Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ on Wednesday, 17 October 2018

Present:
Bill Pipe, Kevin Brookes, Ray Bryan, Beryl Ezzard, Nick Ireland, David Walsh, Alison Reed, Peter Oggelsby, Bill Batty-Smith, Mike Lovell and Peter Shorland

Members Attending:-
Jill Haynes, Dorset County Council Cabinet Member for Health and Care
Kate Wheller, Weymouth & Portland Borough Councillor for Wyke Regis and Dorset County Councillor for Portland Harbour
Keith Day, Dorset County Councillor for Bridport
Bill Trite, Purbeck District Councillor for Swanage North and Dorset County Councillor for Swanage

Officers Attending:- Helen Coombes (Transformation Programme Lead for the Adult and Community Forward Together Programme), Ann Harris (Health Partnerships Officer), Jonathan Mair (Service Director - Organisational Development (Monitoring Officer)) and Denise Hunt (Senior Democratic Services Officer).

Other Officers in Attendance:-
NHS Dorset Clinical Commissioning Group: Tim Goodson (Chief Officer), Matthew Baker (Senior Locality Lead), Alan Betts (Deputy Director Transformation and Change), Ann Bond (Principal Primary Care Lead), Katherine Gough (Head of Medicines Optimisation), Phil Richardson (Transformation Programme Director) and Sue Sutton (Deputy Director of Service Delivery).

Dorset County Hospital NHS Foundation Trust: Patricia Miller (Chief Executive)
Dorset Healthcare University NHS Foundation Trust: Ron Shields (Chief Executive)
Healthwatch Dorset: Des Persse (Executive Director).

(Notes: These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting on **Thursday, 29 November 2018**.)

Election of Chairman

32 **Resolved:-**
That Bill Pipe be elected as Chairman for the 2018/19 year.

Apologies for Absence

33 Apologies for absence were received from Councillors David Jones and Tim Morris. Councillor Mike Lovell attended the meeting as a substitute for Councillor Tim Morris.

Code of Conduct

34 There were no declarations by members of disclosable pecuniary interests under the Code of Conduct.

Cllr Alison Reed declared a general interest as an employee of the Dorset Healthcare NHS Foundation Trust. She also declared that she was a registered patient at the Abbotsbury Road Surgery where she also facilitated service delivery in her role as a District Nurse. She confirmed that she would take further advice from the Monitoring Officer should the closure of Abbotsbury Road Surgery be discussed due to her employment at this surgery.

Councillor Peter Shorland declared a general interest as a Governor of Yeovil Hospital.

Councillor Ray Bryan declared a general interest as a Governor of the Dorset Healthcare University NHS Foundation Trust.

Councillor Kevin Brookes declared a general interest as a Governor of Dorset County Hospital NHS Foundation Trust and he advised that his son was a patient at Abbotsbury Road Surgery, Weymouth.

Councillor Nick Ireland declared a general interest due to his wife's employment at Yeovil Hospital.

Councillor Bill Batty-Smith declared a general interest as a governor of the Dorset Healthcare University NHS Foundation Trust.

Minutes

35 The minutes of the meeting held on 15 June 2018 were confirmed and signed.

Public Participation

36 Public Speaking

There was one question received at the meeting in accordance with Standing Order 21(1).

There were 14 public statements received at the meeting in accordance with Standing Order 22(2).

Public Participation was conducted in relation to Item 7 - Report regarding the work of the Dorset Health Scrutiny Committee Task and Finish Group Re: Clinical Services Review and Item 10 - Glucose Monitoring Device for Individuals with Diabetes.

The question and statements are attached as an annexure to these minutes.

Councillor Nick Ireland raised the issue of censorship of part of a statement submitted by Mr Chris Bradey and asked for confirmation that this decision had been taken under paragraph 21(2)g of the Constitution. He considered the majority of the statement to be factual and had been highlighted in the local press.

The Monitoring Officer confirmed that paragraph 21(2)g had been relied upon in this instance. Questions and statements were published on the website in advance of the committee meeting and in the absence of a chairman prior to the meeting, he had not been happy for the Council to publish derogatory information concerning the former chairman on the website. However, a ruling on whether it would be appropriate for this material to be read out could be made at the meeting by the Chairman. Following discussion with the Chairman he confirmed that it was the decision of the Chairman that the relevant section of Mr Bradey's comments should not be read aloud at the meeting.

Statements by Councillor Ray Nowak, Councillor Colin Huckle, Councillor Gary Suttle and Claudia Sorin in relation to Item 7 were read aloud by the Chairman.

Councillor Bill Trite addressed the Committee and asked the CCG to confirm whether in the area of Swanage and nearby villages, the number of people who would be put at risk of death as a result of longer travel times, would be the same, greater or lower than was presently the case. He made reference to the comments of Councillor Gary Suttle, Leader of Purbeck District Council and the letter from Richard Drax, MP for South Dorset.

A statement by Councillor Suttle, Leader of Purbeck District Council, read out by the Chairman, offered his sincere apologies for being unable to attend the Committee on behalf of Swanage and Purbeck residents. He said that he would like to reassure residents of Purbeck and Swanage in particular that his views had not changed and that he had nothing to add to the evidence that he gave on behalf of residents at the evidence session of the Task & Finish Group.

Petitions

There were no petitions received at the meeting in accordance with the County Council's Petition Scheme.

Glucose Monitoring Device for Individuals with Diabetes

37 The Committee considered a report by the NHS Dorset Clinical Commissioning Group (CCG) that outlined the processes followed to determine the local NHS prescribing arrangements for the flash glucose monitor, Freestyle Libre®.

The report was introduced by the Head of Medicines Optimisation who outlined the timelines for the decisions that had been made since 2015.

She stated that an application for use in children had been made by Paediatric consultants at Poole General Hospital (PGH) and Dorset County Hospital (DCH) to the Dorset Medicines Advisory Group in September 2018 and a decision would be made that day.

Members highlighted the longwinded nature of the processes involved that would benefit up to 200 patients based on the current criteria. The necessary data collection to provide the evidence would not be onerous and they questioned why a trial was necessary when it was already available on prescription in Wales and Ireland. It should not be a postcode lottery and access should not be restricted for Dorset residents.

The CCG Head of Medicines Optimisation explained the formulary and approvals processes used in Dorset. She confirmed that an application for use by children had only recently been received and that this cohort had not been excluded.

Members felt that young people, in particular, would engage and benefit the most from using this device and it would help in setting out a lifestyle in which they could manage their condition at an early stage.

Whilst appreciating the trials and processes, members wished to know how much longer it would take for residents to get access to the device when neighbouring counties had gone through a similar process and had reached a conclusion. They noted that the process appeared to be longwinded in light of the trials that had already taken place in other counties and that Diabetes UK had estimated that there were approximately 4,469 people with Type 1 Diabetes living in Dorset.

