

Agenda Supplement

Dorset County Council



Meeting: Dorset Health Scrutiny Committee

Time: 2.00 pm

Date: 17 October 2018

Venue: Committee Room 1, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ

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7. **Feedback from councils, members of the public and the Chairman of Poole and Purbeck Group of Dorset Campaign to Protect Rural England (CPRE) Re: Clinical Services Review** 3 - 38

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Agenda Item 7 - Report regarding the work of the Dorset Health Scrutiny Committee Task and Finish Group Re: Clinical Services Review

The following public feedback has been received in relation to the Clinical Services Review in response to social media activity.

1. Sarah Whittle, Blandford Forum Resident

I am writing to express my very strong objection to the proposed closure of Poole a and e. As a resident of North Dorset. I am quite frankly terrified at the idea of having to travel to Bournemouth to access an a and e department. Apart from four years nursing at St Thomas' in London I have lived all my life in Dorset. I have watched as the chaos caused by traffic congestion has increased journey times all over the county. How anyone in their right mind could consider the journey from north Dorset or indeed Purbeck to Bournemouth would be safe beggars belief! So much for the golden hour. In addition Poole is a superb, award winning department with excellent staff and most importantly a wealth of experience. Emergency work depends on team work which takes years to develop. Why break something that works so well? The whole plan has been ill thought out and smacks of short termism.

2. Donna Sparrowhawk, Weymouth Resident

I support those who want the committee to please vote to refer the CCG plans to downgrade Poole A&E and close Poole Maternity for Independent Review, because of the known risk to residents.

3. Jane Gladding & David Foster, Swanage Residents

We are asking you to refer for independent review the CCG's plans to close A&E and Maternity at Poole due to the because of the known risk to us the residents of Swanage!

4. Robert Gilmore, Swanage Resident

I write to register my dismay at the CCGs proposal to close Poole A & E and Maternity without full investigation of the likely consequences of such a move and the risk of poor outcomes brought about by increased journey times. The centralisation proposed in a county as big as Dorset will almost inevitably lead to higher mortality rates in A & E patients and it would seem that incomplete information was delivered to the panel making this decision. I would therefore ask that the current plans be referred for further independent investigation before this bizarre decision is implemented.

5. Lynda Gilmore, Swanage Resident

Please note my extreme concern at the above proposals which would appear to have been made without full investigation of the consequences. The centralisation proposed - and Bournemouth is hardly 'central' in Dorset - would be very likely to lead to higher mortality rates and poorer outcomes by substantially increasing journey times. I request the current proposals be referred for independent investigation with full information available.

6. Emily Boshier, Bridport Resident

As a Dorset resident and mother, I'm extremely concerned about the CCG's dangerous plans to close services at Poole hospital. These must be referred for

independent review because the dangers are well known to residents such as myself and will therefore affect myself and my loved ones.

7. Adrienne Shaw, Pimperne Resident

I write to express my concern about the closure of these services at Poole. I believe that there will be considerable risk to many Dorset residents if the plans go ahead. I urge the committee to refer these plans for independent review.

8. Sue Spilling, Swanage Resident

I understand that the Dorset Health Scrutiny Committee will be voting on 13 September on whether or not to refer to Secretary of State for independent review, the CCG's plans to downgrade A&E and close Maternity at Poole. I believe it is vital for the committee to vote to refer those plans because of the known risk to Dorset residents. Dorset CCG knew in August 2017 that at least 396 Dorset patients would be put at risk each year due to loss of Poole A&E and Maternity. Yet in their Decision Making Business Case of September 2017 they said the clinical risk to Dorset patients was 'minimal'.

As a Dorset resident it is extremely worrying that a decision could be made to put at risk so many local peoples' lives. I believe the DHS Cttee has a responsibility as an elected body to oppose the downgrade and closure

9. Alex Fuhrmann, Weymouth Resident

Could you please pass on my message - I think that Dorset Health Scrutiny Committee should vote on 13th September to refer the CCG plans to downgrade Poole A&E and close Poole Maternity for Independent Review. I find this the fairest way to judge the true impact without political bias or risk to the community.

10. Amanda Mansbridge, Swanage Resident

I am contacting you this morning regarding the extremely worrying situation regarding Dorset CCG's proposed plans to downgrade Poole A&E and close Poole Maternity. I firmly believe that Dorset Health Scrutiny Committee must vote on 13th September to refer the CCG plans regarding the aforementioned departments within Poole hospital, the risk is known and verified, surely for once can the powers that be consider the clarity of the evidence provided, rather than simply evaluating the financial 'benefits'. We believe ourselves to be a civilised society valuing human life, how on earth can this be maintained when 'The Golden Hour' required to sustain life in a variety of medical emergencies will be non-existent due the distances required by ambulances to travel? Residents in the Purbeck area are frightened...

