Odiham Parish Council

The Bridewell
The Bury
Odiham
Hampshire
RG29 1NB

Cllr Pat West, Chairman HOSC

Dear Cllr West

We would like to offer you an update on progress since the last HOSC meeting from the community's perspective, as we see it.

The council noted the request in your letter to Sarah Elliott of 30th March requesting that "*arrangements [be] made with HCHC for a further extension of the contract to provide inpatient nursing care at Odiham Cottage Hospital".*

However, at the subsequent Stakeholder meeting **on April 5th**, already HCHC as was and the PCT were refusing to give consideration to your request. The notes from the meeting record that: *"Nicky Seargent was asked directly if HCHC would extend its contract beyond the end of July 2011. Nicky Seargent advised that this would not be possible as HCHC was very concerned about the significant mitigation required to ensure patient safety which remains a key risk. Also that HCHC has to consider the knock-on effect to patient safety at other community hospitals as some staff are due to be redeployed at the end of July".*

Since then, we have been sent a copy of Sarah Elliott's letter to you of 20th April.

The council would like to provide you with its own update on the two stakeholder meetings described by Sarah, and on our own research into the "reasons" given by Katrina Percy for not being prepared to extend nursing services at OCH as you requested.

Special Finance meeting 15th April

Our representative has noted the request to maintain the confidentiality requested by the PCT's Deputy Director of Finance. However, we would like you to be aware that: though a request was made to receive the data to be presented in advance, this did not happen; the numbers presented were inaccurate (in one case simply did not add up) and were not presented as management accounts which skewed the numbers; when finally the true numbers were established, it became apparent that the over-budget figure was £34,000 – not the £135,000 that was given to an earlier Stakeholder Group and contained in PCT Board Paper COM11/036 presented to the March 31st PCT Board meeting.

The meeting was described by one attendee as "*a financial meeting that was crucial but turned out a farce".* The alternative figure presented for delivering equivalent levels of nursed care at home (apparently to more people than currently served by the hospital) is astonishingly low given the need to allow for travel, and can only be possible if the care provided is at a very different level to that provided in a community hospital. Lastly the group was informed that a Value for Money exercise is highly technical and that this would therefore be done by the finance department of the PCT without reference to the Stakeholder group. It is hard to see why it should be so technical, and given both the state of the numbers presented on April 15th and the assumptions which must have been made about the level of service to be provided for care in the home, this council views with grave concern the possibility that the Value for Money exercise will be carried out without reference to the Stakeholder Group.

As a minimum, we request that ALL the information associated with the Value for Money exercise, including assumptions made, should be provided to the Stakeholder Group in advance of a meeting at which questions may be asked of an appropriately informed member of staff.

Wider Stakeholder Meeting 18th April

Attendance
We understand that invitations were sent to some 75 organisations to widen the engagement process. A number of organisations other than regular members of the Stakeholder Group did attend - entirely from organisations within Odiham who had learnt of the session by word of mouth.

There seemed to be not one single additional attendee from any other organisation, which again raises questions about the reach and success of the NHS engagement process. Representatives of villages across the current hospital catchment area both attended the public meeting and responded to the questionnaire send out by the hospital's League of Friends. Why did they not attend the "wider" stakeholder meeting? Perhaps, as several attendees commented, the time and place precluded wider attendance – it certainly precluded any clinical attendance, Monday morning being a GP's busiest session.

Process
At the end of this letter, we include verbatim comments received from stakeholders attending both the "one-off" meeting on April 18th and those who have attended all or most of the meetings since the first was held on January 10th. They have not been abridged, so you will find some repetition, but they will give you a clear insight into the views of participants, many of whom have devoted considerable amounts of time and effort to this process, attending meetings, reading background papers or explanations where provided or otherwise obtainable. The comments make disturbing reading to anyone who is concerned to ensure a thorough engagement process is being undertaken.