Members were informed that the decision on adults had been made and that a system of education and specialist initiation was currently being put in place. A decision in relation to use of the device by children was imminent.

It was confirmed that this was not a trial, but a period of 6 months to assess whether the device worked for a limited number of individuals and submitting data to national data collections. This was being overseen by the National Institute for Health and Care Excellence (NICE) who recognised that there was limited trial evidence, only 1 of which concerned children. The data would be available in February / March 2019 and a reassessment of whether it should be released into primary care would take place at that point.

Members considered that attention to the timescale available to people would be critical in some instances, however, they were informed that there was no evidence to suggest that using the device would change long term outcomes, particularly if patients were already measuring blood glucose levels.

Despite these reassurances, members could not understand why the lengthy timescales were necessary leading to a considerable delay into 2019, when neighbouring local authorities were already prescribing the device.

The CCG Head of Medicines Optimisation confirmed that the same restricted criteria and limited cohorts were being used in other areas and had been based on cost effectiveness and clinical evidence. Further national guidance was expected in future.

The CCG Chief Officer explained that Dorset was not an outlier in terms of this product, but acknowledged that the timescales were slightly behind. In the event that a treatment delivered strong outcomes then the NHS could implement it in 3 months, however, those strong outcomes were not currently evident, although this may change over time. All of the evidence gathered so far had been submitted to NICE who had concluded that a bigger cohort was required to demonstrate the benefits of the device. This process was needed in order to prioritise funding.

A representative from Diabetes UK, addressed the Committee at the Chairman's discretion. He explained that he worked with CCGs in the South West, and although the device was limited in other areas, there were more people using it than the 200 people in Dorset. He had been informed by a paediatrician that the device was being distributed "like hot cakes" in Gloucestershire and was seen as very beneficial. He considered that the evidence was mounting that suggested the device could make dramatic improvements and avoid unpleasant outcomes for patients with diabetes.

Resolved

1. That the Chairman formally writes to the NHS Dorset CCG to highlight the need to fall in line with the rest of the UK and to make the Freestyle Libre® device more widely available to people in Dorset who would clearly benefit;
2. That a further report on progress and availability for patients with Type 1 diabetes is considered by the Committee in March 2019;
3. That the decision of the CCG decision in relation to children's provision be formally relayed to the Committee.

Following deliberation of this item it was confirmed that use of the device by children in Dorset had been approved by the CCG Committee that afternoon.

Report regarding the work of the Dorset Health Scrutiny Committee Task and Finish Group Re: Clinical Services Review

38 The Committee considered a report providing an update on the work of the Task & Finish Group - Clinical Services Review (CSR).

The Chairman of the Task & Finish Group presented the report and explained that the Group had spent much time learning and listening from the public and from the NHS commissioners and providers. A great deal had been achieved from these meetings and he thanked those involved for their input. He confirmed that, as a result of the two meetings, a clear explanation for some of the issues had been provided.

The Dorset Clinical Commissioning Group (CCG) had listened and had answered the Group's questions that arose following the meeting with the public representatives. This had ultimately led to the recommendation outlined in the report and it was important to keep talking and to trust the committee to work on a way forward to

achieve what the public wanted.

In future it was anticipated by the CCG that ambulance times to the Royal Bournemouth Hospital (RBH) would be much quicker due to the major road improvements in that area and that this would assist in reducing ambulance journey times. The Group had also been promised that the Swanage ambulance station would remain open 24/7, fully manned with ambulances. There were also additional new ambulance vehicles in the pipeline for Dorset.

The Chairman of the Group emphasised that the NHS needed to improve and that this would come about by some of the changes proposed in the CSR. The £147m funding for PGH and RBH would be essential elements in improving care for residents across the whole County.

The Group therefore recommended to continue to negotiate with the CCG to do what was right and to make the case on behalf of residents.

Following the introduction, the CCG Chief Officer read from a statement which is attached as an annexure to these minutes. In summary, he highlighted the following points:-

- All parties acknowledged the financial pressures and the unsustainability of the current system.
- Dedicated NHS staff were going above and beyond to provide services that were not sustainable.
- The CSR plans had been backed by NHS organisations in Dorset and were underpinned by the Sustainability and Transformation Plan approved by local authority partners in Dorset.
- Centres of excellence and care closer to home would improve patient care and was an evolutionary process that could not be implemented until such time safe services were in place.
- That the CSR plans had been subject to various governance process, including the Dorset Health Scrutiny and Joint Health Scrutiny Committees.
- That further work was ongoing with the South Western Ambulance Service NHS Foundation Trust (SWAST) in relation to ambulance travel times and that the focus of the CSR concerned getting a patient to the right place the first time and dedicated emergency care on one site with a 24/7consultant led service.
- 33,000 patients currently attend A&E where there was no consultant on site.
- That paramedics may spend a significant time providing medical assistance on scene to give patients the best chance of survival.
- Some of the original proposals in the CSR had subsequently been revised.
- That the 7 grounds for the Judicial Review had been dismissed and it had been confirmed at that time that the CCG had acted on the grounds set out by Parliament.
- The assertion that the consultation results from Weymouth & Portland had been grouped together with West Dorset was unfounded as Weymouth & Portland had its own set of consultation results.
- That CCG officers lived in Dorset and used NHS services. The CCG wanted to ensure high quality services were in place in future, but there were no easy solutions and some courageous decisions would be required in order to move forward.

At the Chairman's discretion Debby Monkhouse addressed the Committee and showed evidence of an NHS presentation showing a travel time of 47 minutes to DCH and 57 mins to RBH. She also advised that an FOI request by Langton Parish Council had shown a journey time of 1 hour 45 minutes.

She explained that the crucial issue was the South Western Ambulance Service NHS Foundation Trust (SWAST) report and that further review by a wider group of clinicians who had requested more time to access hospital records had not been completed.

The meeting was adjourned for a short period at this juncture.

Councillor Ireland, who was a member of the Task & Finish Group, commended Councillor Bryan on his chairmanship. He had not been able to attend the last meeting, but had listened to a recording and concluded that no new information had been provided that would change his mind. The Committee had resolved to refer the CSR proposals to the Secretary of State in November 2017 and many councils in the Dorset area had requested that the Committee made such a referral. The CCG was an unelected body, and councillors were the elected representatives and the only recourse against the outcome of the CSR. He considered that councillors would be failing in their duty to represent the people to their detriment. He proposed that a referral to the secretary of state was made, however, the Monitoring Officer advised that such a proposal would negate the report recommendation and that in order to support a referral to the Secretary of State that members should simply vote against the report recommendation. In the event that the Committee resolved to make a referral then there needed to be a clear basis on which the referral should be made.

Councillor Alison Reed suggested the ambulance times and moving care closer to home in the context of the large loss of community beds as relevant areas.