11. Name Withheld, Swanage Resident

I am writing to ask that the Scrutiny committee, voting in September, PLEASE refer the decision to downgrade A&E and maternity services at Poole Hospital to Independent review. I am a resident of Purbeck and Poole hospital is my local A&E.

I am writing this e mail in both my capacity as an NHS professional of 40 years standing and as a current patient at Poole hospital receiving lifesaving treatment. I may need the services of A&E at any time and the travel time to Bournemouth hospital is just too long and similarly for Dorchester. This is even more crucial in the tourist season where travel times are increased everywhere on Purbeck.

I have already been told by clinicians, that if I have life threatening side effects from my treatment, that because I live in Swanage, I may not even get to Poole hospital on time. How much worse might this be if I have to travel even further. I hope once my treatment is finished that I will be able to return to my NHS job, but I can't if I am dead because of cuts to vital services.

This applies to so many others in Purbeck, whose average age is on the higher side, and who have multiple serious health issues. Please pass this e mail on to the relevant bodies.

12. Graham and Geraldine Wetten, Corfe Castle Residents

I urge the Dorset Health Scrutiny Committee to vote to refer the CCG plans to downgrade Poole A&E and close Poole Maternity Unit for Independent Review. As residents of Purbeck, we and our family are particularly vulnerable to these proposals. The Committee should be reminded of the recent Judicial Review hearing where discrepancies in the proposed provision, procedure and decision making were highlighted.

13. Dr Andrew Lerner, Swanage Resident

I am a resident of Swanage on the isle of Purbeck. I think that Dorset Health Scrutiny Committee must vote on 13th September to refer the CCG plans to downgrade Poole A&E and close Poole Maternity for Independent Review, because of the known risk to residents.

14. Robert Mercer, Corfe Castle Resident

Just before Christmas 2017 my wife had a choking attack as a consequence of her Parkinson's. She had a cardiac arrest and was given CPR by my daughter-in-law. Rapid transfer to Poole A&E resulted in a gradual but slow recovery. There is no doubt in my mind that a transfer to a more distant hospital on that particular day would have caused her death. The trauma doctor at Poole confirmed this. Those of us who are fortunate to live in the lovely Isle of Purbeck are already aware that we are rather cut off from the outside world and are used to hearing ambulances doing their best to get along the A351 towards Poole. All we can do is offer a silent prayer that they arrive in time. Please use your best efforts and vote to ensure that the present plan by the CCG to downgrade Poole is reversed.

15. Pippa Shillington, Gillingham Resident

Dorset CCG's plans for the county's health services MUST be referred for independent review. The consultation was inadequate and from the evidence of the High Court in July, we know it was misleading regarding the number of people being put at risk.

16. Kevin Shillington, Gillingham Resident

It is imperative that the CCG's plan for Dorset's health services must be referred for independent review. The consultation was a fraud – I attended the one at Shaftesbury and the most senior person there made it clear that the purpose of the so-called 'consultation' was "to reassure the public" about their plans. That is not consultation, where decision has already been made. And now we have the evidence of the High Court showing that they were deliberately covering up the extent of people who would be put at risk.

17. Natasha Wood, Dorchester Resident

I understand you are the clerk to the health scrutiny committee. As a health carer I would hope that mine and others concerns about the danger of moving Poole A&E and cuts to Portland beds, can be communicated and heard by the elected councillors of Dorset.

I'm concerned by the lack of assessments surrounding travel time and risk to life that is certainly NOT "minimal" which is the claim made by CCG in their business case in 2017. Therefore it could be put to the CCG, their clinical decision making was fundamentally misleading. When they knew in reality it was 396 Patients at risk, nowhere like the 60 patients they say? With this information on board I think this decisions to close Poole A&E and maternity services should be referred. Please feed back my views to the health scrutiny committee.

18. Maureen Saunders, Swanage Resident

I understand that Dorset Health Scrutiny are voting on the 13th September on whether or not to refer for independent review the plans of Dorset CCG to down-grade Poole General Hospital (PGH) and move all emergency medical services, emergency trauma services, paediatric services, invasive Maternity/Obstetric care and Neo-Natal ICU to the Royal Bournemouth Hospital (RBH). The proposed re-organisation worries and angers me considerably. I sincerely hope that Dorset Health Scrutiny consider the needs of the WHOLE of Dorset and oppose these plans in whatever manner they are able. My reasons are:

1. The Consultation document and questionnaire was extremely biased and very cleverly designed to mislead the general public. I am a retired Critical Care Nurse and it took me hours to unravel what was said, read between the lines, and answer the questionnaire honestly. I was totally shocked at it and remain so. One of the reasons quoted in the document in favour of RBH was that the residents of West Hampshire would prefer that option. Does this give Dorset Health a financial advantage? Why else would it even be a consideration? The residents of West Hampshire already have a centre of excellent in their own County, i.e. Southampton Hospital. Dorset will never have that. It must be very wrong to locate the second-best option so close to the existing centre of excellence.

