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Acute service reviews: why North Devon should not trust NDHT and the CCG

At the NHS's discussion event held at Petroc, Barnstaple, on Friday 17 March, representatives of the Northern Devon Healthcare NHS Trust (NDHT) and the NEW Devon Clinical Commissioning Group (CCG) made a number of seemingly reassuring statements about the fate of North Devon District Hospital's acute services currently under review. In spite of this, a member of the public angrily asked the question that SOHS has been asking for some time now: "Why should we trust you?"

Not surprisingly, the panel deftly sidestepped the question, but it needs answering. Particularly given the way that NDHT and the CCG have treated the public in North Devon with regard to the removal of beds and the closure of in-patient services at our community hospitals. It's an appalling catalogue of disregard, disdain, deceit and double-crossing. Let's talk facts.

In 2013, the inpatient beds at Torrington Community Hospital were closed without any regard for the statutory obligation to consult. Subsequently, the new model of "care closer to home" was proclaimed a success despite compelling testimony to the contrary. STITCH campaigners fought to have the case referred to the Secretary of State, and their expert evidence, impact assessment and case studies are now with the Independent Reconfiguration Panel (IRP) for a second time. Even the chair of the Sustainability and Transformation Plan, Ruth Carnall, described the complete lack of due process in Torrington as a "black cloud". It would not be the last.

In November 2014, the Tyrrell in Ilfracombe saw all beds closed before a retroactive consultation was held on a de facto state of affairs in late summer 2015. In August 2016, we in SOHS then watched the CCG retroactively conduct a Gateway Review – designed to answer critical questions *before* actions are taken – to rubber-stamp the elimination of community beds in both Ilfracombe and Bideford *more than nine months after* they had actually been removed post consultation.

Most recently, on 3 March 2017, it was announced that the beds at Holsworthy Community Hospital would be temporarily closed due to concerns over staffing and bed occupancy. The news was naturally met with consternation by the residents of Holsworthy itself, but with utter disbelief by the residents of Okehampton who, facing the permanent closure of their own community hospital, had consistently been told – right up until the previous day – that Holsworthy’s beds would be available for them if needed. Unbelievably, in the following weeks NDHT’s CEO Alison Diamond stated at two separate public meetings in Barnstaple that she had no knowledge of the reassurances that had been given to Okehampton.

At the ensuing public meeting in Holsworthy on 15 March, NDHT and the CCG faced a series of all-too-familiar charges: broken promises; failure to consult with staff; gagging of staff; contempt for the general public; refusal to provide clinical evidence; opacity in answering important questions; and a clear failure – and apparent unwillingness – to proactively address the situation. Is it really any wonder that the people of Devon have trust issues?

NDHT and the CCG have now retrained their sights on North Devon District Hospital. As the acute service reviews continue, SOHS is demanding nothing less than full transparency. In particular:

- that the records of all the internal workshops forming part of the reviews be made public (who was there? who said what? what was agreed? what reports were produced? what evidence was considered?);
- that the upcoming meetings of the Clinical Cabinet be webcast and the video recordings and written minutes made publicly available;
- that all clinical data and documentation considered in the review process with a view to formulating proposals for reconfiguration be made available at an early stage for public scrutiny (metrics and measures, outcomes, independently reviewed studies and statistics, peer-reviewed evidence, etc.).

If NDHT and the CCG are willing to comply with these demands, they may yet halt the nosedive in public trust that is entirely of their own making.

Ian Crawford

Media Liaison – SOHS Northern Devon

07917 123 435

[*ianbluz@gmail.com*](mailto:ianbluz@gmail.com)

www.sohs.org.uk