The CCG Chief Officer stated that SWAST supported the proposal as a way of reducing transfers between the PGH and RBH. Poole would remain a vibrant community hospital that would continue to provide a variety of services as well as DCH. The travel analysis had been undertaken by a private company with no vested interest in the outcome

Members highlighted that community hospitals had already been shut with no alternative provision in place including the imminent closure of Wareham Hospital in 2 weeks' time and no commitment for services on Portland. Members were therefore supportive of deferring some of the changes until alternative provision had been identified.

Members asked whether there would be additional funding for the DCH A&E Department under the proposals. The Chief Executive of DCH advised that the increase in footfall at DCH A&E had been recognised and a capital bid had been put forward to extend the department, the outcome of which would be known the following month.

Councillor David Walsh left the meeting prior to the vote being taken on this item.

In accordance with Standing Order 44, the votes for and against recommendation 1 were recorded as follows:-

For (4): Bill Pipe, Ray Bryan, Kevin Brookes and Bill Batty-Smith

Against (6): Beryl Ezzard, Nick Ireland, Peter Shorland, Alison Reed, Peter Oggelsby, Mike Lovell

Abstain (0)

Following the recorded vote, it was agreed that recommendation 3 was no longer valid. A vote on recommendation 2 was taken by a show of hands.

Resolved

1. That the CSR proposals be referred to the Secretary of State for Health and Social Care for the reasons outlined below:-
   - concern that the travel times by the South West Ambulance Service NHS Foundation Trust have not been satisfactorily scrutinised and that the evidence needs further investigation to the current claim that these travel times will not cause loss of life.
   - no local alternative to the loss of community hospitals given Dorset's demographic with its ageing population and how that service will be delivered.

2. That the Joint Health Scrutiny Committee hosted by the Borough of Poole to undertake the work requested in relation to the ambulance service be convened as soon as possible.

Appointments to Committees and Other Bodies

39 **Resolved**

That Kevin Brookes be appointed as the substantive member and that David Walsh be appointed as the reserve member to the Joint Health Scrutiny Committee on the NHS 111 Service provided by South Western Ambulance Service NHS Foundation Trust - future remit to include emergency transport provision.

Integrated Urgent Care Service

40 This item was deferred for consideration at a future meeting.

Integrated Care System: Primary Care Transformation Programme Review and Evaluation

41 This item was deferred for consideration at a future meeting.

Briefing for Information - Repatriation of Activity from Bridport Hospital to Dorset County Hospital

42 **Resolved**

That the matter be delegated to the Committee Chairman and that consultation is requested on this matter.

Briefing for Information - Maternity and Paediatric Services at Dorset County Hospital NHS Foundation Trust

43 The Committee considered a briefing paper on progress following a decision by the NHS Dorset CCG to retain 24/7 Obstetric and inpatient paediatric services at DCH as part of an integrated service across Dorset in order to provide members with an overview of the progress being made in this area.

The Chief Executive of DCH advised that detailed work had commenced based upon the Maternity Transformation Plan attached to the report. Sign off of elements of the plan was ongoing and there was not yet a public facing document.

During the first phase in April 2019 a business case for 24/7 obstetric care at RBH and DCH would be produced to show how much the service was likely to cost. The second phase would look at an integrated approach for children's services for 0-25 year olds in conjunction with the local authority looking at health needs, education, housing as well as other influential determinants of health. This phase had been delayed as the team had been busy working on a community paediatric model, and in addition, the Dorset County Council's Children's Social Care team had requested a year to do the groundwork due to work associated with an Ofsted inspection.

Members asked about the status of the former proposal to work with Somerset CCG. They were advised that the Somerset CCG had commenced its own CSR and that commissioners and providers in Dorset had been invited to attend some of their workstreams. She confirmed that once a decision was made in Dorset, the door

would remain open to Somerset to allow for the provision of sustainable services.

In response to a question, the Chief Executive confirmed that although not in competition with Yeovil to deliver the service, that Somerset CCG had published a case for change and were looking to develop a single service for Somerset, however, no further details were known at this stage in order to assess the implications for DCH.

The CCG Chief Officer stated that the CCG had not yet made a decision and had asked Yeovil and DCH to come back with proposals that would need to go through the correct processes including public consultation and the relevant health scrutiny committees.

Noted

Forward Work Programme

44 The committee noted its work programme.

Liaison Member Updates

45 Liaison member updates from Bill Pipe (NHS Dorset Clinical Commissioning Group) and Nick Ireland (Dorset Healthcare University NHS Foundation Trust) would be circulated to members via e-mail.

Questions from Councillors

46 There were no questions submitted under Standing Order 20(2).

Glossary of Abbreviations

47 The glossary had been provided for information.

Meeting Duration: 2.00 pm - 5.10 pm

Dorset Health Scrutiny Committee – 17 October 2018

Public Participation

Agenda Item 7 - Report regarding the work of the Dorset Health Scrutiny Committee Task and Finish Group Re: Clinical Services Review

1. Councillor Ray Nowak, Chairman of Portland Town Council
2. Councillor Kate Wheller, Dorset County Councillor / Weymouth and Portland Borough Councillor
3. Councillor Colin Huckle, Weymouth and Portland Borough Councillor
4. Giovanna Lewis, Portland Resident
5. Claudia Sorin, Dorchester Resident
6. Maia Mackney, Swanage Resident
7. Debby Monkhouse, Swanage Resident
8. Chris Bradey, East Stoke Resident
9. Steve Clarke**,** Vice Chairman - Corfe Castle Parish Council
10. Barry Tempest, Dorchester Resident
11. Thelma Deacon, Swanage Resident
12. Richard Drax, MP for South Dorset

1. Councillor Ray Nowak, Chairman of Portland Town Council

Portland Town Council to request the Dorset Health Scrutiny Committee to exercise their statutory duty to refer plans to reorganise NHS Health services provided to this area and other parts of the W&PBC for an Independent Review.

The PTC is aware that a Judicial Review has recently taken place and regardless of that the above powers still exist for the DHSC to request an independent review of the proposals.

Maternity Emergency and other time critical emergencies would under the current proposals to move some services to Bournemouth Hospital be affected by an additional off peak journey time by private vehicle of 20 + mins (Google Maps). Holiday traffic can also add to existing severe disruption even for blue light emergencies.

The published South West Ambulance Trust report, which is generally misleading in places with weighted averages put forward, also acknowledges how in an emergency the majority of child patients are currently transported by private car to A & E services at Poole. None of these currently or in future will benefit from the use of the assisted blue light passage.

Ambulance services to Portland are already severely stretched at times with recent waiting times creating concern. Other longer times for an ambulance arrival have also been reported potentially making the extra 20 mins journey time to Bournemouth even more time critical.

PTC has not seen nor had referred to it any evidence that the proposals will save lives indeed the opposite is a possible outcome for Portland,

Last year when the consultation closed and before the crucial DCCG decision meeting they published the public responses. For every other community hospital they put down the local area response.