2. I believe (from speaking to many friends, family, acquaintances etc.,etc.) that people still do not understand the scale of this re-organisation. In particular what EXACTLY PGH will no longer deal with, e.g. medical admissions for the care of people with conditions such as all cardiac conditions, all respiratory (chest infections, asthma, COPD, pneumonia and so on), neurological (strokes, bells palsy, fitting), problems arising from Diabetes, infections from any source, sepsis, dehydration. I could go on and on!

3. Dorset is a rural County. I can easily believe that the highest concentration of people reside in the Poole/Bournemouth conurbation, but having the emergency hospital in either place would not really put them under any increased risk.

4. Dorset County Hospital may be going to retain SOME services but can that organisation really cope with a huge influx of extra patients, particularly in the tourist season? And if the stated reason to improve standards and expertise by centralising

IS true, then what does that say about the people who will have no option but to use Dorset C. Hospital?

5. It is impossible to get to RBH from say Swanage or Wareham within the "golden hour", even with blue lights in the winter months, to say nothing of August. I believe this is factual information but no doubt you can check this. The Sandbanks Ferry, brilliant though it is, cannot be relied upon 24 hours, 365 days a year. A great many people arrive at A & E by private car who shouldn't due to their condition. I know this from personal experience but there will be statistics available that you can check.

6. PGH is 20 years older than RBH and is on a cramped site, but some years ago there were plans to build a new Woman's Hospital and enlarge the A. & E in the existing space. Plans were on display in the entrance hall. If it was possible then, it is still possible. A helipad could be incorporated.

There are a ton of other issues - e.g. the need to keep all 3 acute hospitals, the net loss of beds when all is done and dusted etc. - but I should probably end this email now!

19. Chris Bradey, East Stoke Resident

May I pass on to members of the Dorset Health Scrutiny Committee my serious concerns about the CCG plans to re-configure the provision of health care in Dorset? I was fortunate enough to attend the Judicial Review held recently in the Royal Courts of Justice (17 - 18 July) before Judge Sir Stephen Robert Silbey which considered the legality of these proposals. As a resident of Purbeck, living in East Stoke, near Wareham, I was therefore very concerned to hear the conclusions reached by the QC (Jason Coppel) acting for the claimant who had initiated the Review. These were, in sum:

(1) That the Clinical Commissioning Group had not undertaken any audit of the social care workforce required to deliver the new integrated model of care proposed.

Given the context of cuts to Social Services and the lack of any detailed planning evidenced to ensure the recruitment of sufficient staff, the proposal to replace the loss of acute and community hospital beds by care in the community and at home, is therefore aspirational at best. The people of Dorset need more than aspirations: they require certainty that their health needs can be met.

(2) That the Clinical Commissioning Group have not met the statutory bed test intended to ensure that alternative provision is available when acute and community hospital beds are lost.

Instead, they argue that this test does not apply to their proposals because it came into effect after NHS England approved their proposals.

As a resident of Dorset of mature years, I find this to be of small comfort.

(3) That the identification of clinical risk as a result of extended travel times following the closure of Poole A&E and Maternity Departments was only subject to a partial assessment by the South Western Ambulance Service Trust.

The review was limited, did not include those not arriving at these Departments by ambulance (a significant majority of patients), nor did it measure impact on those with the longest travel times. The Trust, to be fair, had requested that further review work be carried out to assess clinical risk: this did not take place.

The Clinical Commissioning Group moreover, made the false claim, derived only from extrapolating figures in the Keogh Report, that their proposals would save 60 lives per year. The Ambulance Trust Review, to the contrary, indicated that over a period of a year, 400 people would be at increased clinical risk as a result of these proposals.

This, surely, should concern any Dorset resident who might at any time require speedy treatment for major trauma, stroke or heart attack. It would also concern any mother to be, anxious for her own health and that of her unborn child.

(It is worth noting that the Clinical Commissioning Group have made selective reference to the Keogh Report when they stated that best practice is to create large, centrally located, hospitals with a range of specialisms, and that their proposals mirror this.

The Report also states that in areas with dispersed, rural, populations, other models are appropriate, and that the needs and wishes of local inhabitants should guide practice. I would suggest that these descriptors apply to Dorset.)

(4) That the Clinical Commissioning Group misled Dorset residents when it promised 24/7 consultant delivered care at Royal Bournemouth Hospital.

It transpired that this is only, once more, an aspiration.

It was disturbing to witness the QC for the Clinical Commissioning Group becoming confused as to the vital difference between Consultant Delivered and Consultant Led care. The Judge expressed his exasperation at this point. A resident of Dorset might be more than exasperated.

