

Agenda Item 7b

DOCUMENT FROM
HANDS OFF THE CONQUEST GROUP
For
HOSC MEETING, THURSDAY 26TH JULY 2012

We understand that the NHS is under great financial pressure and something has to give. However Mr. Grayson says that he has one acute hospital on two sites. That is not the case, he has two very different communities, one to the north and the other the east and west. East Sussex is a large and diverse area, with the sea to our southern border.

We accept that the running of some specialities has to change, however these must only be of an elective nature. **Emergency core services must be kept as local as is possible.**

The three services that the PCT and Hospital trust wish to reconfigure are all **Emergency!**

Our concerns are as follows, and these concerns are the same as those that were upheld during the last attempt to single site maternity:-

- 1) We do not have a 360 degree radius, 180 degree of it is the sea, i.e. no residents. We therefore, have a very long coastline that stretches from Camber in the East to Seaford in the West.
- 2) Although Hastings is one of the most deprived areas in East Sussex, there is a great deal of deprivation, and a great many elderly residents in various parts of the County, meaning that vast numbers of residents do not own a car, cannot afford taxis and have to rely on a less than perfect public transport system. It should be borne in mind that the PCT believe that the over 65's will be most affected by these changes.
- 3) There is no good road infrastructure in the County. There is no motorway or dual carriageway links between the Hastings and Eastbourne hospitals. That particular road is the A259 and has been dubbed one of the most dangerous roads in the **country**. Even the Hastings/Bexhill Link road has now been put on the back burner since the campaigners have been granted the right to a Judicial review.

- 4) Perhaps the most important fact of all, is that if you lose too many emergency services, then A & E becomes unsustainable because there is not sufficient foot fall. Losing trauma from a hospital in essence is downgrading A & E. This would also mean an increased number of patients attending the remaining A &E unit with the obvious increase in waiting times.
- 5) This is the first in a series of what will have to be Public Consultations. Later in the year Maternity will be in the spotlight once again with single siting the issue. We are also aware that Cardiology may be reconfigured as well.
- 6) The Shaping Our Future Consultation Document states that GP's have been fully involved with the Options, however we are aware that the Southern Region BMA (British Medical Association) have not been consulted and we wonder whether the LMC (Local Medical Council) have been consulted. We wonder since we have asked the PCT, but to date have not had a reply.

We would re-iterate that if too many emergency services are lost, A & E will follow, and with not knowing which services are to be located where there is a real worry amongst the residents of East Sussex.

We would respectfully ask HOSC to listen to all the arguments and we then, therefore, hope to trust in your judgement and democratic influence, as we are led to believe that more local, democratic accountability for the NHS is what the Government is wanting.