However for Portland and Weymouth they grouped us with West Dorset and then claimed overall support.

They were challenged to produce figures for W+P at the time and they waited until they won their vote then confirmed the figures.

It showed that W+P taken as a locality voted AGAINST the closures.

Thank you for contacting NHS Dorset CCG with your queries about Weymouth and Portland.

Page 83: figure 33 of the consultations findings report breaks the responses to the question down by area. I have attached this for you.

Page 84 3.94 also states 'For the open consultation questionnaire, there is some slight difference between responses from Weymouth (45% agree) versus Portland (37% agree) on the Weymouth and Portland proposal'

and 3.95 'While around half (48%) of respondents from the neighbouring locality of Mid Dorset agreed with the Weymouth and Portland locality proposals, only around two-fifths (42%) of Weymouth and Portland locality respondents agreed. By comparison, **more than half of respondents from Weymouth and Portland (53%) disagreed**.'

Involve@dorsetccg.nhs.uk
NHS Dorset Clinical Commissioning Group

PTC is dismayed that the local opinion has been totally ignored and already the beds at Portland Hospital have been closed. We note that there was a qualification about the future of Portland Hospital, that it will be not closed ……before consultation with local people.

PTC asks that DHSC seeks assurance that medical and day services will continue on Portland and

PTC formally requests that Dorset Health Scrutiny Committee should therefore refer these plans to the Secretary of State for Independent Review.

2. Councillor Kate Wheller (including submission by Weymouth & Portland Borough Council)

Weymouth and Portland Borough Council request the Dorset Health Scrutiny Committee exercise their statutory duty to refer plans to reorganise NHS health services in this area for an independent review.

W&PBC at a full council meeting on Thursday 11th October debated a notice of motion asking for support from the Council to request an independent review of plans to reorganise health services within the Borough. The motion was approved, with two abstentions being from those councillors who represent the Borough on this committee. I am sure it is not necessary to do so but I would like to remind those two councillors that their colleagues overwhelmingly supported the motion, and looked to you to do likewise at this committee.

Others will state far more eloquently than I the risk to human life across the County from the reorganisation plans. You will have read the statistics which support the current plans, but you will also have read that they are based upon flawed data. And you will have read that the risks to human life are within acceptable parameters. Acceptable to whom? Not to the young man who loses his wife and unborn child. Not to the older person whose life is changed forever, or lost because treatment for a stroke was too late.

We have three large conurbations, Weymouth and Portland, Bournemouth and Poole. These areas are fed by inadequate rural roads and where the roads are better they are heavily congested. To reduce services in the West and in Purbeck is to sign a death warrant for its residents. Are you really prepared to do that, what if it is your child, your mother, your partner?

Please vote to refer the plans for independent review and do your utmost to preserve properly resourced services across the County providing equally good health care for all the residents of Dorset.

Weymouth & Portland Borough Council - 11 October 2018
Weymouth and Portland Borough Council request the Dorset Health Scrutiny Committee exercise their statutory duty to refer plans to reorganise NHS Health services provided to this area and other parts of the W&PBC for an Independent Review.

W&PBC is aware that a Judicial Review has recently taken place and regardless of that the powers still exist for the DHSC to request an independent review of the proposals.

Maternity Emergency and other time critical emergencies would under the current proposals move some services to Bournemouth Hospital and be affected by an additional off peak journey time by private vehicle of 20 + mins (Google Maps). Holiday traffic can also add to existing severe disruption even for blue light emergencies.

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Ambulance services to Portland are already severely stretched at times with recent waiting times creating concern. Other longer times for an ambulance arrival have also been reported potentially making the extra 20 mins journey time to Bournemouth even more time critical.

W&PBC has not seen nor had referred to it any evidence that the proposals will save lives indeed the opposite is a possible outcome.

Last year when the consultation closed and before the crucial DCCG decision meeting they published the public responses. For every other community hospital they put down the local area response.

However for Portland and Weymouth they grouped us with West Dorset and then claimed overall support.

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W&PBC formally requests that Dorset Health Scrutiny Committee should therefore refer these plans to the Secretary of State for Independent Review.

3. Councillor Colin Huckle, Weymouth and Portland Borough Councillor - Weymouth West Ward

Please can the Committee agree to refer the CCG plans to downgrade Poole A and E and close Poole Maternity to an Independent Review because of the known risks to residents.

4. Giovanna Lewis, Portland Resident

Last week, an 86 year old lady phoned me. She wanted to tell me about her husband. He had been nursed and cared for at Portland Hospital in the last months of his life. She praised the compassionate care he had received. This was consoling to her. She then cried as she told me how impossible it would have been to visit him every day in Weymouth. She has no car and is elderly. She thought of others on Portland who would now be denied this.

The past 3 months have seen the closure of community beds in 3 of Dorset's community hospitals:
August - 16 beds at Portland
September - 22 beds at Ferndown, and
October - 16 beds at Wareham

These closures have been rapid. The reason given, is that there are insufficient staff. Care Closer to Home aspires to alleviate the need for these beds - but it also needs staff. Last year the CCG said 670 more. They also said they had 230 vacancies around the County. That's 900 staff needed overall. We have been told by local District Nurses here in Weymouth and Portland that they are struggling to cope. This, at a time when beds are closing and their pressures will increase. So, where are the extra staff - how can they be found? And, why did the CCG not carry out the National Bed

Closure Test? With 245 acute hospital beds also planned to go, how can Care Closer to Home do its work?

With regard to emergency medical care, the people of Weymouth and Portland also need access to these within safe times. Poole is the Regional Trauma Unit for Dorset and specialist Maternity Unit for babies born under 32 weeks. Residents of Weymouth and Portland will need to use Poole's servicer too. Moving them to Bournemouth, where the roads are congested and it is harder to reach, will also create risk for us. How long will it take us to get there? How much damage will occur if we have to spend longer in ambulances or cars.

Both Weymouth and Portland Borough Council and Portland Town Council have passed Motions requesting that your Committee use your statutory power to refer these plans for independent Review. We are aware that other Councils have done this too. Many, many councillors from our local areas all concerned about the CCG plans.

We continue to fight a hard battle to keep ourselves and our neighbours safe. We ask you to support us - to seek further interrogation of these plans. Plans, which continually do not make sense to us at all.
Please refer the CCG's plans for Independent Review.

