

  
**Newnham**  
**Nately Scures & Water End**  
**Parish Council**

Cllr Mrs. Pat West,  
Chairman, Health Overview and Scrutiny Committee,  
Room 100,  
Chief Executive's Department,  
Hampshire County Council,  
The Castle,  
Winchester. SO23 8UJ

21<sup>st</sup> May 2011

Dear Councillor West,

**Comments on the papers for 24<sup>th</sup> May HOSC**

We have the following comments on the papers circulated prior to the 24<sup>th</sup> May meeting of the HOSC and would be grateful if you could draw them to the attention of the members of the Committee.

(1) Newnham Civil Parish (electoral roll 470) lies in Basingstoke & Deane Borough and the eastern boundary is contiguous with Hart District. The people of Newnham mainly use the medical services available in Hook or Odiham. Because of the way in which this 'consultation' has been conducted by the PCT the fact that we have many residents dependant on Hook and Odiham surgeries seems to have been overlooked. We believe there are also residents of other nearby Basingstoke parishes who look to Hook or Odiham surgeries for medical support.

Our Parish Council has given financial support to OCH (Odiham Cottage Hospital) since 1998 because we believe it is an essential community facility which, being only about 3½ miles away, can be accessed much more readily than Basingstoke, Fleet, Frimley or Alton Hospitals.

Because of our involvement with OCH we are a member of the Stakeholder Group and have attended the last five meetings, which we believe is more than '*there has also been representation at some meetings*' stated in section 6.1iii of the report 110512 ODIHAM - HOSC Report May FINAL

(2) The report 110512 recognises the geographical context of OCH:

*4.1 Odiham sits in a rural area to the east of the M3. The largest town in the area is Basingstoke, which is seven miles away. Odiham village sits approximately eight miles from Farnham, Alton and Fleet.*

But the report then makes scant recognition that any patients have or would come from outside Hart District. As stated in (1) above, OCH already draws patients from Basingstoke & Deane Borough and the catchment area is likely to spread even further into Basingstoke & Deane when the Calleva GP consortium is fully operational.

(3) Section 2.5 of the report 110512 is the clearest statement yet that NHS Hampshire had decided to close OCH and that the so-called consultation has been about finding alternatives: *NHS Hampshire recognised the difficulties in staffing the hospital and associated costs. It therefore commenced a process to secure a safer and more sustainable service for this area. This included:*

- *an intensive and rapid engagement process to determine how local people would want to receive nursed and bed-based care should they need it, and*
- *a review into how to provide bed-based care for the types of patients who are typically referred in to Odiham Cottage Hospital*

(4) We have been given different reasons behind the decision to withdraw nursing services from OCH, finishing with a claimed uncertainty about continuity of patient safety. Naturally we

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believe patient safety is essential but we also believe it is a matter of management: lack of management's confidence in providing safe patient care should be regarded as a measure of the inadequacy of the Hampshire Community Health Care's managerial competence, which in turn reflects on the Hampshire PCT.

In the case of OCH no evidence of the lack of the necessary resources has been tabled during stakeholder meetings and throughout the process the PCT has emphasised that resources are not an issue. No details of the incidents which resulted in this concern about patient safety have been presented at any of the stakeholder meetings we have attended.

(5) HCHC has not displayed any willingness to be party to a '*constructive working relationship*' and as a result has completely lost our respect, see also our emailed letter dated 28<sup>th</sup> April 2011 from which we quote

*".. we no longer believe anything Hampshire PCT is telling us . We are not being told the truth, or at best we not are being told the full truth ... We have lost trust in the whole process and the senior management of the PCT"*

In our opinion the PCT has:

- not openly and honestly engaged with the public,
- not undertaken a consultation, although they may have participated in a box-ticking exercise,
- not provided any evidence that there will be an improved service to the local community.

(6) The LINK analysis shows that over 3000 people responded to the questionnaire and about 2000 (some 85%) wished to retain 24 hour bed based nursing care at OCH. NHS Hampshire has totally ignored the wishes of the local population and appears to have carried out the consultation in order to be able say 'We have consulted widely and followed the required process'. Evidently this is purely box-ticking and therefore lacks all credibility.

We support fully all the criticisms and comments on the LINK report made in the letter to you dated 20 May 2011 from Caroline Mitchell, Chairman, League of Friends of Odiham Cottage Hospital.