The comments are not individually attributed but are taken from representatives or members of the following organisations:

All Saints Parish Church*; Hart District Council; OCH League of Friends, OCH; Odiham Care Group*; Odiham Parish Council; Odiham Society*; Royal British Legion Odiham & District*; SSAFA/Forces Help*. The organisations asterisked were involved in the wider stakeholder meeting on April 18th. In some cases, additional or alternative representatives from the remaining organisations joined the regular stakeholder meetings.

Please note that we did not invite Trustees of OCHCT to comment, nor did we invite Tim Southern, as a member of HOSC, to comment.

Lastly, we note that the latest Stakeholder Group meeting date was set just 9 days – 7 working days – beforehand. As usual no agenda has been issued (3 days before the meeting) though it seems likely to be quite an important meeting, yet many people have prior commitments. On 18th April, we were told there would be another stakeholder meeting during the week commencing 9th May, but not even a holding date was suggested. This epitomises the whole approach to the engagement process.

Survey results

The Stakeholder Group was promised a full transcript of all additional comments written onto the surveys. From the verbal comments received by councillors and members of the League of Friends (who funded the despatch of surveys and were therefore unfortunately identified to some extent with the content) the overwhelming majority have said of Question 9 - "it depends what's wrong with me!" (Question 9: "*Sometimes when people have an illness or injury, they may need bed-based care. This could be in a large hospital, a community hospital, a nursing home or in their own homes. If you had to do this which (of the following) would be your preference as a patient?*").

To date only the most summary information has been provided by the PCT and no verbatim comments have been sent, as was promised to members of the Stakeholder Group.

HCHC notice to quit and evidence base

In her letter of 20th April, Sarah Elliott regrets that HCHC has continued to refuse an extension of nursing services and quotes Katrina Percy giving her reasons.

These reasons are almost totally spurious, and new ones have been produced to pad out the original claims of difficulty with staffing. This council is left with the inescapable sense that barrels are being scraped to justify the decision.

The position on diagnostics and outpatient facilities; facilities for patients, relatives and staff; and storage are all as they have been for several years. They are therefore not appropriate to use as "reasons" for refusing to **extend** services. Of course everyone must put patient safety first but you should be aware that the GPs who use the hospital have vociferously refuted these claims. HCHC has made some efforts to re-build the Bank, which provides lowest cost nursing and continuity. We have learnt that the same few agency nurses have been used over the last 2-3 years, so that these threats of "not knowing the hospital or the processes" are not justified. It seems astonishing that HCHC has decided to rubbish its own protocols and processes and its own good work. It has been recorded before that they chose to give notice at the highest point of staffing recently achieved.

This council believes that there needs to be an evidence base for the decision to refuse to extend nursing services, but the evidence from the hospital under HCHC's management contradicts their own claims.

And furthermore, it is clear from assorted letters that the PCT is all too keen to accept this situation and that they have made no attempt to work with HCHC to encourage them to extend their services further. At the wider Stakeholder meeting in Alton on April 15th, the reason for this was made clear by Inger Hebden when she let slip that they want to use the money from the hospital to fund nursing services in the home, and to retain the substantial excess to help their budgetary constraints.

This would be comprehensible if there was any evidence that nursing care in the home could possibly provide, for those who need it, a satisfactory level of care, as cost effectively, as nursing twelve people together in one place can do.

During this process, the apparent logic from the PCT seems to query the need for community hospitals and to prefer that all non-acute nursing should take place at home. However the PCT's own "Out of Hospital Care Model" states that it seeks to "*reduce dependence on acute hospitals and whenever possible care for people in their own home* ***or closer to home***". The Board paper presented to the PCT Board on 31st March talks of providing "*high quality responsive services"* across Hampshire, and reassuringly states that *"In addition, there is a network of community hospitals, Rapid Assessment Units and outpatients clinics which provide step up and step down care and help avoid admissions to acute hospitals*".

