

Health Scrutiny Committee - 5 March 2020

Public Statement and Questions

From Mr Barry Tempest

'Last summer Dorset County Hospital (DCH) presented at a "public engagement" what was described as a "masterplan" for a "long-term project" representing a "once-in-a-generation opportunity". These phrases sum up exactly what we and DCH need.

'Some significant details were, however, not obtainable at the "public engagement" nor, it seems, subsequently. For example, any such plan must take into account projected local population growth over the next generation (subject, as such projections must be, to continuing modification.).

'A failure to plan in detail would be to invite a series of repeats of the situation we have at present where, for example, A&E services at DCH have been stretched to 200% of designed capacity in the space of less than a generation.

'Is this Committee satisfied that fairly realistic population projections do exist for, say, 2025, 2035 and 2045, or similar intervals, with a breakdown by age and gender, along with the anticipated, provisionally quantified demand for the full range of hospital services, including: maternity, paediatrics, oncology, audiology, cardiology, ophthalmology, etc?

'What are these projected figures? Is there any reason why these projections should not be in the public domain?'

From Mr Philip Jordan

ARE DORSET COUNTY HOSPITAL'S MSCP (multi-storey carpark) & wayfinding etc) + RELATED MASTERPLAN SUITABLE & SUSTAINABLE TO THE COMMUNITY'S & THUS THE HOSPITAL'S MEDIUM TO LONG TERM NEEDS

My Question arises from my being:

- 1) a former NHS Estates Officer & Project Manager, outside Dorset +
- 2) One who's lived in Dorset for over 30 years & with my family being long term users of Dorset County Hospital

I'm concerned by & wish to ask the Committee about the above as unfortunately

Whilst the approach taken to the proposed MSCP multi storey car park & way finding proposals etc + related Masterplan might cater for the Community & Hospital's immediate 5-6 year needs, it can be seen to not demonstrate being thought through thoroughly – such that this 32 year old (in o/a concept/initial phase) Hospital's future much beyond 2026 is compromised e.g.

Significantly, building the MSCP as proposed, where proposed, is as part of a 4 Phase Master plan which takes out important (to ill patients) surface parking nearer the Hospital Buildings, whilst failing to make (or plan) the most efficient use of Hospital grounds enlarged by the 2007 acquisition of the former Damers School buildings & grounds (who finally moved to Poundbury in 2017) i.e.

As proposed the MSCP fails to maximise DCH's medium/long term future as a vital public Acute Health Care facility for rural Dorset:

DCH & Prime PLC partners seem unable to think "out of the box", of DCH's original boundaries & make the most of 2007 extension e.g. instead of their 2D zonal approach to DCH's still ultimately landlocked situation, they could follow precedent (similar to nearby Waitrose) by putting an MSCP underground on the former Damers site & enabling DCH &/or residential type development over it.

From Debby Monkhouse

It was discussed at 17th October 2018 Health Scrutiny Committee that no Ambulance resources would be removed from Swanage, and it was suggested that Ambulance services to more remote parts of the county would be improved.

This is because the proposed loss of emergency medical, trauma, maternity and children's care from Poole Hospital means Swanage residents can no longer access emergency hospital care, even by blue light, within the CCG's own 'safe' travel times of 30-45 minutes.

A Freedom of Information response from SWAST to Langton Parish Council stated that the average time from a category 1 imminent danger of death call, for all BH19 (Swanage and villages) postcodes, to arrival at Poole Hospital, over the period November 2016 – December 2017, was 1 hour 43 minutes.

We understand that the Swanage Ambulance Car was withdrawn last week.

Could the Committee please urgently raise with SWAST the agreement that all Ambulance resources would be maintained at Swanage?

From Chris Bradey

The Competition and Markets Authority opened their consultation into the merger of Poole and Bournemouth Hospital Trusts on Thursday 27th February, and **it closes on 12th March**. Local authorities are invited to comment.

There are many issues related to the Committee's referral of the plans to the Secretary of State that have not been addressed, and some new options that the Committee may wish to comment on to the CMA.

Residents believe that the Trust's 'Patients Benefits Case', submitted to the CMA, is very misleading. It ignores the issue of risk to life due to longer journey times to access emergency care with the loss of Trauma A&E, and emergency Maternity and Children's care from Poole Hospital. It does not address the capacity of RBH and Dorset County A&E's to cope, given that A&E and trolley wait time targets are all being missed, Dorset County A&E is already running at twice capacity, and the numbers accessing A&E and Maternity will increase due to housing developments planned, 30% of Dorset residents being expected to be over 65 by 2030, and because siting trauma A&E and specialist maternity and children's care on the border with Hampshire will mean an influx of patients from there.

The Independent Panel has suggested that "A&E Local" - a full A&E for Poole that is closed overnight - could be a viable compromise.

A&E Local would help address capacity issues, and save Dorset lives, that would otherwise be lost due to longer journey time combined with chronic daytime traffic across the conurbation inhibiting access to emergency care.

Please could the Committee consider raising these concerns with the CMA?

Letter from Dr Martin Ayres, Clerk to Swanage Town Council

Support for 'A&E Local Model' at Poole Hospital

In the autumn of 2018 Swanage Town Council wrote to Dorset Health Scrutiny Committee to draw attention to its serious concerns regarding the Clinical Commissioning Group's proposals for transforming Dorset's NHS. The Council welcomed the Committee's decision to recommend to the Secretary of State that the proposals should be referred to an independent panel.

The Town Council's principal concerns related to proposals to relocate maternity services and the local accident and emergency department from Poole Hospital to the Royal Bournemouth. The Council argued that an increase in journey times for residents of Swanage and neighbouring parishes of approximately 20 minutes would introduce an increased clinical risk for seriously ill patients.

Whilst the Town Council recognises that the CCG's proposals have now been approved by the Secretary of State, the Council's attention has been drawn to the possibility of implementing an 'A&E local' at Poole Hospital as a means of mitigating some of the increased risk for local residents. From the Independent Reconfiguration Panel's report, it is understood that this is a 'model between the standard urgent treatment centre and a conventional district general hospital A&E', most likely operational for 16-hours a day. This would address the issue of chronic daytime congestion in the conurbation inhibiting access to RBH in an emergency from most of Dorset.

The Town Council discussed this issue at its meeting on 27th January and resolved unanimously to write to both yourselves and the CCG to ask that detailed consideration be given to the introduction of this model at Poole Hospital. The strength of support reflects the Council's view that the retention of services at Poole will reduce the risk to life of local residents.