powers still exist for the DHSC to request an independent review of the proposals.

Maternity Emergency and other time critical emergencies would under the current proposals move some services to Bournemouth Hospital and be affected by an additional off peak journey time by private vehicle of 20 + mins (Google Maps). Holiday traffic can also add to existing severe disruption even for blue light emergencies.

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W&PBC has not seen nor had referred to it any evidence that the proposals will save lives indeed the opposite is a possible outcome.

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However for Portland and Weymouth they grouped us with West Dorset and then claimed overall support.

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W&PBC formally requests that Dorset Health Scrutiny Committee should therefore refer these plans to the Secretary of State for Independent Review.

Dr Martin Ayres
Town Clerk

Tel: 01929 423636



TOWN HALL
SWANAGE
DORSET
BH19 2NZ

8th October 2018

Dear Members of Dorset Health Scrutiny Committee

Referral of Dorset CCG CSR Proposals for Independent Review

Swanage Town Council understands that the above committee will, at its meeting on 17th October, be considering the referral of the Dorset CCG's proposals for the future of NHS services in the county to the Secretary of State for Health for an independent review. This letter is written in support of such action.

The Town Council is the only elected body with the responsibility of representing the views of the people of Swanage and therefore these comments relate directly to the impact of the CCG's proposals on local residents. A number of the proposals have caused significant anxiety amongst the local community, and the Town Council shares many of these concerns. In particular, more than 8,000 signatures have been gathered in Purbeck in support of a petition against the downgrading of Poole A&E and maternity services, 4,000 of which are from Swanage residents.

The principal concern regarding the proposed reduction in the range of services currently provided by Poole Hospital, and their transfer to the Royal Bournemouth, is the increased travel time. The isolation of Swanage, which sits at the end of a 10-mile cul-de-sac from Wareham, is widely recognised, as is the high level of congestion on roads between Swanage and the conurbation.

The Council is advised that in acute stroke, major trauma or maternity emergency, safe travel time is 30-45 minutes. Page 29 of the travel time analysis provided as part of the consultation documents indicated a 15-20 minute increase in travel times if these services are relocated to Bournemouth. A total blue light travel time of 57 minutes will make it impossible for local residents to reach the Royal Bournemouth within the optimum timeframe. The Council understands that detailed analysis of a South West Ambulance Trust Report has identified that the proposals to relocate A&E and maternity services would result in increased clinical risk to 396 people per annum due to increased journey times.

Whilst the travel time evaluation set out on page 32 of the main consultation document suggests that a greater proportion of Dorset's residents can access services at Bournemouth more quickly than at Poole, this is not consistent with some of the evidence set out in the more detailed travel time analysis document. For example, the table on page 6 of the latter demonstrates that a higher proportion of the population can reach services at Poole within 30 minutes and that the

maximum time for all the population to reach the services there is 10 minutes quicker than at Bournemouth. This suggests that there is a case to preserve full A&E services at Poole General Hospital.

Overall, although page 15 of the main consultation document states that the CCG see 'travel time as a key evaluation criterion for future service delivery', this does not appear to have been the case in relation to the people of Swanage. This will not only impact on the patients themselves, but also on their carers and families; those reliant on the much-reduced public transport network may well be unable to visit their seriously ill relatives, which will in turn have a negative impact on their recovery.

The concerns over the proximity of these services to Swanage are underpinned by serious doubts over the efficiency of the local ambulance service in reaching Swanage patients, and the Council will be writing to you separately on that matter.

In summary, it appears to the Town Council that there is little evidence that these proposals will save the lives of local residents. Indeed, an on-average additional 19 minute journey time for Purbeck residents will introduce an increased clinical risk for seriously ill patients. In this context it is clear that the preservation of both A&E and maternity services at Poole, rather than Bournemouth, is of the utmost importance to residents of Swanage and Purbeck.

The Town Council has consistently represented these views, having written to the CCG twice in February and September 2017. In December 2017 the Town Council voted unanimously to support the referral of the proposals to an independent review, and this was confirmed at a full Council meeting on Monday 17th September 2018. The Council very much hopes that the Dorset Health Scrutiny Committee will take this step at its forthcoming meeting.

Yours faithfully

Martin Agyres

Town Clerk