Apparently HCHC has been developing its information systems but **no evidence base** is provided to support the claims made by the proponents of nursed care in the home. Unfortunately anecdotal evidence tells of long, long waits during a weekend evening at the end of a queue of seven for the rapid response team; and of the erratic performance of care teams. The NHS responds that complaints should be made where care falls short. It is both unrealistic and cynical to expect vulnerable patients living on their own to complain unless matters have become desperate, as they will naturally fear that in an unsupervised setting any complaint could serve to exacerbate any problems.

The NHS also asks members of the Stakeholder Group not to rely on anecdotal evidence. Yet the Odiham Matron was given a set of slides to present to the wider Stakeholder Group meeting on 18th April which purported to illustrate case studies from the hospital, in which all 3 chosen out of 22 possible patients "should not have been nursed in the hospital", including one elderly man who should apparently have preferred to die on his own at home. If this is not anecdotal (and biased), what is?

The many letters of appreciation received by nurses at the hospital both from patients treated and from families of patients who have died are also anecdotal, but give a very clear picture of the success of HCHC in providing excellent nursing care in this small intimate setting.

This council accepts the results of the flawed question 9 of the NHS survey - that people *"would like to be cared for in their homes* ***with the right support****"* is second only to being nursed in a community hospital. But it is apparent that even if the service is able to provide better support than it seems to at present, anyone frail and living alone must be less well cared for and at greater risk at home, with long spells alone, than would be the case in a community hospital. Yet this is the direction of travel for an organisation which scare-mongers about patient safety in a community hospital.

In reality, it is likely that both options will be needed, sometimes for the same patients at different times, and sometimes for patients with very differing needs and home support systems.
The NHS claims to be doing "everything possible to explore options that meet local health needs which include services that might be run from Odiham Cottage Hospital". This claim would be more credible if its behaviour did not belie its words.

There is a logical disconnect between being happy to commission community hospital beds in Alton and Fleet while denying any need for them in Odiham, which under Calleva will be well placed to serve a much larger population than currently.

In summary it is hard to see how NHS Hampshire can be said to have met any of the four tests, set by Sir David Nicholson, which *existing and future reconfiguration proposals (are required) to demonstrate:*
- *support from GP commissioners;*
- *strengthened public and patient engagement;*
- *clarity on the clinical evidence base; and*
- *consistency with current and prospective patient choice.*

We ask you to ask NHS Hampshire to initiate a full consultation process to address tests 2 and 4 and to carry out the consultation with more rigour and thoroughness than has been the case with the engagement process. We also ask for much more focus on evidence to satisfy test 3.

Yours sincerely

Cllr Mark Faulkner
Chairman
On behalf of Odiham Parish Council

CC:
The Rt Hon James Arbuthnot, MP
Cllr Jonathan Glen, HCC
Cllr Tim Southern, HDC and HOSC
Cllr Ken Crookes, HDC
Frank Rust, Chairman, Hampshire LINk
Martin Combs, HCC

NHS Hampshire
Mr Jonathan Montgomery Chairman NHS Hampshire
Ms Debbie Fleming Chief Executive NHS Hampshire
Tracey Faraday-Drake, Non Exec Director
Susanne Hasselmann, Non Exec Director
Malcolm Heritage-Owen, Non Exec Director
Sarah Elliott
Mel McKeown

Katrina Percy, CEO Hampshire Partnership Trust

Ginny East, OCHCT

Comments re stakeholder process.

Those asterisked are from people who were only invited to and attended the wider stakeholder meeting on April 18th.