(5) That the Clinical Commissioning Group did not make it clear or indicate in the consultation that two thirds of Poole Hospital Beds would be lost.

I have summarised what I heard, in person, at the Judicial Review. Regardless of Sir Stephen's decision (expected at the earliest in September) I would remind Councillors of their statutory duty to refer health plans to the Secretary of State if they believe such plans will not improve health services for their constituents and residents.

The Clinical Commissioning Group's Plans will put Dorset residents, mothers to be and thousands of visitors at increased risk of fatality - even Councillors, too. I would urge members of the Health Scrutiny Committee to refer these plans.

20. Bill Dobbs, Shaftesbury Resident

May I take this opportunity to point out a factor probably not appreciated by some CCG decision makers. It is this - The most direct route from Shaftesbury to the

Royal Bournemouth Hospital (52 minutes), is one of the worst roads in the area. It is narrow, potholed, has road edge damage, and the surface is deformed for long stretches. Travel for sick or injured patients will be uncomfortable and in some cases harmful. This road is entirely unsuited for use by an ambulance. Please ensure that the above is considered in CCG deliberations.

21. Graham Douglas, Weymouth Resident

With the increasing population in the Poole area the closure of A & E puts lives at risk. The proposal must be reverred to Independent Review so that the decision no longer rests on financial grounds.

22. Julien and Laraine Parker, Swanage Residents

We write to implore you to vote on 13th September to refer the closure of Poole A&E to an independent review. Over the last twenty years our family have had to rely on Poole A&E on many occasions.

As a family we have had to support a mother with vascular dementia and now our daughter has severe mental health issues. We never know when we might need to go to A&E. If the ferry is not running or queues are very long this means a round trip of approximately fifty miles for all involved.

The roads in the BH area are getting more and more congested. It took us nearly two hours to travel from Bournemouth back to Swanage a couple of weeks ago. We have nothing against specialist units and hospitals sharing their expertise. We know that patients are transferred between Poole and Bournemouth after initial treatment. The crucial moments of diagnosis and treatment would not be lost in extra travelling time.

Secondly by closing many acute beds without having staff in place for replacement community services, something which was failed to be mentioned in the consultation. I feel that parts of the consultation over the closure plans have been so misleading that they could easily be classed unlawful. I would ask that the consultation is looked into again with accurate, truthful information.

Poole hospital A&E and maternity services are vital to the growing local community, to take these away, particularly at the same time as planning to build numerous extra houses would be irresponsible. I hope you will take my concerns (along with many others I'm sure you've received) into account when considering this decision.

23. Rosemary Frost, Christchurch Resident

I am writing to you to express my grave concern for Dorset residents health and wellbeing over current plans to merge and move all care from Poole hospital to Bournemouth and to ask that you stand up to address the health needs of local residents and meet your statutory duty to refer health plans that do not improve services for residents.

With the recent travel difficulties due to the Blackwater road works having particularly highlighted the problem which will not go away even once the road works are finished and routes improved there will still be travel holdups with the increase of population and road use.

“Please note that the recent judicial review does nothing to address the clinical risk to Dorset residents who would have to travel further in an emergency. The CCG calculated from the Ambulance Trust Report, which was about actual Dorset patients attending Poole A&E and Maternity by ambulance last year, that over 4 months 132 were at potential risk of harm from longer journey time, this is 396 Dorset residents over a year. A Dorset A&E Dr said almost half of the cases in the Report were in imminent danger of dying if they had to travel for longer to access help. We calculate 180 people per year going to Poole A&E by ambulance are at risk of dying as a result of these changes. This does not include the risk to mothers-to-be and children as most are excluded from these figures as they do not get to A&E by ambulance. There were almost 600 maternity emergencies treated at Poole last year and 250 newborns needed neo natal intensive or high dependency care at Poole, this level of newborn care is no longer available at Dorset County.”

24. Ruth Webb, Cheselbourne Resident

I am writing to express my real concern at the CCG's plans to downgrade Poole A&E, close Poole maternity, and close a number of community hospitals. Speaking from bitter experience with my husband and my older daughter, both of whom are severely disabled and have complex health needs, I have never been to DCH A&E without having to wait hours, even when we have been brought in by emergency ambulance. The staff are always great, but clearly worked to the bone and stressed beyond measure. To suggest they have the capacity to receive more patients is ridiculous and will definitely result in more deaths.

I cannot speak from experience of local maternity services except to say that I had to travel to London for an emergency C. Section with my older daughter – for specialist medical reasons – I travelled 2 hours whilst in labour and would not wish that on anyone! Think about the pain, discomfort and the additional risks that will be likely through pregnant women having to travel further. I would urge you to consider this as if it were one of your own family – is this what you would want for them.