5. Claudia Sorin, Dorchester Resident

In 2016 the Special Care Baby Unit at Dorset County Hospital in Dorchester was downgraded so that it no longer provides neonatal care. This means that all babies born at and mothers at risk of delivering before 32 weeks are sent to Poole Hospital. Poole Hospital provides the only Neonatal Care Unit in Dorset now and I believe that for the safety of mothers and babies this should remain at Poole. However the Dorset CCG proposals are to close Maternity and Emergency services at Poole and move them to Royal Bournemouth Hospital. Research undertaken for the CCG in 2015 states that:

"Option evaluation for access to major emergency hospital (MEH) services rates MEH services provided at Poole Hospital higher than where MEH services are provided at Bournemouth. This is because a higher proportion of the whole Dorset's population is able to reach MEH services within 30 minutes and that the maximum travel time is 10 minutes less than the options where the MEH services are provided at Royal Bournemouth Hospital"

I live in Dorchester and have been involved with the campaign to save children's and maternity services at Dorset County Hospital. Our group has been contacted by many parents telling of how time was a crucial factor in the safe delivery and subsequent care of their babies.

Medically vulnerable mothers with potential risk to life of both mother and baby could be facing journeys to RBH of 2 or 3 times the 'safe' guideline of 30-45 minutes travel time in maternity emergency.

We also conducted a travel survey with over 700 respondents which clearly showed how important it is for families to have care as near and as accessible as possible.

I understand that the Health Scrutiny Committee is considering referring the CCG's plans to downgrade Poole A&E and close Poole Maternity including the loss of the neo natal unit.

Please stand up for West and South Dorset residents by voting to refer the CCG's plans to the Secretary of State for review by the Independent Reconfiguration Panel.

6. Maia Mackney, Swanage Resident

It was eight o'clock when my waters broke. I was reading my son his bed time story, 'The Snail and the Whale'. Appropriate for me at nearly two weeks overdue. I dutifully and calmly rang Dorchester hospital and they said 'come in when you have been having contractions less than every five minutes apart for an hour. Remember it is your second though so things can be a little speedier than with your first. Where do you live? Swanage? Don't leave it too late, come in soon'. Oh, how right they were.

What followed can only be described as a scene from a film. A really painful film playing on the fast forward button. At around nine o'clock I started getting painful contractions and by 9.30 we decided to leave for Dorchester. My husband drove calmly out of Swanage. By Corfe the speedometer was reading 70 mph. By Wareham the leather interior of our Honda had nail marks in it. 80 mph. By the Monkey World roundabout, an ape had climbed into the passenger seat. 90mph. On the road from Monkey World to Dorchester my daughter decided she wanted to have a little look at the world. To see if she liked it. 100 mph. The renegade ape sitting next to my husband was emitting a series of guttural noises along the lines of 'hurry the f*** up. I don't care if there is a red light'. I think there were a fair few 'I can feel the head's thrown in for good measure. On Dorchester High Street, every red light was sped through at 120 mph. This is no exaggeration, we fully expected him to lose his license. In between contractions I called in to explain and at 9.58 we swung into Dorchester Maternity Unit carpark to be greeted by 3 midwives, 2 doctors and a wheelchair. I couldn't sit on the wheelchair or the top of my daughter's head might have been squashed.

10.02 in the lift I asked for some drugs. They laughed. 10.04 I begged for some drugs. They rubbed my back and smiled. At 10.06 she was born.

Somewhere between 10.04 and 10.06, Bella had shoulder dystocia. Her shoulder was stuck with her head out. Somewhere between 10.04 and 10.06 we received expert and speedy care from a team of excellent NHS midwives and doctors to manoeuvre her out. At 10.07 we heard the wonderful sound of her crying loudly from the other side of the room.

To put the severity of the situation into context. If my husband hadn't driven at 120 mph, if the hospital had been further away, if funding cuts had happened

sooner and Dorchester Maternity were to have been closed, my husband would have been put in the situation to attempt to successfully deliver her in the back of our car on a lay by on the way to the other side of Bournemouth. This would not have been successful, I am sure. She would have been stuck, in distress, on a lay by half way to Bournemouth and the result just doesn't bear thinking about. This campaign is so very important to our town, which is so very pretty but so cut off from expert medical care.

My story shows how difficult it is to get to from Swanage to Dorchester, let alone Bournemouth, in an unforeseen maternity emergency. I implore you to refer the plans to downgrade Poole A&E, and to move Poole Maternity and Specialist Neo Natal Care Unit to Bournemouth, out of reach of most Dorset mums-to-be, for Independent Review

7. Debby Monkhouse, Swanage Resident

The Ambulance Trust Report shows that, over the 4 months January to April last year, 132 of the patients who attended Poole Hospital by ambulance would have been at risk of harm if Poole A&E and Maternity was not there. This scales up to 396 patients at risk each year.

Yet Dorset Clinical Commissioning Group claims that there is 'Minimal, or no, clinical risk".
To quote a Dorset A&E Dr who cannot be named for fear of repercussions: "Questions are not being asked appropriately, because the CCG are so fixed on their ultimate destination. The CCG needs to listen to the concerns of A&E clinicians, SWAST and patient groups, and address these issues.

If Poole A&E becomes an Urgent Care Centre, the CCG suggest that for Purbeck patients, 19 minutes will be added onto the journey time to get to Bournemouth Hospital for major treatment, and it will be 8 minutes longer to Dorset County, which will not have Major Emergency Hospital services. Even 8 minutes is a long time for a critically ill patient and, quite simply, means the difference between life and death.

There are a range of conditions that can't be treated in the ambulance where time to hospital is critical, as the patient could die at any moment. It can't be argued with any honesty that in these cases longer journey time to access treatment is irrelevant. The Ambulance Trust Report corroborates this, and identifies many patients whereby longer transfer time could have led to patient deaths or disability.

While those arriving at a better resourced facility may do better, this does not address the issue of those who die en route, or for whom treatment has come too late to avoid permanent disability. This is an argument for improving services at existing hospitals, not for closing A&E & Maternity Departments."

The A&E Dr assessed that, of the 132 at risk of harm over 4 months, for 61 any longer journey time would be likely to prove fatal. This scales up to 183 residents likely to die each year; that's one person every other day.

The figures of 396 at risk, and 183 likely to die, only quantify the risk to those arriving at Poole by ambulance, which excludes most child, and a significant minority of adult emergencies. Also, of the 590 maternity emergencies treated at Poole last year, 80% of these mums did not arrive by ambulance, & 251 of their newborn babies needed intensive or high dependency care.

The CCG has not addressed the issue of clinical risk. We rely on this Committee to stand up for residents lives. Please can the Committee refer these dangerous plans to the Secretary of State for Independent Review?

8. Chris Bradey, East Stoke Resident

This is a crucial time for members of the Dorset Health Scrutiny Committee to stand up for residents.

The recent Judicial Review revealed that the Dorset Clinical Commissioning Group plans to downgrade Poole A&E and close Poole Maternity will put at least 400 people a year at increased clinical risk.

The CCG also plan to close 245 acute Hospital beds and Community Hospitals or beds at Wareham, Portland, Ferndown, Westhaven and Alderney.

These plans will not improve health services for Dorset County Council residents. Indeed, they will put many Dorset County residents at clinical risk.