(7) Section 7.7.1 of the report 110512 states:

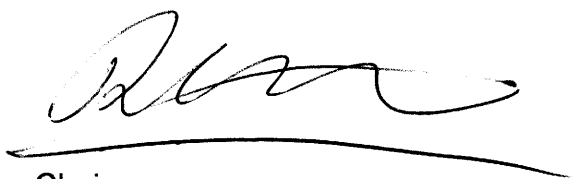
*Calleva, the local GP commissioners who will be responsible for commissioning the future model of care have developed an outline specification of the proposed new service model (see Appendix 4). This has been shared with the Hart Locality Stakeholder group and has their broad agreement. A more detailed specification for the Option six model of care is currently under development by Calleva.*

The hybrid option was briefly tabled at the Stakeholder meeting on 12<sup>th</sup> May, but not fully discussed. Although we support the proposal and it may well have '*their broad agreement*', we believe the paper claiming this support was written before the 12<sup>th</sup> May Stakeholder meeting.

(8) We also consider that this hybrid option is likely to be much harder to implement if nursing care finishes on 31<sup>st</sup> July. Surely the best way forward to meet the healthcare needs of the people in the catchment area for OCH would be to maintain 24 hour in bed nursing care until the hybrid option proposed by the Calleva GP Consortium has been fully evaluated.

We attach a more detailed critique on Appendix 1: Arrangements for Assessing Substantial Change in NHS provision.

Yours sincerely,



Chairman

cc: Members of the Stakeholder Group.

## Appendix 1: : Arrangements for Assessing Substantial Change in NHS provision.

### 1. §3 states:

*Emphasis is placed on the importance of constructive working relationships and clarity about roles by all parties based on mutual respect*

**Comment:** HCHC has not displayed any willingness to be party to a 'constructive working relationship' and as a result has completely lost our respect, see also our emailed letter dated 28 April 2011 from which we quote

"... we no longer believe anything Hampshire PCT is telling us . We are not being told the truth, or at best we not are being told the full truth ... We have lost trust in the whole process [the OCH consultation since January 2011] and the senior management of the PCT"

### 2. §5 states:

*It is intended that these arrangements [for assessing substantial change in NHS Provision] will support:*

- *Better co-ordination of engagement and consultation with service users carers and the public*
- *Greater confidence in the planning to service change to secure improved outcomes for health services provided to communities*

**Comment:** The PCT has,

2.1) not openly and honestly engaged with the public,

2.2) not undertaken a **consultation** although they may have participated in a **box-ticking exercise**,

2.3) provided no evidence that there will be an improved service to communities in N. E. Hampshire.

Additionally, because we have not been told what is really driving the Hampshire PCT's agenda we have lost confidence in the senior management.

### 3. §8 states:

*... the NHS Act 2006 ... places a statutory duty on commissioners and providers of NHS services to consult Local Authority HOSCs on any proposals for significant development or substantial variation in health services.*

**Comment:** We draw this to you attention but must leave your Committee's members to decide whether you have been properly **consulted**, or whether you have, in essence, been **told** what the Hampshire PCT is doing.

### 4. §9 states:

*... the NHS body responsible for the proposal should initiate early dialogue with the HOSC(s) affected by the proposal to determine:*

*b) The timing and content of the consultation process*

**Comment:** We do not know if or when this consultation process was initiated with yourselves, but in our view it is unacceptable for the publicly funded HCHC to give notice in October that it would withdraw clinical support to OCH in March 2011, later extended to July 2011 – a maximum of 7 months.

### §10 states:

*... the response of the HOSC(s) to the subsequent consultation process will be shaped by [inter alia] the following considerations:*

*a) Has the development of the proposal been informed by appropriate engagement and involvement of local people*

*b) The strength of clinical evidence underpinning the proposal and the support of senior clinicians whose services will be affected by the change.*

*c) How the proposed service change affects choice for patients, particularly with regard to quality and service improvement.*

**Comment:** The HOSC response is, of course, a matter for yourselves but on behalf of the community we can state categorically that:

4.1 Local people have been told what the HCHC want to do but we have not been told why. We have, however, been given different stories finishing with a claimed uncertainty about continuity of patient safety. Naturally we believe patient safety is essential but we also believe it is a matter of management: lack of management's confidence in providing safe patient care, in time of peace, should be regarded as a measure of the inadequacy of the Hampshire Community Health Care's managerial competence, which in turn reflects on the Hampshire PCT. In the case of OCH no evidence of the lack of the necessary resources has

been tabled during stakeholder meetings and throughout the process the PCT has emphasised that resources are not an issue.

4.2 No clinical evidence to justify the proposed closure of OCH has been tabled during stakeholder meetings. Dr. Andrew Fernando said at the meeting on 12 May 2011 that HCHC is coming up with clinical concerns that are not yet in the public domain: evidently senior clinicians are not being 'kept in the loop'.