Thirdly, closing community hospitals: These hospitals provide vital rehabilitation to patients who no longer need acute hospital services but are not yet fully and safely able to return home. My husband was unable to access this service for various reasons (including poor discharge practice) and as a result lost several weeks of rehabilitation and is now unable to walk – eight months ago he was walking reasonably well. If you reduce this kind of service you are most likely to increase long term disability which will end up being more expensive in the long run.

Instead of closing or reducing services to save money in the short term, please look at the longer view – the costs will be greater in the long term. Instead, press our government to truly finance our NHS properly and resist the pressure to privatise everything. This is not to say that privatising all things is wrong, just to say that some services will be provided better in-house. Also, there are areas where Dorset CCG is choosing expensive options of treatment over cheaper and more patient friendly options. For example, Haemodialysis for almost all kidney failure patients instead of offering the cheaper, gentler, better option of peritoneal dialysis to the many patients who could benefit from preserving any remaining kidney function, and not exposing them to the risk of septicaemia at the same level, whilst preserving the option of haemodialysis for the most serious cases where it is the only option.

I hope you may have the courage to rethink these choices and see that short-termism will not benefit you, your families and the rest of the population in Dorset. Even if you are lucky enough to have private health care, there may be a time when you or a member of your family will need emergency care – this will likely be through the NHS – what option would you want in that case? Please think through these choices with the thought of “how would I like this if I was living in the area – if I had to use these services.”

25. Alan Marriott, Swanage Resident

As I live in Swanage you will not have heard of me but I think that Dorset Health Scrutiny Committee must vote on 13th September to refer the CCG plans to downgrade Poole A&E and close Poole Maternity for Independent Review, because of the known risk to residents.

26. Mary Chipping, Upton Resident

I am very concerned about the proposal to move A&E and Maternity from Poole to Bournemouth. I live at Upton and the last time I had to visit Bournemouth Hospital it took me nearly an hour to get there because the traffic was so very heavy. Coming out was worse - it took over half an hour to even get to the main road! I do appreciate that ambulances have sirens and can push their way through but it is such a long way for people who live farther into Dorset. I have just watched on my TV about the need to get someone who has had a stroke or heart attack to hospital quickly and my fear is that this will not be able to happen. With regards to maternity - people are often travelling by private car on these occasions. With the volume of traffic, and the fact that it all comes to a standstill if there are any roadworks at all, the fear is that babies are going to be born in cars on the way. Poole Hospital A&E and Maternity have a very good reputation which we are loath to lose. Please do your best to keep it.

27. Mrs J M Brian, Lytchett Minster Resident

I am so horrified, along with thousands of others, at the idea that A&E facilities could be removed from Poole and centred only in Bournemouth Hospital.

I and other members of my family frequently attend Bournemouth Hospital for various clinics. If an appointment is scheduled between 8 and 10 am one has to allow two hours to travel the fifteen miles from Lytchett to Bournemouth Hospital, and likewise between 4. and 6. pm. At other times I allow at least forty minutes. And then, arriving at the hospital, it may take half-an-hour to find a parking place, or one may not find one at all. For others in Purbeck the situation must be far worse. Please be realistic if you have any say in this matter.

28. Jan Evans, Blandford Resident

I commend you and the other supporters for trying to save such a valuable resource. Living in North Dorset and in the Blandford area it does not take much common sense to establish that to travel from North Dorset to Bournemouth would put lives at risk.

We have proof that my husband having to attend routine eye checks at Bournemouth hospital the journey takes at least 1 hr on a good day without traffic hold ups and

road works. If an emergency occurred then it could take up to 2 hours to get a patient to the Bournemouth hospital - crazy!

The A338 leading from Blandford to Bournemouth is now subjected to long delays due to major road works and it appears that major road works have dogged this journey for many years. With this in mind plus the hospital potentially accommodating patients from the North Dorset area it appears that decisions have been made by executives with concerns at only saving money rather than human lives. I would challenge the health minister to visit the area to see for themselves the ridiculous decision to close such a valuable and much needed resource for all people young and old living in this conurbation.

The air ambulance provided a fantastic service for RTA and a few other emergencies but this great service relies on voluntary and charitable funding to keep it going - this is not good enough for the people of North Dorset to rely on. Does the Government expect us all to rely on charity to keep our health services going?

29. Steven and Annabel Nixon, Swanage Residents

We are writing about the proposed closure of NHS services, which would adversely affect those of us living in Swanage. These plans to downgrade Pool A&E and close Poole Maternity would take access to emergency services out of our safe reach.

In addition, there will be cuts to beds and services, which we have not voted for. We will lose vital services and it is not clear how two A & E Departments could cope with all of Dorset's needs.

We are concerned about the judicial review, and would like to see this go ahead, so that the issues can be reconsidered and the current closure proposals rejected, in favour of community safety in Purbeck.

