

Dorset Health Scrutiny Committee – 29 November 2018

Item 4a - Public Participation

Statements

1. Debby Monkhouse, Swanage Resident

We were delighted that the Committee voted to refer the CCG plans, on the grounds that:

- i) The risk to life due to extended travel times in emergency as a consequence of plans to downgrade Poole Regional Trauma A&E and close Poole Neo Natal County Specialist Maternity Unit
- ii) The closure of Community Hospitals, before replacement staffed Community Services 'closer to home', that are proven to reduce demand for Community Hospital and acute beds, are in place

Regarding i) the Committee are aware that Dorset CCG calculated for the High Court that, if Trauma A&E and Specialist Maternity were no longer available at Poole, over the 4 months of the Ambulance Trust Report 132 patients were at potential harm, which scales up to 396 patients over a year.

With regard to the extent of the potential harm that these patients would have faced, in several cases the danger is self evident from the details in the Report: an unresponsive child who would have faced a 9 minute longer, a child post cardiac arrest, a mum-to-be with internal bleeding due to ectopic pregnancy in extreme pain with fatally low blood pressure facing a 19 minute longer journey. A Dorset A&E Dr reviewed the cases in the Ambulance Trust Report and assessed that just under half were in imminent danger of dying, so that any longer journey was likely to prove fatal. This scales up to 183 per year likely fatalities - I have attached the table of likely fatalities and the calculation on the next page for ease of reference.

Regarding ii) Community Hospital beds have been closed at Portland (16), Ferndown (22), and Wareham (16). No hub was promised at Ferndown. No location has been identified for the promised hub on Portland nor is there any evidence of genuine intention to locate a hub there. The hub for Wareham is a distant dream as temporary housing is now being located on the planned site. In their Decision Making Business Case the CCG also plan to close 34 beds at Westhaven and 48 at Alderney.

In an unprecedented move, in breach of Dorset Health Scrutiny Committee's powers and responsibilities, and potentially in breach of ongoing legal process, Bournemouth Council has now written to the Secretary of State objecting to Dorset Health Scrutiny's referral of the plans. There are many issues with the letter which completely misrepresents the known facts: Councillor D'orton-Gibson is fully aware that there are a range of time critical conditions that cannot be treated in the Ambulance, as is evidenced by the Ambulance Trust Report, and from Poole Hospital's Annual Report, that more than 50% of those attending Poole A&E (37,500 in 2017/18) are admitted.

The Joint Committee has no jurisdiction, and, in any case, the CCG failed to lay the evidence of 396 per year at potential harm, should Trauma A&E and Specialist Maternity services be lost from Poole, before the Joint Committee.

Please could Dorset health Scrutiny Committee send a robust response to this letter to the Secretary of State?

**Likely Dorset fatalities = 183 per year of those transported by Ambulance
if Trauma A&E & Specialist Maternity Services are lost at Poole**

Taken from Ambulance Trust Report (Jan-Apr 17). See Cases below:

12 Adults from the 150 sample reviewed = 56 from the 696 Adults identified as at risk

56 Adults + 2 Maternity + 3 Children = 61 over 4 months, or 183 per year

Diagnosis	Maternity Paediatric Or Adult	Details	Extra Journey Mins	Potential Harm
Overdose non opiate	Adult, 90	Overdose zopiclone and paracetamol	21	Yes – reducing Glasgow Coma Scale (GCS) and difficult airways management
Sepsis	Adult, 95	Chest sepsis - aspiration	21	Yes - red flag sepsis with shock, Glasgow Coma Scale 3, peri-arrest, 21 extra minutes without antibiotics
Haemorrhage	Adult, 91	Large rectal bleed	20	Possible large PR bleed, hypotensive and becoming shocked
Overdose - unspecified	Adult, 42	Mixed overdose	18	Possible – fluctuating Glasgow Coma Scale requiring airway intervention
Overdose - unspecified	Adult, 49	Unresponsive	17	Yes – airways management difficult
Trauma	Adult, 33	Knocked over by car? Knocked out.	14	Yes – agitated and dropping Glasgow Coma Scale
Diarrhoea and vomiting	Adult, 82	D&V sepsis	14	Yes – very hypotensive despite fluids
Sepsis	Adult, 83	Chest infection – likely sepsis	14	Yes – red flag sepsis with shock, Glasgow Coma Scale 6, peri-arrest, extra minutes without antibiotics
Stroke	Adult, 85	? Cardio-Vascular Aneurysm	14	Yes – increased travel time with unconscious patient needing CT scan
Neurological	Adult, 84	Cerebro vascular event (CVE) haemorrhaging	9	Yes – Reduced Glasgow Coma Scale with possible CVE event
Stroke	Adult, 89	?Stroke or TIA – mild improvement	9	Yes – confirmed cerebro vascular event although still within window
Cardiac arrest	Adult, 76	Cardiac arrest after ambulance arrived	4	Possible, difficult to do CPR in moving ambulance for further minutes
Haemorrhage after birth	Maternity	No pulse improved en route	9	SWAST left blank
Ectopic pregnancy	Maternity	Extreme hypotension systolic bp 66mHg, pain score 10/10	19	SWAST left blank – bleeding into abdominal cavity causing fatally low blood pressure and extreme pain
Multiple Convulsion	Child	Child remained Glasgow Coma Scale 3	9	SWAST left blank – Glasgow Coma Scale 3 = unresponsive
Cardiac Arrest	Child	Post cardiac arrest	4	SWAST left blank
Medical	Child	Very sick child	4	SWAST left blank

