



GREAT TORRINGTON TOWN COUNCIL

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Town Clerk:- M.A.Tighe, DMS MBA

MAT/KC

6th October 2015

Rt. Hon David Cameron
10 Downing Street
London
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Dear Mr Cameron,

CLOSURE OF COMMUNITY HOSPITAL BEDS IN DEVON

Simon Stevens was obviously correct, when he said during his speech to the NHS Confederation Annual Conference in 2014, that the NHS is into care and health, not bricks and mortar, and that buildings will come and go, (as they do in all countries), to meet the challenges of providing a safe and efficient service. He also highlighted the challenges of a growing and aging population, (where we have more pensioners than children!). Change is obviously a constant but must be understood in the context of the environment in which services are provided.

Appendix 2 of the NHS publication Working with People to Improve Health Services, sets out 5 pledges in leading local change. They are inter alia, change will always be to the benefit of patients, change will be clinically driven, **you will see the difference first**. This latter pledge says that existing services will not be withdrawn UNTIL new and better services are available to patients so they can see the difference.

Review of the community hospitals provided by the Northern Devon Health Care NHS Trust, (NDHT) has been taking place for some time. The basis for the review and the subsequent closure of over-night beds has been on the premise of providing a better service for the communities. The local Clinical Commissioning Group, (CCG) (which has now been placed under the Success Regime to help it overcome deep-rooted, long-standing problems), has been complicit in the process.

Your local M.Ps. Geoffrey Cox and Peter Heaton-Jones from North Devon are of course more than aware of the concerns locally regarding the closures and proposed closures of community hospitals. Until now the exercise has been promoted as providing us all with a much higher quality service based in our own homes. Associated with that 'superior service' is the transformation of the community hospitals into an Health Hub, ('hub' being the latest 'in' word). However in the latest round of 'consultations' Dr Alison

Diamond the NDHT Chief Executive has in her Forward to the document 'Safe effective care within the budget', clearly laid the blame for these proposals on insufficient finance to continue providing the medical services we have all come to expect in this very disadvantaged rural area.

Thus it appears that the government's budgetary provision and the exorbitant spending on agency staff by the NDHT are having a direct and harmful effect on the quality of our community health services. If this is correct then the community needs to support the CCG and the NDHT to petition for more finance so that we may continue to be provided with an acceptable service. There is no doubt that in this part of the country the community is a special case. Indeed the actions that are being taken are disenfranchising the community. One must feel sorry for the NDHT that it is unable to provide the service it wishes, and is being forced to close hospitals whilst trying to tell us all that it is in our best interests. When was closing a hospital ever in the best interests of the community?

We quote from the current consultation document **'we are not able to absorb this gap in funding without making significant changes to the way services are delivered. ... Devon's NHS has been identified as particularly financially challenged'**. Clearly therefore, the government needs to review how the finance for the NHS is divided between areas and trusts and establish a more equitable share for this area. This will allow us to set aside the folly of claiming to provide a better service by closing community hospitals.

The changes that have been implemented and are proposed have and are being introduced in complete disregard of the government's own 5 pledges to the community regarding the introduction of change. Local GPs have asked the NDHT to stop the process until a full review is undertaken. We enclose a copy of their letter.

You will be aware that this part of Devon is one of the poorest in the country with corresponding poor public transport unless one lives and travels within Barnstaple and Bideford. Coupled with that, is the attraction for the elderly to retire to this area thus altering the demographics of the community. Geographically the area is very large with much of the population living in the rural hinterland often in 'isolated' villages with poor or little public transport. An essential element of community life and wellbeing is the community hospital. Some of the outlying areas are over 40 miles from the district hospital in Barnstaple. People no doubt would prefer to be in their own homes when they are unwell, but should they need more specialised care, then the first option should be the 'local' community hospital. Remaining in one's own community with family and friends being able to visit easily is preferable and more conducive to quicker recovery. Not only do community hospitals provide an excellent local service they are also a pressure valve to help relieve problems of bed blocking at the district hospital. If the community is left, (as seems likely), without any community hospitals the inevitable 'bed blocking' will result in much needed operations and treatment being delayed and cancelled. Such behaviour is worthy of comparison with what the media calls 'third world countries'.

If one lived in a tight conurbation such as that inside the M25 or the Midlands, closing the occasional facility may not have anything like the same impact as it does in this vast, (by comparison) rural area. This community feels very strongly that its health service is being sacrificed and as a direct consequence the population of all ages is being discriminated against. Indeed it is felt that health is not the only service that is being underfunded compared with the more 'urban' areas of the country. You will know and hopefully acknowledge that once services are lost, the reduced level becomes the 'norm' and any finance and improvements are then judged against that reduced level of service. The opportunity for improvement is inevitably lost and the affected community starts to diminish in the eyes of its members.

A community such as Northern Devon has a proud history and has been many hundreds of years in the making. None of us should look to dismantle that history or the achievements of the many generations of people who have worked hard to secure what we have. However people who do not understand our needs or our circumstances are making decisions that will result in great harm to us all. The funding for the local NHS is just the latest example where the legitimate needs of the local people are being disregarded.

If the building blocks are gradually taken away the community will eventually wither and die. Because this stripping away of the fabric that binds the community and gives it identity is done on an incremental basis, it is in danger of going unnoticed until it is too late to stop it. One block supports another and the removal of one affects the stability of the next.

If you consider that meeting a deputation from Devon would be helpful, we are sure that with the help of the local Members of Parliament, that can be arranged.

We look forward to your thoughts.

Yours sincerely,



Michael Tighe
Town Clerk



Councillor Mrs Cathrine Simmons
Mayor

For and on behalf of the community of Great Torrington