30. Mary Zuckerman, Swanage Resident

I am writing as a Purbeck (Swanage) resident to express my shock and great concern at the result of the Judicial Review hearing on 5th September. I feel myself to be personally at risk because of this decision. I am in my 70s and do not own or drive a car. I understand that the Judicial Review was shown evidence that the lives and health of nearly 400 Dorset residents in a year would have been at risk if Poole A & E were closed thus making the journey to hospital in an emergency longer. This is very very worrying. However I am not only concerned for myself, but for those using the Maternity Services at Poole Hospital whose safety, lives and those of their babies will be at so much greater risk if the closures go ahead.

I am therefore writing to ask you and the Dorset Health Scrutiny Committee to please please on all of our behalves to take whatever steps you can to ensure that these valuable resources remain open. I believe this includes the possibility of applying for an independent review into this matter.

31. Gill Dight, Swanage Resident

I am a Swanage resident and am e-mailing my concerns regarding the CCG plans for our local services. I was at the December 20th DHSC meeting when we were so badly let down by Councillor Pipe who instead of representing Purbeck District Council's unanimous decision to vote for referral instead acted as an advocate against referral. I was also at the bungled vote by the JHSC on December 12th and am aware that the failure to vote for Independent Review impacted on Judge Silber's decision at the Judicial Review: Judge Silber's report cited the lack of referral for Independent Review by our local Council as influential in his decision.

I am very concerned about the impact the loss of services proposed by the CCG will have on residents. We have heard about the stagnation in British life expectancy and academics are calling for an urgent enquiry into whether austerity is the culprit. I know that 183 deaths (based on Ambulance statistics and therefore likely a chronic underestimate of actual figures) are projected to be lost if these plans are implemented and we lose Poole A&E and Maternity services. This is just not acceptable. My own 83 year old mother fell outside her house in Swanage in June 2017 and waited 3 hours and 21 minutes for an ambulance, she died 2 days later. Any extension of travel times - and the poor turn around at the Royal Bournemouth which my own SWAST investigation revealed - will bring fatalities to all sections of our community. I was struck at the CCG presentation by how close the decision of whether to close Poole or Bournemouth A&E was and I urge the Health Scrutiny Committee to vote for Independent Review of these plans as I fear that the wrong decision has been made and it will have fatal consequences.

I hope that when the Health Scrutiny Committee meets on 17th October to vote again on referral they are not misled by the loss of the Judicial Review, and do not misread the outcome. Referral is a viable alternative and I urge all committee members to vote in favour of referral so that we may find a way to prevent these worrying plans from coming about. I am also writing to my representative Councillor Morris. Thank you.

Feedback from Bournemouth & Poole Residents

1. Chrissie Brady, Poole Resident

As someone affected by the rationalisation of Dorset NHS, I request that you rescind the plans to make Bournemouth hospital the emergency hospital. People will die. You have said the risk is minimal, but it is not. Dorset CCG knew in August 2017 that at least 396 Dorset patients would be put at risk each year due to loss of Poole A&E and Maternity. Yet in their Decision Making Business Case of September 2017 they said the clinical risk to Dorset patients was 'minimal'. This is a disgrace. It cannot be allowed to go ahead.

2. William Parnell, Poole Resident

I am writing to ask you to have the planned removal of A and E and Maternity services from Poole to Bournemouth referred. I think the plans must be referred because of the known risk to residents. The facts are that Dorset CCG knew in August 2017 that at least 396 Dorset patients would be put at risk each year due to loss of Poole A&E and Maternity.

Yet in their Decision Making Business Case of September 2017 they said the clinical risk to Dorset patients was 'minimal'. This is clearly untrue, that is why I believe it is essential that this matter should be referred pending an unbiased review.

3. Sylvia Fleming-Maquire, Bournemouth Resident

The plans for closing the above must be referred because of the known risk to residents.

4. Helena Rainsford, Poole Resident

The plans regarding the closure of Poole Hospital A&E and Maternity Unit must be referred due to the known risks to residents.

5. Miss J Jeffery, Poole Resident

Please refer for independent review the CCG's plans to close A & E and Maternity at Poole Hospital before your meeting on 13th September. We think the plans must be referred because of the known risk to residents.

6. Ben Skipp, Poole Resident

I am writing as a resident of Poole to ask you to please reconsider the reorganisation of Dorset healthcare. It appears to represent a deterioration of services and as such poses a risk to the lives of the people of Dorset.

7. William Ahern, Poole Resident

It is in my considered opinion that it is essential the DCC refer for independent review the CCG's plans to close A&E and Maternity at Poole Hospital. These plans must be referred because of a known risk to residents.

8. Claire Manser, Poole Resident

It is in my considered opinion that it is essential the DCC refer for independent review the CCG's plans to close A&E and Maternity at Poole Hospital. These plans must be referred because of a known risk to residents.

