

## Save the DGH Campaign and Joint proposer of Option 5 Response to HOSC for 28<sup>th</sup> January 2008

**We do not agree that the PCTs have undertaken an adequate assessment (in comparison to their own options) of our proposal. We do not believe the assessment was adequate and we did not have the equal opportunity the PCT had to provide input to the assessment process. In addition it is clear that the vast majority of the population support a two-site solution and there is huge amount of evidence which supports the view that unless the current system is unsafe, the service should be improved on two-sites, rather than the drastic action of single-siting with all the unsafe consequences. Our specific reasons/evidence for this opinion are:-**

1. End July 2007 - Option 5 was accepted on virtually the last day of public consultation, which meant Option 5 (or 6, 7, 10, 11, 12 & 13) could not be considered by East Sussex Hospitals Trust, or the public on an equal footing.
2. It was only at the PCT public meetings that Option 5 was presented.
3. No risk assessment ever received in respect of Options 1-4. (Risk Assessments to single site Obstetrics in the past concluded safest Option to keep two Obstetric units. No further evidence to change these findings has been given by the PCT/ Hospitals Trust).
4. PCT never worked on producing a 2-site Option despite public being overwhelmingly against closing an obstetric unit and request to PCT to work with others to produce a two-site Option.
5. Detailed costings of Option 5 (and other Options) first seen in Board papers in Dec 07 and no chance to challenge.
6. Option 5 and other Options, were not able to be considered by the Hospitals Trust until Nov 07 Board meeting as PCT had not formally accepted them. ESHT then held an extraordinary Board meeting on 5/12/07. At this meeting all Options were presented by a major opponent of two site Option, Medical Director, David Scott, who was televised in November 2006, stating the decision to single site had been taken six months ago then!.
7. Joint PCT did not inform public of Joint PCT Board meeting until less than a week before and we were not informed of SHA meeting to ratify on the same day. Interested parties could not go to both. To date (15/1/08), no minutes of either meeting available!
8. No direct access to Independent Chair, Professor Field. All information had to be sent via Michael Wilson, the PCT proposer of Options 1-4. Also no information given to us re any other Options yet PCT had knowledge of all.
9. Information regarding status of Option 5 was not communicated from PCT until after Press and others were informed.
10. Feedback –Relevant information excluded Save the DGH Campaign formal response and communications were not included in the Joint Board Decision-making meeting relevant papers (in Dec07) yet Hands Off the Conquest's were. And other communications/ reports from Vincent Argent, Medical Advisor to Campaign Group were excluded, draws the conclusion that certain relevant data was deliberately withheld
11. Key Trends document – Page1 states that "*The report is not a substitute for reading the individual consultation submissions*". The report also that "There were concerns about ... the extent to which the Boards will use the feedback". WE share that concern eg. petition of over 80,000 signatures treated as one response!
12. No formal presentation of Option 5 (or other subsequent Options) was ever given to the Hospital Trust Board for them to debate yet Options 1-4 were.

13. Safety issues not addressed. 30 minute decision to incision benchmark standard ignored.
14. Cost of litigation has not been included. This is dwarfed by huge emotional cost, trauma of additional journey times, difficulties for family/ friends to support. Public Transport would take over two hours each way to get to the Conquest, plus cost, time etc.
15. Never before has the larger unit closed or a core service been removed from the larger site.
16. 2 viable hospitals – the PCT have not given any evidence to support this with a core service removed. Domino effect will happen (East Kent hospital). It is accepted by the medical fraternity that Paediatrics will be removed as soon as an Obstetric unit closes, yet not made clear in public consultation. Huge change for those with sick children whose parents are main carers with frequent hospital visits to stabilise when emergency situations.
17. Criteria on which PCT went out to Public consultation have not been met and no conclusive evidence to support decision as deprivation very similar across both PCT's.
18. When fully operational after 3 years opening the Eastbourne midwife-led unit, Hospital Trust is only predicting 350 births! Over 1600 women adversely affected.
19. No emergency caesareans/ epidurals will be able to be carried out in Eastbourne for the first time in over 100 years. Low risk women from Eastbourne area will be more at risk now than for many years! Who will be held accountable?
20. Increasing evidence says Midwife-led units less safe than Obstetric unit.
21. No non-executive director chose to close their closest obstetric unit.
22. The PCT have increasingly treated the Campaign Groups (representing the public) with contempt – at the final Joint Board meeting there were bouncers on the doors, our banners stolen without warning, culminating with the Bishop of Lewes being threatened by the bouncers with expulsion when he made a request to address the Board members after the meeting had finished, with the Chair not even acknowledging or responding to this but turned his face away! Everyone present (including Board members) was disgusted!
23. At a recent public meeting in November 2007, over 1000 people, publicly demanded the resignation of the PCT/ Hospital Trust Directors if their Boards continued to allow these unsafe proposals to be put in place leaving East Sussex women and babies lives, in the town where their Obstetric unit is closed, at serious risk.

## Conclusion

Unless the East Sussex HOSC is unanimously agreed and absolutely certain that this is the right decision, this matter should be referred to the Secretary of State for Health. The West Kent HOSC referred their consultation process to the Secretary of State with the major reason being the weight of professional opinion was against downgrading. Surely all the Eastbourne GP's, all the local MP's, all the consultant Paediatricians, the East Sussex Downs & Weald PCT's own Professional Executive Committee, and the vast majority of the population should make you question whether this decision is the right one.

Liz Walke  
 Chair - Save the DGH Campaign  
 17<sup>th</sup> Jan 2008