1	A financial meeting that was crucial but turned out a farce
2	As a result of the enormous public response, they are now trying to justify the decision to allow nursing services to be withdrawn in spite of the fact that we have made clear to them that the issues they raise have little validity. The "Gross Overspend" turned out to be a measly £30,000. The Recruitment issues were highlighted at a time when Staffing levels were better than they had been for ages. The Safety Issues were refuted by the GPs as there hadn't been any. Then they tried to tell us that it was all about prevention - but they seem to ignore the fact that being cared for at home is hardly a Risk Free option. I agree with the Vicar who pointed out that this so called consultation exercise was all about choices at a time when they are planning to REMOVE choice in the shape of OCH. Finally I took great exception to Matron's 3 illustrative Case Studies which were all biased in favour of care at home. We could just as easily have chosen many, many more for whom hospitalization was essential. Indeed the last case of a patient at the end of life was particularly sad. The Vicar could not believe that any lonely, elderly patient with no relatives would have been allowed to die at home alone. In his view, and mine, it would be completely inappropriate. It has also become apparent that their hidden agenda also includes their reliance on OCH staff to prop up Fleet Hospital from August 1st and that is the main reason why they will not consider a "stay of execution" for Odiham. The letter from Debbie Fleming to Daphne was very revealing and shows the extent of their determination to close us on as many varied grounds as they can dream up. It is unacceptable that their first responsibility was to endeavour to find an alternative provider of nursing services but we have never been given any proof that anything other than the most casual phone call has taken place. I feel that the way this "process" has been conducted has been a window dressing for the PCT. They have already made their decision and are currently going through the motions of "engaging, consulting, surveying" - whatever you want to call it, in order to be able to say to their superiors that all the boxes have been ticked. The views of the community as expressed at our public meeting have been completely ignored as have the many suggestions of the local stakeholders over the last 3 months. They listen but they don't hear!! And they certainly don't respond, they just ignore us. What a waste of time and money!
3	The process of engagement has been confusing form the start, with the PCT having one view of it and stakeholders another, which difference was only very slowly understood and confronted. If this is a regular process, it should be documented and given to every stakeholder as they join the group so that they can understand what the process will be and ask questions about it. As it was, I do not believe any stakeholder came to any meeting sure of what would be expected of them. Agenda were issued generally one day beforehand, normally with minimal explanations of the next stage of the process. The apparently reasonable description regularly given by Sarah Elliott of the engagement process is not recognisable to one who participated because of the lack of clarity and understanding amongst the group, which has left the group feeling ineffective, disenfranchised and as if they have been wasting their time. No notice has been taken of reasonable requests; given the lack of understanding by the participants not enough time has been given – the phrase "I am conscious of the time, we need to move on" is the most used phrase of the entire engagement. The Odiham Matron's presentation of case studies to the wider stakeholder group on April 18th was particularly disgraceful. She distanced herself somewhat from the slides which has been prepared for her, and the cases had been selected specifically to make one point only – no need for the hospital – although one example suggested of a lonely old man being likely to want to die on his own at home gave rise to serious concerns about the NHS' approach to care. The timing of this whole process has failed to recognise the pressures on Calleva, who must have many other priorities across their large catchment as they become a pathfinder commissioning group. And the decision to use patient safety, which according to the PCT Chairman has apparently been a resisted issue for many months, as a reason not to **extend** nursing beyond July 31st to give Calleva time to consider this matter properly, is cynical in the extreme.
4	My overriding thought is the appalling inertia and lack of joined-up thinking which has been displayed by NHS Hampshire. We now know that HCHC made the decision in July 2009 to give notice of their