Dorset Health Scrutiny Committee has therefore a statutory duty to refer these plans to the Secretary of State for Independent Review.

The Chair of Dorset Health Scrutiny must carry out his statutory duty to protect resident's lives and health services.

I understand that a vice Chair of the same political party as Councillor Pipe in all likelihood will be appointed vice Chair of the Health Scrutiny Committee.

I urge that Councillors ensure proper scrutiny through the appointment of an opposition Councillor as vice Chair of the Committee.

I urge the Committee to refer the Clinical Commissioning Group proposals with a recorded vote: it is Councillors' statutory and moral duty to do so: the consequences of Councillors not doing so will surely haunt them.

Please note that parts of Mr Brady's intended statement have not been published by the Council as it is thought to be derogatory and potentially defamatory.

9. Steve Clarke, Vice Chair - Corfe Castle Parish Council

We presented to the Task and Finish Group our analysis of the fundamental flaws in the CCG proposals, all based on the information in the CCG documents. These were:

- the additional travelling times beyond safe limits,

- the reduction of 800 commissioned beds against the CCG's own forecast of need
- the hopelessly unrealistic community health strategy which was intended to achieve that reduction
- and finally the closure of community hospitals with their replacement beds in large and distant institutions.

We look forward to hearing how the Committee has responded to these concerns and the judgements they have reached on them.

In the year that we have been discussing this, the Committee will want to assess whether events have strengthened the case for the proposed changes, or not.

These events include:

1 the new announcement of an additional £20 billion for the NHS whereas these proposals were framed in the context of a similar level of shortfall. This must change the assumptions on which the CCG plan is based

2 the increasing demand for A and E with both Poole and Bournemouth abandoning planned work to meet emergency demands last winter: we simply don't have enough beds in the system.

3 the record levels of vacancies in the NHS with a real crisis in community health and GP recruitment.

4 worsening forecasts for local government complementary services such as Adult Social Care with several councils now going under financially. Last week the Care Quality Commission annual report said the NHS would not succeed without more resourcing for Adult Social Care

The closure of the A and E at Poole and the loss of 477 beds there would be a mistake of historical proportions for Dorset. The CCG plan would mean a major drop in the quality of A and E services across the County.

All we are asking is that the CCG proposals are subject to the review mechanisms which legislation provides for so that the Independent Review Panel can report to the Secretary of State. An accountable Minister and not an unelected CCG, would make the final decision. We ask you to refer the CCG proposals.

10. Barry Tempest, Dorchester Resident

The Judge at the Judicial Review of Dorset CCG's planning and consultation ruled, surprisingly in view of his concluding comments at the hearing, that the CCG had, however narrowly, fulfilled its minimum legal obligations.

"It was the Judge's duty to rule on legality. It was not his duty to decide on the fitness of the CCG's proposals for the well-being of NHS patients throughout Dorset.

"That latter responsibility rests with you, the DCC Health scrutiny Committee. "In view of the serious and well-grounded misgivings of which members of this Committee must be fully aware, will you please now reconsider your earlier rather troubling decision, and refer the CCG's proposals to the Minister for further review of their clinical fitness for purpose."

11. Thelma Deacon,

Life Changing Risks

When the CCG have been asked about NHS staff recruitment no evidence has been provided to support the radical changes that are being proposed. If closures to beds and an A&E department happen, where will the staff go? They may be expected to move to another area of expertise and would have to travel further. An opportunity for some to simply say they have had enough, and the number of staff redundancies is guess work.

One of the biggest concerns is travel times to A&E and that Steer Davies Gleave (the CCG consultants) guidelines stated that it would take 30-45 minutes in acute stroke, major trauma and maternity emergencies, however SWAST say guideline times for Swanage and villages are 57 minutes blue light to Bournemouth Hospital and 48 mins to Dorset County Hospital which are always outside these guidelines and that Langton Parishes FOI to SWAST showed that, over the period Nov 2016 to Dec 2017, the average time from all BH19 postcodes between SWAST receiving a category 1 (imminent danger of death) call and the patient arriving at Poole A&E was 1 hour 43 minutes - it is criminally negligent to take steps to make it harder for us to access hospital treatment in an emergency!

Defend Dorset NHS can confirm that Purbeck District Council, Swanage Town Council, Corfe Parish Council, Worth Parish Council, Langton Parish Council, Portland Town Council and Weymouth and Portland Borough Council are all supporting us for referral.

Please refer these plans for Independent Review.

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Richard Drax MP
South Dorset

HOUSE OF COMMONS
LONDON SW1A 0AA

DCC Health & Scrutiny Committee
Dorset County Council
County Hall
Colliton Park
Dorchester DT1 1XJ

16 October, 2018

Dear Sir/Madam

Closure of Poole A&E

I am responding to an email from Corfe Castle Parish Council, whose members are concerned at the CCG's plan to move E&E at Poole to Bournemouth.

I understand that the committee is considering this at tomorrow's meeting and I should like to lodge my concern, too.

I wrote a lengthy submission to the CCG during the consultation and one of my objections was their suggestion that A&E should move from Poole to Bournemouth.

Having now spoken to clinicians, I understand the move is very much at the behest of the consultants, most of whom are based at Bournemouth.

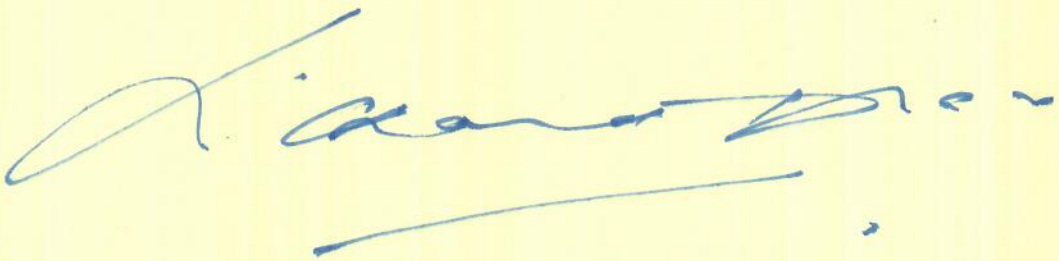
My concern is for my constituents who live in outlying villages and towns like Corfe Castle and Swanage. Even with the blue light on,

getting to Poole is bad enough on poor roads that are easily congested. Bournemouth will be even worse and I would be grateful if you were to take this rurality issue into account when you consider whether to refer your concerns to the Secretary of State, or not.

If you do refer to him, I would be happy for you to include my letter as part of your submission, should you wish to do so.

My warm regards.

