



SHAFTESBURY TOWN COUNCIL

Westminster Hospital Working Group

Tuesday 7th February 2017, 5:30pm at Shaftesbury Town Hall

Agenda

1. Apologies
2. Minutes of the last meeting held on 31st January 2017
3. Report from Cllr Austin on meetings attended
4. Report from Julian Prichard, Save our Beds Campaign
5. Reports and feedback from stakeholders
 - Melanie Froggatt, SDTF – Discussion with the Cottage Hospitals Association (see Appendix A)
 - Lester Dibben , SDTF Suggested questions for the CCG (See Appendix B)
6. Proposed Public Meeting on 15th February
 - a. Managing the meeting on the day: Volunteers to help
7. Any other business
 - Environmental Impact on proposals
 - Report to the General Management Committee
8. Date of next meeting : Tuesday 21st February 2017

Confirmed members of the Panel of speakers for the public meeting on 15th February are:

- Tim Goodson – Chief Officer CCG
- Dr Karen Kirkham
- Dr Simone Yule
- Sally Shead – Director of Quality CCG
- Sally Sandcraft - Deputy Director, Review, Design & Delivery CCG
- Helen Coombes – Interim Director Adult and Community Services, DCC

Appendix A

Dear all

I have just managed to speak with Helen Tucker, Vice President of the Community Hospitals Association, this afternoon. I asked her for her advice and expert guidance regarding the Clinical Services Review (CSR), in particular that affecting Westminster Memorial Hospital (WMH).

Helen is familiar with the CSR and the threat to WMH, in particular the proposals to remove the beds. Here are the notes from our discussion:

Evidence to challenge the proposals – in particular, the consultation process. Are there any flaws, or gaps in consultation. Of course I explained the issue re zero engagement with Wiltshire. Helen said if local people (Wiltshire) haven't been included in pre consultation and indeed engagement events, including having sight of the consultation documents, then that has to be raised as a matter of priority to the Health Scrutiny Committee (HSC). It is their job to challenge the CCG on this, and will hold a lot of weight in submitting a request to extend the consultation.

We must show how WMH is embedded into the local area, how it fits in with other services. This is evidence in strengthening how it is needed. Such other local services as falls prevention services, the fire service local community involvement, Weldmar cancer patients, specialist palliative care unit etc.

Coming up with an alternative – although Helen says this is regarded by some that we're doing the CCG's work for them, it is crucial this is not dismissed. Having a viable alternative model is providing further evidence there is a need for the service...meaning with the beds. This alternative should include specialist bed provision, such as dialysis patients, people recovering from a stroke that are for example having a peg feed...all the things 'medical' that couldn't be carried out in step up/step down beds in a care home! These specialist beds would help free up beds in Salisbury, for those patients deemed medically fit, but too unwell or with high complex care needs that they cannot go home.

Find out from Salisbury where they would put the patients they would usually send to Shaftesbury, those that are no longer acute patients, but who still cannot go home. What do Salisbury have to say about the CSR? Do they have more patients they could send to WMH if there was a new community hospital built with 25 – 30 beds? What impact would it have on Salisbury if there were more patients they could discharge to WMH? If more specialist beds, such as stroke patients, could go to WMH from Salisbury? What impact would no beds in WMH have on the current capacity of Salisbury?

For the alternative model, in the case of WMH, that means a new build. A new community hospital. So that should include identified sites for the new build. Approximate build costs. And a cost for a 25 – 30 bedded unit/s. The possibility that the GP surgery could be within the new build. With the recent expansion in the towns

population, and that of neighbouring towns to be included. In effect future proofing a new community hospital.

Helen has advised me there will be an announcement from NHS England next week, to launch the new Primary Care Home model. Some pilots (since 2015) have already had success, including 2 in the South West. This model of care includes G.P's working within a team centred around a community hospital. Making the community hospital the jewel in the crown! Simon Stevens, CEO of NHS England has given community hospitals his backing, so this is all good news for our cause!

As to the question on who owns WMH and it's grounds....Helen said that in 1948 all community hospitals (buildings and land) were signed over to NHS ownership and she has had much experience in this matter legally. With other campaigns challenging 'gifts to the town' such as the case with WMH. She said sadly we are not going to be able to challenge the CCG legally regarding this. So to concentrate our efforts in other matters, such as getting the HSC to hold the CCG to account, and alternative viable options.

Friend's of WMH – Helen said that in Cumbria, all the local Friend's groups got together and joined forces, which had a substantial impact in Cumbria. I am going to try and find out more if I can.

Finally, the CHA are willing and able, to provide assistance on a consultancy basis. In Helen's past experience this has been funded by Friend's groups. Such services CHA can provide are on a task basis, for example reports and evidence. They have a wealth of experience and knowledge on this and I think we need to explore this further. Especially regarding the alternative option of a new build, costs per head etc. As I think we'll struggle to do this as a working group. I always think best to hire an expert....let's give the CCG a credible report or evidence, that they can't wiggle out of or dismiss!

Helen is out of the country tomorrow for a week so I was really lucky to be able to get to speak to her on behalf of WMH Working Group and as a representative for Shaftesbury and District Task Force. She said she will be in contact with me when she's back in the UK.

Melanie Froggatt

Shaftesbury & District Task Force

Appendix B

Dorset CCG Questions

Bearing in mind the commitment to the 'Sustainable Development in the NHS document' what would be the new Carbon footprint?

What travel arrangements have you prepared to be put in place in order to support those who cannot use the current public transport system and does this allow for the reduction in North Dorset services?

What public conveniences are proposed to support those able to afford to use their own transport, such as the children in their sixties and seventies while visiting their parents?

What services have been identified for the Hub?

Due to the fact that the CCG have not properly ensured full coverage during the consultation, what plans have been put in place to ensure full open and transparent coverage?

What action was taken by the CCG when it only received one response to its consultation request to the Wiltshire GP's?

Were all 98 Parishes, the Wiltshire Unitary, the districts and County Council advised of the consultation?

Will you lengthen the consultation time please?

I have asked the CCG for the consultation documents and the resulting views of the Hospitals when can we expect to receive them?

What work has been done to cost the upgrading of the current site gifted to the town and surrounding area in 1871 by the Grosvenor family?

Please provide the certificate of ownership to prove NHS ownership if that is what the CCG is claiming?