	intention to withdraw from the contract for nursing services at OCH. In 2010 the PCT agreed that OCH should apply (successfully) for planning approval for the hospital extension: an exercise which cost (the Friends) over £28,000. In April 2010 HCHC produced a paper and timetable for changing OCH into a re-ablement facility funded by HCC. In September 2010 the Lord Lieutenant led the celebrations marking the hospital's 100th anniversary. This would have been a suitable occasion on which to announce a programme of consultation to decide the best way forward. Instead, a month later a line manager from HCHC visited the hospital and told the nursing staff that they would be leaving at the end of March. (I have learned that today's chef on duty has so far been told absolutely nothing of what is going on or what she will be doing on Aug 1). This is appalling management at every level. To have done nothing for so long is sheer incompetence and now to say that it would be impossible to tell HCHC to continue for a further period is unacceptable. The process: 1.Everything was started far too late to avoid the inevitable effect of HCHC's decision: the sword of Damocles which has hung over us and influenced all the discussions. 2. The engagement process has clearly been just an exercise to satisfy a government dictat. Who could seriously believe that any sort of public view from a constituency of nearly 14,000 homes could have been gleaned from a few, short "drop-in" sessions for which there was almost no publicity and certainly no directions to the venues. 3. The refusal to even contemplate a directive to HCHC to continue their contract beyond 31 July to allow more time for meaningful exploration of alternatives has reinforced the widely held view that the only aim is the closure of OCH.
5	*Not sure whether to describe this (the option appraisal process, as experienced in the wider meeting) as a farce or a fiasco; This is how I'd design a "consultation" confusing enough to give enough justification for whatever answer I wanted; This makes AV look transparent and simple
6	*the NHS is shaping and moving the stakeholder group not least by its timing of stakeholder meetings, particularly the wider one, held on a Monday morning and extending over lunchtime; not open, not honest, not transparent; the failure to recruit is the root cause but no one is addressing or has addressed this failure; they have clearly made their decision, are wasting everyone's time and not listening to one single word
7	*Firstly, I think I must say that the choice of venue was appalling. To hold such an important meeting in a room adjacent to a busy cafe on a Monday morning was either : Because the NHS is indeed trying to shape and move the stakeholder group not least by its timing of stakeholder meetings, particularly the wider one, held on a Monday morning and extending over lunchtime or It was simply very poor planning. Either way it shows a distinct lack of professionalism. The problems the Facilitators had with the microphone and flip chart showed clear evidence of poor planning and preparation. It became evident to me during the meeting that the NHS has made their decision as to the future of OCH, and are now producing ‘evidence’ as they can manufacture to support its closure. Re-allocation of funds was referred to in the meeting, with regard to the provision of medical services, and it is clear to me that the funds currently being allocated to OCH have now been allocated elsewhere. The NHS mismanagement of recruitment and retention of nursing staff is clearly a root cause of this situation, and it is they who should be held responsible and not our local communities for whom OCH is an absolute lifeline. The cases presented by the Matron were clearly skewed to give the impression that OCH is no longer required.

