

Trust (BBPT) would like to put the record straight and describe a positive and healthy future for the iconic Oliver buildings.

For years, North Devon Council has recognised the importance of these buildings – all that is left of what was a key industry for the town.

They are thought so much of in Barnstaple that there are plenty of examples where new developments in the town have taken an architectural lead from their material and form.

BBPT is delighted that the value of the buildings is recognised by the people of North Devon and their national significance has been recognised by Historic England. The buildings have been listed not just because they contribute to the understanding of Barnstaple as a town, but because they are truly special in their design.

This is one of the earliest buildings in the country with a sprinkler system, installed when it was built in 1888.

We have put the case to the developer that far from being a liability, a historic building is an asset – we suspect that in publicity for the site it will not be Asda on the front cover.

Not only does it provide a sense of place to the site, its history chimes with the buildings across the river, separated by the town's grade one listed bridge.

A listed building will attract funding grants that enable its

For the public, these historic Shaplands buildings could be a space for learning about, celebrating and continuing Barnstaple's creative culture; a place to hang out, meet, eat, browse, listen and enjoy.

The site offers an opportunity for an easily accessible cultural gateway to the town and its history, and highlights Barnstaple's contribution to the history of design and manufacturing in the UK.

For those in the minority who voted for the demolition of these buildings in the North Devon Journal poll, we would ask them to consider standing in the car park between Halfords, Lidl and Pizza Hut and tell the Journal what view they prefer.

Halfords is only there because it was listed grade two as Barnstaple's slaughter house.

The BBPT is a registered charity and limited company and has access to a number of charitable and government grants. The listing of these highly original buildings has opened up significant new opportunities and we invite the developers and the people of North Devon to join us in delivering a sustainable future for these key landmarks.

JONATHAN RODNEY,

Chairman,

JOHN ALEXANDER

**Secretary,
Barnstaple Building
Preservation Trust.**

Concern for patient safety

WE, the undersigned GPs, would like to register our grave concerns over patient safety regarding the forthcoming plans of Northern Devon Healthcare NHS Trust (NDHT) to close community beds, either in totality or part of the locality, in an unprecedented move before this coming winter as proposed in your current consultation paper.

The current consultation process for "safe and effective care within the budget" has been experienced as a hasty cost improvement process given the far-reaching safety im-

community hospitals in Holsworthy, Bideford, South Molton and Ilfracombe, which has 10 community beds but is temporarily closed.

The current 64 beds in three community hospitals are fully occupied. East-the-Water near Bideford and Ilfracombe are among the most deprived areas in the country with complex health and social needs. Patients in our rural areas will have more difficulties in getting transport to North Devon District Hospital (NDDH) in Barnstaple should all the community hospital beds be closed.

Patients in Holsworthy areas will have to travel 35 miles to NDDH should Holsworthy community hospital be closed.

We have particular concerns over the safety of these proposals that are being made in the absence of concrete plans for bolstering and investing in safe staffing levels of the existing very stretched community nursing service. Vulnerable patients this winter could find themselves with inadequate community nursing, physiotherapy and other ancillary services, as well as an 'over-stretched' primary care GP services which will be forced into tak-

ing clinical responsibility in an inadequate and under-sourced system.

The current time-frame does not suggest any contingency or risk and impact assessment to account for laying down sufficient and timely investment in community services and staff to prevent this.

It must be recognised that NDDH currently faces frequent bed shortages, resulting in patients at times having to be placed temporarily in the day surgery unit overnight in bed state emergencies with inadequate facilities as in a normal ward and delayed admissions.

Closing community hospitals beds will further compound this situation and may also affect the safe running of NDDH itself.

NEW Devon CCG's suggested strategic direction is for a timely process of reduction in the numbers of community beds shared over a number of community hospital sites, with money saved by reduction of community beds reinvested in community staffing. This is a very different proposal.

If staff cannot be attracted to work at the community hospitals, it is unlikely they will be

recruited in a timely manner to provide sufficient community nursing cover to the local population, resulting in unsafe levels of staff to cover patients discharged from NDDH in the community, often very early in the course of their illness with multiple needs, both medical and social.

Similarly, we are not convinced by the proposal of a community bed unit based at NDDH to be established in time for the winter prior to the closure of all community hospital beds, nor the proposal that a "Frailty Consultant" will be recruited in time to provide clinical guidance and leadership to those proposed beds at NDDH reserved for community patients.

NDHT has had severe difficulties and is unable despite multiple advertisements in replacing recently resigned Care of Older People Consultants. North Devon population will end up with no community hospital beds, no consultant with the appropriate skills to provide clinical skills and direction and an over-stretched community service in addition to an acute hospital with bed shortages over the winter.

It has been suggested that the



Comments early one misty morning, sun popped over the wall and very briefly created this lovely effect!"

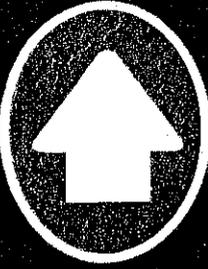
Every week the **Journal** will publish a picture of a view from the area. We would like readers to submit their own pictures for inclusion. It could be a rural view, a marine scene or any other picture which is special to you, if you have a picture you would like the print to Viewpoint, **North Devon Journal**, Avery House, Liberty Road, Roundswell Business Park, Barnstaple, Devon, EX31 3TL or e-mail: viewpoint@northdevonjournal.co.uk. Please give details of when and where it was taken and also include the technical data of the equipment you used and conditions at the time if you'd like to.

closure of Torrington Community hospital was a success. The truth of the matter is that these patients were often placed in other community hospitals which are still open and evidence shows these community beds are needed.

We agree that patient safety is paramount and as such we do not support the current "safe effective care within budget" plans and their time-frame. We propose NDHT engage all stakeholders including the CCG and staff for a timely and proper consultation to find the best and safe solution for our population.

FROM 45 NORTH DEVON AND TORRIDGE GPs.

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