

## **WESTMINSTER MEMORIAL HOSPITAL WORKING GROUP**

Notes of meeting held on Tuesday 17<sup>th</sup> January 2017 at 6pm in the Town Hall

**Present:** Councillors Anthony Austin [Chair], John Lewer, Piers Brown and Lester Taylor; Steve Unwin, Ros Gough, Lester Dibben, Julie Hawkins, Barry von Clemens, Carolyn Cox, Neil Southerden, Julian Pritchard, John Parker, Simon Pritchard, Ray Humphries, Lynne Fish, J G Lichfield, Claire Commons

### **1. Apologies**

Councillor Philip Proctor

### **2. Minutes of the meeting held on 10<sup>th</sup> January 2017**

The minutes of the meeting held on 10<sup>th</sup> January 2017 were approved by those who were present at that meeting.

### **3. Report by Cllr Austin on various meetings attended and future meetings proposed**

Cllr Austin [AA] reported that he had brief meetings at the school with a number of CCG representatives. The consultation document and questionnaire are not easy to read and doesn't cover points specifically in terms of Shaftesbury.

AA has a future meeting with Sally Shead – director of quality and nursing of CCG, to discuss Social Services and what their involvement is in the consultation. There is not much mention in the document on how social services are to be involved in the future.

AA has a future meeting with Tim Goodson, CEO of CCG. There are lots of questions, including how they are going to analyse the questionnaires and how they will base their decisions on responses.

Dr Yule of CCG, stated that she would get a clearer picture of some of the background which may not get in public forum.

A representative from WMH stated that she would like clarification on a couple of parameters. Eg hip operations at Odstock will have a cost. If patients have to stay beyond their predicted time, what will be the daily cost. If they happen to be moved to WMH what is the cost of that daily stay. i.e proper hospital care as opposed to care in care homes.

Without ideas of cost, how can the amount of savings be achieved.

The Working Group would like a clearer understanding as there were worries about the whole of the integration of the services and keeping beds in the community and in the WMH. It was stated that she would like to ensure that truths are underpinned when final decisions are made.

### **4. Reports and feedback from stakeholders: their engagement in the Consultation and how to work jointly with the Working Group**

Julian Pritchard [JP] – Save our Beds [SoB] campaign. A petition circulated by Dick Ripper, but this wouldn't be counted as it would be submitted outside the consultation deadline. SoB would try to visit every resident in Shaftesbury, Gillingham, Mere and surrounding areas, to ensure they have been issued with a questionnaire and are able to fill it in. We can then get an idea how far

the CCG has reached with their proposals. We will be asking each person to state whether they have heard about the consultation and that they have had the document, and whether they completed it. Also whether they will sign the petition.

First impressions are that everyone wants to keep the beds. We will know how many submit questionnaires or said they would and that would double up as a petition. It is hoped to speak to as many people as possible and hopefully no-one will be left out. The sway of information which will be useful later on.

Steve Unwin [SU] – you are talking about knocking on 15k to 20k doors. We have 4 weeks, it's a mammoth task.

JP – We have a street representative for every street in Shaftesbury and pass on from there and to mobilise every institution to have a street representative with an area coordinator. The start of the process is to ask people not to sign petition, but to knock on doors in their street. We are likely to lose our hospital beds and that is our drive. This is very emotive and with enough people on board that covers a lot of streets.

AA stated that one of the beauties is what the statistics will produce is in the analysis of knocking on doors is whether the majority have or haven't received information about the consultation and will give some idea of the effectiveness of the campaign.

Lester Dibben [LD] – The information is not clear regarding the beds issue and is not clear on the information that has been produced. The CCG have made it clear that they would look at alternative proposals. There are only 5 weeks to put a proposal together, which can be backed up by Julian's information. The Working Group could come up with an embryo idea of what can be delivered in order to form an alternative proposal. CCG to confirm the latest date to receive alternative proposals, this may be later than 28<sup>th</sup> February in which case there will be more time to further develop and establish a plan.

The original WMH was a cottage hospital to provide beds. The hospital building / plot is very valuable. There are conflicting rumours and it has not been made clear as to whether the proceeds from any sale would be spent on building another building or not. There are up to 4 plots of land in Shaftesbury which could be available.

It was also stated that there are plots available in Gillingham.

Piers Brown [PB] – The point should be made that there are more than 14k doors to knock on. Although there is no need to knock on every one, just a proportion to be valid. We also need to get people to engage with the consultation directly as well as to the secondary questionnaire. JP confirmed that was the point. PB – A leaflet drop to mobilise the community in addition to knocking on doors would assist in engaging the community.

AA – It is not getting the numbers to sign a paper to say about beds, it's about getting people to fill in the questionnaire -they will be analysed by postcode as well as the answers to the questions.

PB – Tim Goodson said it is more important to get the comments than the ticks in boxes.

AA provided reasons for retaining the hospital environment beds as a guideline for filling in the relevant boxes on the questionnaire, to give an idea

of what to put on paper in order to demonstrate why there needs to be beds. If anyone can provide more, please let me know.