Yours sincerely



Dorset Health Scrutiny Committee – 17 October 2018

Public Participation

Agenda Item 10 - Glucose Monitoring Device for Individuals with Diabetes

Questions

1. Rosie and Kirsty Edwardes, Bridport Residents

Statements

1. Councillor Colin Huckle, Weymouth & Portland Borough Councillor - Weymouth West Ward

2. Councillor Keith Day, Dorset County Councillor - Bridport Ward

1 Rosey Edwardes and Kirsty Edwardes, Bridport Residents

Rosey: My name is Rosey, I am a 13 year old girl with type 1 diabetes and have had it since I was 17 months old. I've asked the local NHS if you would be able to help to get Flash Glucose Monitoring technology on prescription in Dorset. I've heard they are not planning to make them available to people like me. So I'd like to ask you as my councillors to speak with our local NHS managers and make them understand how important this is.

Flash is available on prescription nearby in Somerset as I know of people who can get them. In fact it's available across almost all of the South West, except Dorset. Why are people with Type 1 diabetes so different in Dorset?

The sensors are so good. My blood sugar control has been much better and it's so much easier to manage when I use them. My parents don't need to wake me up in the night to finger prick me (as that's when lots of diabetics have hypos). And that better control is good for my health long-term as well.

My fingers are not as sore now as I only need to finger prick a few times a day rather than several times (at least 10 times a day as I am very active). These test strips must cost the NHS a lot more than the sensors would, as I get through at least one box of test strips a week.

My mum and dad have to pay £100 per month for the flash monitoring. They work very hard but can't afford one at the moment and a lot of people are missing out as they cannot afford any. Children especially would really benefit from this, especially young children and babies whose fingers (and toes) really hurt from blood tests.

Kirsty: As a mum, I'm asking the council to hold the CCG to account. This technology really is a life changer for us, and could be for hundreds – maybe even thousands – of other people living with diabetes in Dorset. Since Rosey's last check-up, she has been advised by her Doctor to not fingerpick her little fingers as where she has repeatedly testing so much she is damaging the nerve endings in her fingers. Yet she is still not able to be considered for Flash.

The CCG have, almost one year on, said there will be a very small trial for 6 months. But this makes no sense. We're not sure what they are trying to prove. Why do Dorset need a trial when other CCGs have acted? They have not included children in their trial or the majority of people with Type 1. Why not?

Of the groups they have, there is already clear evidence of benefit for pregnant women with diabetes, and then for the other group, national guidance explicitly does *not* recommend Flash at all for those without hypo awareness – they should have CGM instead. This all seems very rushed and not thought through.

The situation nationally

- The device was approved to be put on the NHS Tariff from November 2017.

- It has been made available across Northern Ireland and Wales. It is now available in around half of areas in Scotland and England.
- Almost all other CCGs in the South West have now approved Flash for use on prescription, recognising there's real evidence that it can help people living with diabetes stay healthy.
- Thousands of prescriptions are being issues nationally, however locally we face a post code lottery, with our address excluded us from access to this life changing technology.

The evidence about benefits

- People living with diabetes are more likely to test regularly if they are using Flash Glucose Monitoring.
- It can be easier for people to test if they have certain types of employment, where finger pricking is more challenging.
- There are particular benefits for parents, and testing can take place without having to wake their children.
- Unlike finger prick blood glucose monitoring, readings from flash monitors show trends and whether glucose levels are rising or falling. This additional information can improve glucose control; increasing the amount of time blood glucose in in a healthy range and reducing hypoglycaemia[1].

Financial considerations

- If a person living with diabetes is currently using 8 strips daily to currently manage their diabetes, then the use Flash is approximately cost neutral (depending on local strip costs). In the IMACT study SMBG strip use reduced to 0.5 per day on average in those using FSL.[2]
- FreeStyle Libre is available on the NHS at £35 per sensor, £910 annual acquisition costs
- In addition, people with frequent and severe hypoglycaemia could reduce severe hypoglycaemia incidents – these can lead to expensive ambulance callouts and hospital admissions – this money could be saved in year. There were 27,485 hospital admissions for hypoglycaemia in 2016 in England and Wales.[1]
- Finally there is a case to be made for investing to save: the lowering of HbA1c and the reduction of fluctuation in glucose levels are likely to lead to fewer expensive diabetes complications in the long term.
- 80% of NHS diabetes spending is spent on treating complications. Early intervention to reduce HbA1c has been shown to reduce microvascular complications such as retinopathy and amputation.

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[1] (Haak, T. et al. (2017)Flash glucose-sensing technology as a replacement for blood glucose monitoring for the management of insulin-treated type 2 diabetes: a multicenter, open-label randomized controlled trial. Diabetes Therapy, 8(1), pp.55–73.); McKnight JA and Gibb FW (2017) Diabet Med. 2017 May; 34(5):732 ; Bolinder J, et al. (2016) Novel glucose-sensing technology and hypoglycaemia in type 1 diabetes: a multicentre, non-masked, randomised controlled trial. The Lancet. Nov 11;388 (10057):2254-63.

[2] From https://abcd.care/getting-freestyle-libre-your-formulary

[1] (Naser, A.Y. et al. (2018) Hospital Admissions due to Dysglycaemia and Prescriptions of Antidiabetic Medications in England and Wales: An Ecological Study. Diabetes Therapy, 2018 Feb; 9(1): 153–163. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5801235/

It's been close to a year now since the decision was made to put this device on the NHS Tariff, meaning it is in theory available across the country. The latest announcement of a small scale 6 month pilot mean potentially another year of delay before we could get access, and the vast majority of people with diabetes as well.

Since Dorset Clinical Commissioning Group aren't listening, I am asking the Council's Health Committee to look at this issue of unequal access to treatment in our area urgently. People in Dorset aren't being treated fairly. Please can the committee hold the CCG to account and conduct a review into this issue at a future committee meeting?

Statements

1. Councillor Colin Huckle, Weymouth and Portland Borough Councillor - Weymouth West Ward

I would like to support one of my Constituents who is concerned that the Dorset CCG is not funding a new treatment to help control Diabetes. The Flash Glucose Monitoring is a new life - changing diabetes technology that helps monitor blood glucose (sugar) levels.

This has been available on prescription since November 2017 and is now available in most of the South West including Somerset and Wiltshire.

Neil, a local man, will be presenting a petition of over 1,200 Dorset residents to the meeting. I would urge the Committee to look into this decision taken by the CCG not to allow this treatment on prescription, to scrutinise that decision and hold them to account.

2. Councillor Keith Day, Dorset County Councillor - Bridport Ward

Members of the Committee, I would like to address you on the subject of Flash Glucose Monitoring – ie the use of the Freestyle Libre.

First, I need to declare an interest – my wife is a type 1 Diabetic and I want her to live to a ripe old age.

My wife is one of a very small number of diabetics that have survived for over 60 years with the condition - and has a gold medal to prove it. It has not been an easy life for her, she has monitored her food carefully and has had to test her glucose levels continuously – initially with urine tests and latterly with blood finger prick testing. This all since the age of 10.