4.3 It is self-evident that to close OCH to which the community has subscribed considerable funds, and wants to retain, is significantly **reducing** "choice for patients".

5. §13 states:

*The framework can only act as a guide: it is not a substitute for an on-going dialogue between the parties concerned.*

**Comment:** Our experience of the process is that we have been present at a 'dialogue of the deaf': the PCT is **not** listening to the community and we are not being told the true justification for the action that they are proposing – as a result we believe they are really trying to withdraw any support for any hospital that is not 100% owned and operated by the NHS. We look forward to the HOSC probing this in depth.

6. §16 states:

*Good practice guidance summarises the duty to involve patients and the public as being:*

- a) Not just when a major change is proposed, but in the on-going planning of services*
- b) Not just when considering a proposal, but in the development of that proposal, and*
- c) In decisions that may affect the operation of services.*

**Comment:** HCHC has wholly failed to honour this very important aspect and, we believe HCHC should, be robustly censured for giving no more than a maximum of 7 months notice of their intention to withdraw clinical support for OCH. This is unacceptable.

7. §22 states:

*If NHS organisations consider there is a risk to the safety or welfare of patients or staff then temporary urgent action may be taken without consultation or engagement. In these circumstances the HOSC(s) affected should be advised immediately and the reasons for this action provided. It should be clear when the service(s) affected will reopen.*

**Comment:** Evidently in the case of OCH the proposed closure is in no way a "temporary urgent action". We believe the PCT has had this in mind for some time. This reason could not be cited for the current proposal.

8. §23 states:

*If the HOSC affected by a proposal [is] not satisfied with the conduct or content of the consultation process, the reasons for not undertaking a consultation (this includes temporary urgent action) or that the proposal is in the interests of the health service in its area then the option exists for the matter to be referred to the Secretary of State. Referrals are not made lightly and should set out:*

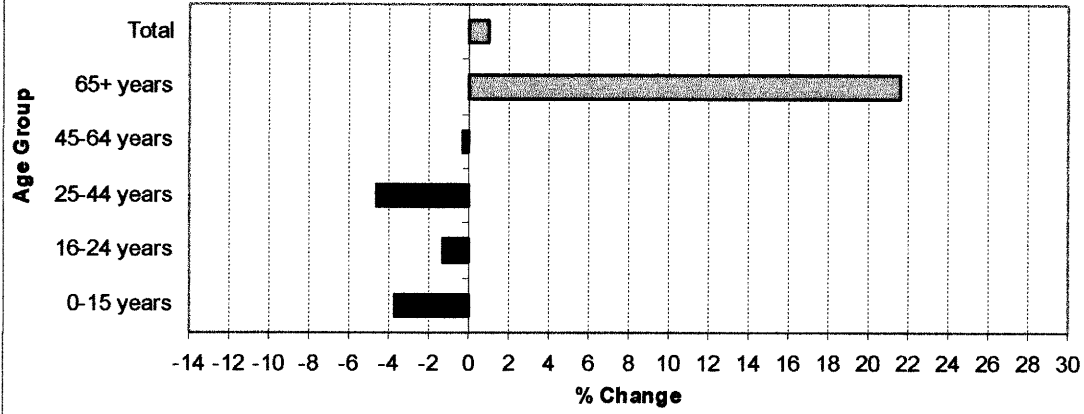
**Comment:** HOSC has been given a plethora of information by the local community for referring this whole sorry matter to the Secretary of State. Notes on meetings during April and May have been given to the Chairman of HOSC, and our above analysis of whether the criteria have been met, give HOSC details of how HCHC and the PCT have jointly and severally failed to meet the required standards.

9. §29 states:

*If the HOSC(s) is not satisfied that the implementation of the proposal is in the interests of the health service in its area the option to refer this matter to the Secretary of State remains.*

**Comment:** Whether this section is relevant to the matter is for HOSC to determine but we suggest it depends upon one's interpretation of the meaning of "interests of the health service in the area". We understand this to mean the overall health service as it affects local patients, i.e. not some narrow interpretation of whether it suits HCHC and the PCT management. If our interpretation is correct we can say categorically that the existing and prospective patients, in an aging population, (see Appendix 2 Hart Health Needs Assessment page 2 Copied for easy reference on the next page) wish to have OCH retained as a very valuable and greatly valued community facility. And we wish it to continue in its current form until the Calleva Partnership is fully functioning and has had the opportunity to determine what use they wish to make of it.

**Forecast Change in Total Resident Population between 2008 and 2015:  
Hart Local Authority**



Source: Hampshire County Environment Department's 2008-based Small Area Population Forecasts