2. **Giovanna Lewis, Portland Resident**

Firstly I would like to thank those Councillors on Dorset Health Scrutiny Committee who had the courage to show their concern for the safe well being of residents and voted to refer Dorset CCG plans for Independent Review, against the back drop of continued pressure and spin from Dorset CCG to do otherwise. Dorset CCG are employees of the NHS and therefore have no choice but to fiercely defend their position with any means they can muster – their paymasters demand it.

I truly believe that the cuts they propose will cause much, much greater risk to Dorset's residents and further erode the wonderful health services we have.

Daily, there are posts on Defend Dorset's facebook page with stories of very long waiting times for ambulances – and that is before Poole A+E is downgraded and patients with serious medical problems will be forced to travel further for help. This must surely be only the tip of the iceberg? If the only thing we have on offer is more consultant led care and specialisms – then why can't the £147m fund promised to the CCG be used to employ more consultants in our existing A+E hospitals? This surely would be a cheaper and less contentious solution than reducing Dorset's 3 A+E's down to 2?

Regarding Portland Hospital. Portland saw 3 public engagement meetings on the Island at the end of October. We were shocked to hear Ron Shields response to questions about staffing - admissions that his Trust had not done enough to recruit staff, and certainly could do better. We have learned to audio record such meetings so that we cannot later be accused of misrepresentation as we have dishonestly been done so in the past.

Portland was assured by Ron that the hospital would not go until a new site had been found for the planned Community Hub without Beds. Do we believe him when:

- At one of the engagement meetings a member of Portland Hospital Staff revealed that she had been told by the Estates Department that the hospital would be gone in 3 months.
- I was also told this a short while ago by another member of staff.
- At DHC's Trust Board meeting at the end of December we found an item referring to the possible disposal of Portland Hospital to raise funds for capital investment, but no mention of any site being found for the new Community Hub, nor how it was to be funded.
- Portland' plan has been on the table for almost 2 years now – yet a site has still not been found – whilst at the same time possible sites and funding have been discussed for other Community Hubs around Dorset.
- Those agenda's also both suggested that the services at Portland Hospital could be transferred to its two GP surgery sites!
- And now, we have discovered that local scrap metal companies have been asked to provide quotes for clearing out Portland Hospital and the underground abandoned old naval hospital.
- Weekly I hear stories of elderly people being 'shunted' around the County in a scramble to find community beds to relieve pressure on acute beds. This is getting worse by the day.

Many people on Portland believe that the Hospital should be retained and not sold off. We should use this current fine building for our Community Hub, fill it with more much needed services for the Island (we have been made aware that many providers would be keen to move into this building), and keep it until such time that there is a change in national policy and sound staffing investment so that Portland's Community Beds can be brought back.

More worryingly – and not what appears to be sound financial management - Portland Hospital was gifted to the Island many years ago by the ‘War Department’ and it holds no liability in terms of rent or mortgage loan – it is freehold and free to use. However, Community Hubs are funded by new loan structures which DHC’s own Finance Director says are very like PFI’s and is not happy to incur. This does not make financial sense.

Ron Shields also agreed that Community staffing (to support Care Closer to Home) is an expensive way of providing care – yet we are told that treating people in their own homes, rather than in hospital beds, is the solution. I have worked with this ‘hub and spoke’ method in sheltered housing and seen the fall in standards, lack of continuity and increased pressure it brings about. It is not a system fit to replace Community Hospital beds.

Can Councillors please agree to support the retention of Portland’s hospital and that it is used for other health services until such time that Portland’s Beds can be brought back to serve the needs of the elderly and infirm here on the Island. Thank you.