	Indeed, given that OCH only had 22 patients in the period being discussed; I was appalled at how little knowledge the Matron had of the cases in question and that all she did was read the Powerpoint slide out! I have visited a great many people in OCH, during the past 2.5 years, and I would suggest that all I have visited required the care offered by OCH. Not only that, but they were hugely grateful that OCH was there; both those who were nearing the end of their lives and those who would subsequently be discharged home. There was a lot of talk about patient choice, particularly at the end of their lives, but what the NHS are seeking to do is remove one of the choices on offer. All the other options presented can be provided elsewhere in our locality, but the provision provided by OCH is unique. Having worked in the public sector most of my working life, I am no stranger to feasibility studies. I have been, and continue to be, appalled at the way in which this one has been conducted. It is not open, it is not transparent and has been conducted in an unrealistic timescale. The Facilitators clearly do not have the skills to move the process forward, and I agree with Tim that it has now 'stalled'. In terms of a way forward, I see it as quite simple. If the NHS were to introduce incentives for nursing staff to work at OCH and more effectively manage recruitment and retention, and broaden the criteria for admission, then the issues being used to close OCH would cease to exist. I guess the reason they appear unwilling to do this is because they have already made their minds up. FARCE : foolish show; mockery; a ridiculous sham. FIASCO : a complete and ignominious failure. I guess it was both!!!
8	*A sham meeting that was staged, lacked transparency, honesty and openness. In their attempt to satisfy procedure rather than substance the NHS representatives ignored the realities of the recruitment situation, which is of their own making and resorted to unsubstantiated scare tactics about 'potential' safety issues. The matron presented selective cases designed to show that Odiham Cottage Hospital is not necessary. The conduct of the meeting was a disgrace and those who presumed to claim that they were running a fair and open meeting should be called to account.
9	*The opening apologies that the meeting was taking place in Alton and not Odiham were bland, but behind the headline it revealed much about the NHS culture . **Lack of knowledge of the area**. The schools are on holidays. Three major venues were available. Activities in other suitable accommodation are also reduced at this time, which would have made some of them available. This lack of knowledge has been obvious from the start of the project, as seen in their area assessment. This also demonstrates the culture of NHS Hampshire: " take the line of least resistance " . **Lack of a wish to work with the community.** I am sure if OPC had been asked to find accommodation in Odiham it would have found it. It is clear that NHS Hampshire has decided not to be confused with the facts as their minds were made up six months ago if not two years ago. They do not wish to come too close to the community. Had they worked with the community from the start a satisfactory answer would have been found. Clearly they did not want that to happen. Why? One can only believe that the time and place selected and short notice given was deliberate in order to exclude those stakeholders, who would be at work during the daytime, and in particular it would water down the professional knowledge available by excluding the general practitioners. Why? The CEO of NHS Hampshire was overheard to say, as she left the public meeting at Mayhill, that she would never allow OCH to be commissioned again. If she has the power to say that, how is it that she has no legal power to order (I apologise for the use of a military word) HCHC to continue to provide staff in the interregnum , without involving herself in legal action, which any reasonable individual would have believed was within the jurisdiction of her management responsibility. From the answer given at the meeting it would appear that NHS Hampshire is not a QANGO but a group of TANGOs,

	who are neither responsible or accountable to anyone other than themselves. T=Totally Even before we were alerted to the fact that NHS Hampshire had OCH as a target, it was clear to our GPs, the Trust and the Health Board of Hart District that the hospital was operating below critical mass. To overcome this, plans for expansion, including planning permission for development of the buildings, were drawn up and approved. These plans were obstructed by the intransigence of NHS Hampshire , presumably in an effort to create the case for closure.
10	*My impression is that the decision was made to close the OCH without any anticipation of the subsequent reaction that has resulted, they under estimated Odiham. Having taken this decision those involved have tried to redeem the situation by engaging in a totally meaningless consultation, they have absolutely no intention in altering or even adjusting their stance but they think they can say "we engaged in full consultation". I perceive that any deviation from the decision to withdraw nursing cover would be see as a loss of face by those that have taken this decision; I always consider this to be one of the most dangerous ways of going about life and one that I usually associate with far-eastern culture, often with disastrous results. We all make mistakes from time to time and the most important thing is to say – I am sorry I think I got that wrong, let's have a rethink. These people are not big enough to do this. To my mind this consultation should have been happening this time last year with a reasoned decision being made thereafter, the current process is completely the wrong way around; this point has been made several times but ignored totally. The meetings that I have attended have all been punctuated with expressions such as: "you make a good point", "I understand what you are saying", "that is an interesting idea", "you raise an interesting question" etc, usually associated with a grin that is supposed to ingratiate the speaker to you, but that is as far as it gets – again, valid comment completely ignored.
11	*It seemed that "they" were only interested in highlighting the perceived problems and showed no will or interest in looking at or finding solutions to those problems. So we are working from the assumption that the hospital will close - you prove to us why it should not, rather than the other way round. The 3 examples from the Matron were outrageous and very annoying, as they blatantly ignored very recent examples of where the hospital had provided exactly the kind of care that is needed in the community. (I personally know of 2 cases in the last 6 weeks - one providing end of life care and one providing convalescence for a patient, who lives on his own and had undergone radical surgery for cancer.) They do seem to trot out as given, various assumptions - such as everyone wants to die in their own home.