9. Rebekah Taylor, Poole Resident

I am emailing you to let you know of the great risk you will be putting patients at by closing Poole a and e. Many people rely on this and the nearest a&e is simply too far for most residents! This is a matter of life and death. As I am a local resident, I know how detrimental closing this hospital will be.

10. David Taylor, Poole Resident

I would like to register my opposition to the CCG's plans to close Poole Hospitals Maternity Unit and A&E. Given the known risks to local residents, I believe that it should be referred for an independent review. Thank you in anticipation.

11. Anthony O'Connor, Poole Resident

Please can you accept this plea to ensure the Health Scrutiny meeting take action to refer to independent review the CCG's decision to close Poole hospital A & E and Maternity.

The road links between Poole and Bournemouth, according to Google maps are some of the most congested in the country. Lives WILL be lost if Poole A&E is closed. There can be no excuse for putting so many lives in danger by considerably increasing the time it will take to attend A&E, not just for ambulances but for members of the public and parents rushing their children to hospital in an emergency. The risks to residents are known but being ignored. Please ensure this matter is highlighted and referred for review.

12. Andy Evans, Poole Resident

I am contacting you in connection with the plans to close the A&E at Poole hospital. I understand that a decision is to made shortly and I have some points I want to make.

It is quite clear that these plans pose a serious health risk to the residents of Poole and areas to the west of the town. The A&E departments in both Poole and Bournemouth are already overrun. Travelling from Poole to get to the Bournemouth A&E can take over an hour at busy times in the day. If you close Poole, Bournemouth will become the only available centre for a very large area and a significant part of the local population will be at least an hour from help in an emergency. This cannot be an acceptable risk. There are many elderly local residents (a key demographic for your party) who would not survive such a delay and the same applies to women giving birth, people with industrial and traffic related injuries and the very young. Every part of the local community would be endangered by a closure.

We all know that the NHS is under grave threat. It has been neglected, mismanaged and bled white by outside parties. The fix is surely clear enough but it requires determined and principled action. The challenge is for local and national government to stand up now and address the chronic underfunding, cancel and renegotiate all the idiotic PFI contracts, do away with fat cat executive 'packages' and show some real grit and teeth dealing with drug company profiteering. The alternative is to do nothing about these very real issues and instead do away with a vital local resource and endanger local lives.

The NHS is a national treasure, a gift given to all of us that helps us when we need it. It asks only that we protect and sustain it in return. I urge you very strongly to refer the closure decision to an independent authority which will have the interests of all local people at heart.

13. Georgina Knight, Poole Resident

I would like to ask you to refer the plans to close Poole maternity & Poole A&E to be independently reviewed. I don't believe this move is in the interest of patients and I strongly believe the proposals are known to be a risk to patients and will cost lives.

14. Karen Russell, Poole Resident

Please review the CCG's plans to close A &E as well as the Maternity Unit at Poole Hospital. Many folk locally view this proposed closure as a serious lack of facilities and would not cover the needs of the local population which is widespread and growing.

15. Viv Green, Poole Resident

As a Poole resident I am asking that that at the Health Scrutiny meeting on 13 September the planned closure of A&E and Maternity at Poole Hospital is referred for independent review because of the known risk to residents.

16. Geraldine Smith, Poole Resident

I think that Dorset Health Scrutiny Committee should vote on 13th September to refer the CCG plans to downgrade Poole A&E and close Poole Maternity for Independent Review, because of the known risk to residents.

Dorset CCG knew in August 2017 that at least 396 Dorset patients would be put at risk each year due to loss of Poole A&E and Maternity yet in their Decision Making Business Case of September 2017 they said the clinical risk to Dorset patients was 'minimal'.

17. Peter Cooper, Poole Resident

I am writing to share my serious concerns re the plans for Poole Hospital services ahead of the Dorset County Councils Health Scrutiny meeting on 13/07/18 I ask that the CCGs plans for closure and reallocation of the maternity unit along with AnE be referred for independent review. There are known risk to residents and as such the decision does not work in the best interests of those it serves.

Please respond to acknowledge this email and to ensure that mine and others voices are heard and acted upon.

18. Alison, Parkstone Resident

I feel the need to voice my concerns over the closure of the above. My husband is a cancer & heart patient at Poole hospital. The fact that it is close by is reassuring as we don't have the service from our doctors surgery for any appointment, let alone an emergency one. The drive to Bournemouth itself could cause a heart attack, our roads are so busy especially in the summer months, there is never enough parking at Bournemouth and if there is a traffic problem it could be a matter of life or death. If you don't have a car you have to rely on public transport-there aren't many buses to

take you straight to Bournemouth hospital and I really don't understand why you want to put peoples' lives in jeopardy to save a few quid.

19. Lynne Jackson, Poole Resident

The plans must be referred because of the known risk to residents.

