

EAST SUSSEX HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
MONDAY, 28<sup>TH</sup> JANUARY 2008 AT 3.30PM  
SUMMARY OF VIEWS FROM HANDS OFF THE CONQUEST CAMPAIGN  
WITH REGARD TO OPTION 5

Firstly may I thank HOSC for giving us this opportunity for comments to address the following points:-

**Whether you agree that the PCTs have undertaken an adequate assessment (in comparison to their own options) of your proposal(s) and your specific reasons/evidence for this opinion.**

Our answer to that is an unequivocal **NO**.

- 1) We have asked since the beginning of the consultation for risk assessments on Options 1-4. These have never been forthcoming. We even asked in December 2007 with no reply. Therefore, we do not believe any adequate risk assessments have been carried out for Options 1-4 and that being the case no adequate risk assessment can have been carried out for Option 5.
- 2) The New Assessment Panel only came into being after other Options (other than Option 5) started to appear. Up until that point Option 5 was going to be assessed by the PCT within 3 weeks of the start of the consultation. This was never done.
- 3) Although the public heard about Option 5 (one campaigner was allowed on the PCT panel at public meetings) there was never anywhere for the public to comment on Option 5, only Options 1-4. The PCT then decided in their results not to include any Petitions or Voting Forms. We believe that since people put names and addresses this should have been regarded as a comment.
- 4) We do not believe that adequate financial risk assessments have been carried out. The costings for Options 1-4 were extremely late, and we have never received detailed costings of Option 5.
- 5) There were 5 Criteria used by the PCT
  - a) Clinical Effectiveness
  - b) Health gain and demographics
  - c) Sustaining two viable hospitals
  - d) Access and Choice and
  - e) Financial viability
  - a) We do not believe single siting to be clinically safe. This is the main concern of GP's in both Towns.
  - b) We do not believe there is any health gain in single siting.
  - c) We do not believe two viable hospitals are able to be sustained when removal of an emergency core service will result in the domino effect. Paediatrics **must** follow consultant led obstetrics and SCBU.
  - d) We do not believe there is more accessibility or choice in fact with believe that the **reverse** is true.
  - e) All Options cost more, and with the right staffing levels a two site option is financially viable.

**If you do not believe the assessment was adequate, the specific aspects of your proposals where you believe the assessment is inaccurate or incomplete.**

- 1) When, towards the end of the consultation the New Assessment Panel was created with Professor Field as the “independent chair”, we were not allowed direct access to him. We could only contact him via the PCT.
- 2) In order for a full assessment to be made it was essential that our medical experts had direct and constant contact with Professor Field in order that any queries could be discussed. This did not happen.
- 3) The PCT, not the campaigners, decided to split Option 5 into Option 5a and 5b. We were not aware of this until the next meeting with Professor Field. We were never given the opportunity of revoking this or even deciding whether this was a way forward, and this then resulted in complete confusion among all interested parties.
- 4) Although I have an email from the Chief Executive Nick Yeo stating that the East Sussex Hospital Trust would be able to consider Option 5 at their recommendation meeting in July this was not done. I attended that Board meeting only to be told that on instructions from the PCT only Options 1-4 could be considered.

**Whether you had opportunities to provide input to the assessment process (for example, clarifying the nature of your proposal) and the opportunity to comment on the final assessment of it.**

- 1) We had very little opportunity to provide input into the assessment process since the meetings with Professor Field always took place at a time which was most inappropriate to our medical advisors. They are full time working people looking after the public and are not able to simply leave their surgeries in order to comply with meetings arranged by managers.
- 2) Although the Assessment Panel was supposed to be made up of two campaigners, or medical advisors and two PCT representatives, every time Michael Wilson was there to “take notes”. However, although the campaigners were not allowed to participate, Michael Wilson frequently did, therefore the Terms of Reference were broken.
- 3) No minutes of the meetings were received by campaigners.
- 4) We have never had any opportunity to comment on the final assessment and have no knowledge of what the final PCT assessment was or how the conclusions were reached. The last we knew was receipt of Professor Field’s Final Report in July. We have not been approached by the PCT for any input into the assessment since then.

We have been asked to keep this statement brief, however should you require any evidence to support any of the above statements they can, of course, be made available to you. We would ask all members of HOSC that if you have the *slightest doubt* that the decision reached is the right one, then you should refer the matter to the Secretary of State for Health or the Independent Review Panel.

Margaret Williams (Chair, Hand Off the Conquest Campaign)