She was offered a 2 week trial of the Libre in July 2016 and found it amazing. She decided that the instant data it provided gave her the ability to control her diabetes as never before. It proved so effective that it was worth every penny of the almost £1200 annual cost.

Her HBA1C (3 month average) has improved enormously and we know of many others that are even better results than hers. The numbers of hypo-glycaemic episodes has fallen remarkably.

The Libre enables diabetics to closely monitor their glucose levels and the trend arrows on the device takes the guess-work out of the decision-making, when deciding what action to take with insulin or carbohydrates.

She was amazed that many of the assumptions that had to be made between finger-prick testing were entirely wrong. Being able to see the downward trend enables her to take early action to prevent hypos.

The ability to monitor her glucose levels discretely wherever she is, never possible before, prevents the need for quick, often erroneous just-in-case action. It is also possible for other people to monitor her levels, if needed.

It is clearly not for everyone, for various reasons. Used correctly, it is an incredible aid to diabetic control. As you know the key to preventing diabetic complications is good control, this is a step-change in that process.

If this level of improvement in diabetes control could be replicated throughout Dorset, the incidence of complications, GP visits, hospital admissions etc. would make it a cost-effective investment.

My wife belongs to a number of closed Facebook sites where diabetics swap suggestions and help each other. There are huge numbers of comments on these sites that tell how excited people are about using the device and how proud they are of the improved results they have achieved.

(There is a lot of world-wide evidence that accepts how effective the Libre is in providing accurate diabetic control).

Why then is Dorset so set on delaying the introduction of the Libre? In nearby Somerset and Wiltshire you will have it prescribed. Why is Dorset so arrogant in its belief that they have a better understanding of the device – especially in view of all the mounting evidence?

It is important to note that such is the world-wide success of the Libre that until recently sales were restricted to current users only – and then only two could be purchased within 28 days. Surely this in itself is evidence that the Libre is an effective tool. Diabetics are choosing to buy the device, even at the cost, putting their health above other demands.

Flash glucose monitoring is the future – please embrace it – now! We must give future Dorset generations the best tools to live long and healthy lives. This technology is life transforming, life enhancing and cost-effective. Please consider introducing it for Type 1 diabetics immediately.

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Statement made by Dorset Clinical Commissioning Group (CCG)
17th October 2018

All parties acknowledge the unprecedented pressures being faced by the NHS; this is reflected in Dorset. Our current system is unsustainable we have variations in the quality of services, workforce shortages and increasing financial pressures. I would love to provide every service that everyone wants but this is simply not possible and for that I am truly sorry.

The NHS has dedicated staff, who are going above and beyond, to deliver the best possible services, despite additional demands. This is not a sustainable and to simply do nothing is not an option; therefore, in Dorset we commenced the Clinical Services Review or CSR.

The CSR proposals were formed by doctors, nurses and other health professionals who serve the population of Dorset and surrounding counties. The plans were fully backed and supported by all the NHS organisations in Dorset and they underpin our Sustainability and Transformation Plan which was developed and approved by all NHS and Local Authority Partners in Dorset.

The vision was to create and make use of community hubs by moving services closer to people's homes, and creating centres of excellence for both emergency and planned care; this we believe this will save lives, improve patient experience, reduce transfer times, and reduce length of stay in hospital.

The CSR is a long-term plan for the NHS in Dorset. The decisions will not change services overnight. It is an evolutionary process that will ensure that current levels of services are maintained until the new services are safely in place.

Before we went to consultation our plans were scrutinised and went through a thorough assurance process by NHS England which has included:

- Two external review team,
- two clinical senates;
- NHS England Gateway process;
- Two national oversight committees;
- two national investment committees; and
- a Royal College review.

As well as the various JHOSC, and local HOSC and meetings with council members.

The consultation was awarded best practice by consultation institute and challenged in the high court by Judicial Review all seven ground were dismissed and it was very clear form the Judge that we had followed the correct process.

Following the consultation, we undertook further work with the ambulance trust and Dorset County Council regarding emergency and non-emergency travel to seek further reassurance.

It's important to remember that currently, when people are seriously ill or experience trauma or injury, they are already taken to the most appropriate hospital, for example if you have a heart attack and live in Purbeck you are taken to Royal Bournemouth Hospital, or if you suffer major trauma or a seriously unwell child, you will be taken to Southampton. The focus of the CSR has always been on about getting the patient to the right team in the right place first time for the best clinical outcomes and patients experience.

By having a dedicated Emergency Care Centre and combining our the A&E consultants on one site we will be able to achieve our ambition to have 24/7 consultant delivered services, which we don't currently have in Dorset. 33,000 people currently attend B&P A&E when there is no consultant on site.

The recent study by Sheffield University, who after studying closing A&E departments in five areas, concluded 'overall, across the five areas studied, there was no statistically reliable evidence that the reorganisation of emergency care was associated with an increase in mortality'.

I appreciate that the process has involved some difficult conversations and some local residents are concerned about some of the CSR decisions. These concerns were raised during the CSR consultation and I have met with a number of local residents and the groups representing them. This included the 'Save Kingfisher Ward', 'Please Don't Axe Poole's A and E department', and Shaftesbury 'Save Our Beds' campaigns and this has led to a number of the original decisions being revised and members of those group becoming involved with the implementation stage of the proposals and as governors of the Trusts.

It is disappointing that the CCG has not had this level of engagement with Defend Dorset, who have chosen not to meet with us but rather to take their concerns

directly through a judicial review after the CSR decisions were made. This has been at considerable cost to the public purse.

We very much hope that we can continue to work with local communities and their elected representatives to influence the implementation of local services, many of which do not involve building or large capital investments. A good example of this is the reference group in North Dorset that brings together a wide range of representatives to inform and test out how we develop community services in Shaftesbury, Gillingham and the surrounding areas.

There were 23 separate decisions made by the CCG. Are members really considering referring all 23 and asking the CCG not move services closer to people's homes, not to accept the £147m capital funding that has now been allocated to Dorset, to reverse the decision to invest £13m into community services, to unwind the post consultation proposals for Shaftsbury Hospital and DCH maternity and Children's Ward? Which this committee were very pleased with.

I would further like to point out that the CCG is made up of people who live in Dorset. We work for the NHS and we and our families and loved ones use local NHS services. We care passionately about the local NHS and have a vested interest in ensuring that local health and care services are provided with the best interests of local people in mind.

We want to ensure that high quality services are in place for current and future generations. In this respect, we all share the same goals and we look for your support to meet the incredible challenges we are going to face in the coming years.

There are no easy solutions to ensure we have a sustainable NHS in Dorset and we need to work together on this. We genuinely believe the CSR decisions will lead to better services and better outcomes for patients, and as leaders of the NHS we have to stand up, be courageous and make the difficult decisions required to do this, even when they are unpopular.

Tim Goodson
Chief Officer
Dorset CCG

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