20. Helen Farasat, Poole Resident

I am concerned that the CCG plans to close A&E and maternity services at Poole hospital have not paid attention to the risks posed by existing pressure on the local transport infrastructure. The road access routes for patients travelling from the east of the county to the proposed services at the Royal Bournemouth Hospital are extremely congested and prone to major traffic jams. There is evidence to suggest that a significant proportion of patients attending A&E and maternity services travel to hospital by car and without the benefit of the ambulance blue light service. For many of these patients time is of the essence, therefore any risk of prolonging the journey time may pose a serious risk to life.

I would therefore ask, in the interests of achieving the best outcomes for patients, that the Dorset Health Scrutiny Committee refer the CCG plans for independent review.

21. Dr R D Hill, Poole Hospital

I am deeply concerned about the proposed changes to the NHS in the Poole and Bournemouth area. I have lived in Poole since 1970 and was a consultant physician at Poole Hospital for nearly 30 years. Although I can appreciate the advantages of concentrating expertise on one site, I do feel that all the factors have not been considered by the decision makers. Although mortality rates may be reduced by being admitted to a specialist unit this will only apply if the patient can get there in a reasonable time. Anyone living in the area will tell you of the horrendous traffic problem even in the off season. These are only likely to get worse. Even now there is the constant noise of sirens from vehicles trying to get through almost grid locked traffic. The proposed reorganisation is only likely to make this worse. There is a sneaking suspicion that the decision makers are either not in touch with reality or they are making decisions on monetary grounds.

22. Kim Bill, Broadstone Resident

The plans to lose Poole A &E and maternity wards is appalling based on the longer travelling times due to known traffic issues to Bournemouth Hospital. My husband has had a heart transplant and it's critical to get him seen quickly in the need of any issue. Therefore the plans need to be referred.

23. Di Wellman, Poole Resident

I feel that as there is a known risk to patients these plans should be deferred until September for an independent review.

24. Hafsa Badat, Poole Resident

As a Poole resident I am writing to urge Dorset County Council to refer for independent review the CCG's plans to close A&E and Maternity at Poole Hospital because of the known risk to residents.

25. Lorna Sage, Poole Resident

Please please don't close our hospital. It is always busy, all those people can't travel all the way to Bournemouth and overcrowd that hospital.

26. Amy Bailey, Poole Resident

I write to request that you refer for independent review the CCG's plans to close the A&E and Maternity at Poole Hospital. The plans should be referred because of the known risk to residents.

27. Jez Martin, Poole Resident

I wish to record my view that closure of A&E and Maternity at Poole Hospital should be referred to independent review of the CCG's plans. As a user of Poole A&E over the years for various injuries, which I could just about get to under my own power. If I had same injuries and had to go to Bournemouth would not be able to get there on my own and would have to get an ambulance at more cost to NHS.

28. Sue Mallory, Poole Resident

I understand that Dorset County Council Health Scrutiny meeting will be discussing the CCG's plan to downgrade A&E and maternity services at Poole Hospital. I am writing to urge the committee to refer these plans for independent review, due to the serious risks they pose to the safety of Dorset residents, particularly those who live in Poole or further to the West.

29. Julian Flexman, Bournemouth Resident

I gather that the Dorset Health Scrutiny Committee will take a vote on 13 September over the Dorset CCG plans to downgrade Poole Hospital A&E and to close the maternity unit too. According to a report undertaken into the implications of these proposals from the ambulance services that potentially 396 lives would be put at risk due to the longer journey times for patients to be taken to Royal Bournemouth hospital instead.

Given this report that Dorset CCG failed to mention as part of their proposals and consultation documents that were distributed to Dorset residents, I would urge the Dorset Health Scrutiny Committee to vote for an independent review of the Dorset CCG plans. I would be grateful if you could please convey my concerns along with other residents to the committee please.

30. Lisa Ahern, Poole Resident

It is in my considered opinion that it is essential the DCC refer for independent review the CCG's plans to close A&E and Maternity at Poole Hospital. These plans must be referred because of a known risk to residents.

31. Jo-Anna Gillespie, Poole Resident

Before the Health Scrutiny meeting on 13 September I would implore you to refer for independent review the CCG's plans to close A&E and Maternity at Poole Hospital. The plans must be referred because of the known risk to residents.

Parish Council of Langton Matravers

Parish Council Office, 1A High Street, Langton Matravers, BH19 3EU

E-mail: langtonmatravers@dorset-aptc.gov.uk

Telephone: 01929 425100

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
Haycrafts Lane
Dorset, BH19 3EE
worthmatraversparishclerk@gmail.com
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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Involve@dorsetccg.nhs.uk

NHS Dorset Clinical Commissioning Group

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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

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 its 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.

By virtue of paragraph(s) 1, 2 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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