

Support the Princess Royal Hospital campaign March & rally on 14th October 2006

Outline of speech – Jonathan Teasdale

I want to talk about the issues and tactics. But first, two key factors:

- these health managers mean business (it's the third attempt to reconfigure services in 6 years)
- the financial stresses are real
- but have the solutions become the Trojan horse for delivering a long-cherished hidden agenda?
- this is only the beginning, but well done to all of us for being here today



Now, what are the issues?

1. For **A&E and maternity** services: the principal issue (put on the table by the health bodies) will be 'safety' versus 'accessibility'
 - Hospital trust is fixated on universal safety and sustainability, but without providing a definition of 'safe'
 - Safety appears to exclude accessibility or localness as a factor
 - Hospital trust says it will only engage in the process, not lead it. But reality is, the trust is the major deliverer of acute services, and it will have a big say in the outcome
 - Safety is the only argument by which the trust can renege on its assurance in March 2005 (in the *Best care, best place* saga) that the PRH was not to be downgraded to a minor injuries unit
 - So, should all A&E and maternity services be co-located at the RSCH, just to achieve a managerially-convenient solution?
 - What will be the effect on the PRH in the longer term of stripping out all this expertise? [ie. Will it be the 'salami slice' effect, whereby gradual erosion of parts of services or facilities will ultimately make it impossible to sustain the principal function?]
2. For **elective (waiting list) surgery**: how should it be delivered?
 - Should routine surgery be separated-off from more complex or traumatic surgery?
 - Should it be bundled-up and outsourced from Brighton, either to the privately-funded sector or to an outpost community hospital?
 - Should the PRH cease to operate as a fully-functioning district general hospital (DGH), and become Brighton's outpost hospital?
 - Where is the cash to put more services out into the community, given the need for PCTs to make savings and social service authorities to keep abreast of demand?

3. For **public consultation** on change: the key issues are

- How can we be sure that the decisions have not already been made?
- How can the health bodies be made to understand that consultation must be meaningful, and that the public can genuinely impact on the decision-making?
- How can we ensure that all the relevant data is put into the public arena?

What do we know so far?

At the PCT meeting, in HH on 13 September, we were told (not asked) the following:

- The optimum clinical model involves putting major A&E facilities with maternity (co-location)
- Acute medical services should be bundled-up with surgery
- Sustained services cannot continue to be delivered at the PRH without reconfiguration
- More inconvenience of travel may have to be accepted by the public
- The future of the RSCH is non-negotiable (and that hospital must have neurosurgery on-site)
- The final decisions in this process will be made on 'clinical evidence' (however defined)
- That 'no change' is not an option (which it must be, if the evaluation is to be fair and balanced)
- This is the mindset of the health managers before consultation even begins

And so, what next?

Today is a 'letter before action' - it sends a clear message to the health bodies that the public are deeply concerned about these issues and the possible outcomes, and that our views must be seen to count

On **A&E and maternity** we must put the health bodies to the test

- We must be shown the evidence that supports the notion that the PRH facilities are allegedly unsafe
- We must know the criteria by which safety is assessed
- We must have proved to us what has changed on the ground since March 2005, and what has made things unsafe today
- We must be shown the evidence (clear and quantified) from the Ambulance service which proves that they can keep patients alive when adding journey time to Brighton
- It must be proved to us that the RSCH can actually cope with significant change before change comes about (with up to a 50% increase on A&E throughput on one site)
- It must be proved to us, beyond a shadow of doubt, that the plans for major emergency incidents at Gatwick or on the M23 motorway will work if the PRH drops out of the equation
- And unless and until this burden of proof is discharged adequately by the health

bodies, no changes to service delivery should be made

On **elective surgery** and medical care:

- We want openness and transparency about the way in which health services are to be delivered. There can be no more health by stealth
- We do not want services moved (such as paediatric care in February 2004), or surreptitious ward closures, and the decisions ratified later
- We want to see evidence which supports proposals for reconfiguration or ward closures
- We do not want promises made which later are not honoured (such as the breast care unit at the PRH, which never materialised)
- We want to know, with clear evidence, how services can be devolved to the community, and how they can be made to work
- We need to know what guarantees will be in place once hospitals have shed services. Will GPs cope, will the PCT have adequate funding for all the demands, and is the NHS playing fair with social services in West Sussex? How will the health agencies prevent vulnerable groups dropping through the cracks?

On **consultation** we must know

- That the process is genuine
- That it is understood that hearing what we say, but not listening, is not good enough
- That people who have troubled to sign petitions will be counted (unlike last time)
- And we must use every legitimate opportunity to make our views heard:
 - get hold of the consultation paper when it is published
 - attend the public meetings, and attend at least one of the workshops if you can
 - call for the evidence and keep pushing the difficult questions
 - send in your written comments when they are asked for, but try not to get side-tracked on to national politics - focus on the questions that will matter here
 - talk to your friends and neighbours about the issues, and encourage them to become involved
 - write to your local newspapers
 - And, above all, don't let the bureaucrats wear you down

Thank you all very much.