Palliative care beds are equally important to restorative care and we must ensure this is not lost sight of.

Carolyn Cox [CCox] – Palliative care beds are a priority.

Ros Gough [RG], Hindon PC, stated that the back of the consultation document says the questionnaire is available online, where else can people get them.

Claire Commons [CC] suggested dispensing pharmacists could have supplies.

LD said they were struggling to contact people in SW Wiltshire and that it appeared there was a whole cross section of society being missed. There was a strong need to go back to CCG about this.

Lynne Fish [LF] had been informed that not many people from Wiltshire use Shaftesbury hospital.

Barry Von Clements [BvC] stated that the Hospital is used by non-Shastonians. It is used way over to Mere which is outside the CCG's boundaries. The CCG will not take into account the use of any resident outside the postcode so if you live outside Dorset, just over the border, they won't take that into account because they are the responsibility of the other Counties. Anyone outside the boundary registered with a Shaftesbury Doctor should check. As far as the CCG are concerned, North Dorset covers a lot of West Dorset.

Does the petition include email or contact details as it would have been an ideal tool for contacting people that may think that signing the petition counts. AA responded no as it doesn't have reasons.

Ray Humphries [RH] –The Hospital site is a valuable piece of land and whether they intend to build a hub before they close it isn't clear. When it came across to Shaftesbury was there any money which came across with it. Can we stop them taking the land? Any covenants? Perhaps a Land registry search would clarify and would be happy to work with LD on this.

CC suggested investigating documents at the Dorset History Centre

LD stated that as far as known they have not been comparing sites. There is a site they were considering but don't know if they can afford. They need a valuation on that site, also a valuation of Langdale farm, the Persimmon site. AA asked LD to provide him with the information on those sites.

LD said that when the analysis is received, it should be completely independent, suggested using Bournemouth University.

JP commented that the Group should be careful how they talk about palliative care beds to the CCG. Their view is that Cedars and Castle Hill can look after palliative care in Shaftesbury. When talking about complex palliative care it is vital that medical beds are available..

Simon Pritchard [SP] asked for confirmation that it is important to get postcodes from a wide spread of area.

LF said she had raised the point that she live in Wiltshire and this is her local hospital. The CCG have also not taken into account the cuts in public transport.

JP had asked at the recent drop-in what is the minimum of the questions answered in order to be valid – what if just the page on North Dorset was completed.

AA spoke about looking at usage and gathering information. If the proper picture is left out, their consultation will be rubbished. This is why Simon Hoare has made representation and is bringing people together.

SU stated that at last meeting we were talking about producing a leaflet. AA responded that the Working Group would go with the Save our Beds campaign leaflet

LT stated that there was a need to use every single means of publicity including facebook, press releases, radio. JP responded that SoB has facebook and twitter and is covering every area.

PB commented on the SoB leaflet in that the first thing is there is loads of good information which gets the message across but its a lot of reading. People are inherently lazy and personally feels something of this word density ok on the back but a simpler front, max 50 words and some pictures.

John Parker [JPkr] said that the situation is that the NHS have put forward a proposal how the service is to be provided. We don't like it but also think they haven't taken into account travel patterns etc. There needs to be a community idea of what is required. What else goes on at MWH is important and the Working Group need to concentrate on a positive proposal. Detail of where things are built is further down the line. Need to establish the dream first and foremost.

AA reiterated that the most important thing is to identify the need for beds. Shaftesbury doesn't want to lose those beds. Then look at the long term solution. There is a guarantee, we believe, that the beds will not be closed until there are alternatives available.

LT said that at the end of the consultation, the same group that did all the analysis for putting the councils together that are doing the analysis for the hospitals. If the results come back and we don't like it, we need to put a plan in place.

Sara Jacson [SJ] wished it to be known that the rumour or belief that Cedars and Castle Hill, which has 62 beds, is actually making benefit of the possibility of the beds closing is without any substance. Like many in the community they knew nothing about the proposals until the meeting 3 months ago.

## **5. Any other business**

AA stated that he would like to hold a public meeting in 3 – 4 weeks time, to see how things are progressing. This was AGREED by the Working Group.

AA was looking urgently for someone from social services who will come and speak. RH suggested that we invite past directors of the Hospital.

AA advised that a press release would be sent out after each meeting of the Working Group..

SJ requested that if there is to be a public meeting it be held in the school.

JPkr commented that by the time of the public meeting the Working Group would be able to put forward the public need.

BvC said that Gillingham had done quite a lot in the background and had arranged the meeting with Simon Hoare MP. It seems that Gillingham wants to save the Hospitals name, not just the hospital saved.

Meeting closed 7pm

**6. To agree agenda items and date for next meeting**

The next meeting of the Working Group will take place on Tuesday 24<sup>th</sup> January 2017, 5:30pm in the Town Hall.

The meeting closed at 7:00pm