David Halpin MB BS FRCS

Kiln Shotts
Haytor
Newton Abbot
TQ13 9XR

Telephone (0044) 1364 661115

david@infoaction.org.uk

Statement to Health and Social Care Scrutiny Committee of Devon County Council 21-06-2022

"The Community Hospitals of the UK are more vital than ever before."

I stand here in my 83rd year because I care greatly for my fellow man.

My bona fides. Qualified at St Mary's Paddington in 1964, 11 years in surgical training – the last five at the world reknowned and very efficient Princess Elizabeth Orthopaedic Hospital, Exeter. It cared for all Devon people excepting the Derriford catchment. I was appointed a consultant in Trauma and Othopaedic Surgery at Torbay and at the 'Princess' in 1975. This hospital bulldozed against the strong opposition of its surgeons by the DoH in 1996 for a housing estate, the agent being the RD&E 'Trust'.

My experience of Community Hospitals and their place in the medical services. I visited almost all of them in South Devon at the request of GPs, most of whom I knew well. Some patients after operations. I easily recall the two airy wards at Teignmouth and the excellent care and environment afforded patients – mostly recovering. I will add detail as to their irreplacable value later. And I recall the excellent physiotherapy service there.

Present context. HMG has spent £400 billion in its responses to the C19 pandemic, most of which were shown to have little or no bases in the sciences within medicine. The UK is effectively bankrupt with its National Debt exceeding Gross National Product. But economy and cost was a basis for closure of 70% of Community Hospital bed closures in Devon. I know the figures given by the Torbay 'Trust' for Ashburton were grossly erroneous. 'Drains' and tight bed spaces were also trumped up.

The NHS in crisis. An understatement. Unfilled 110, 000 vacancies for years, recurrent wage freezes, car park charges for staff etc, and many causes of demoralisation of mostly dedicated nursing, medical and other key staff. 4.5 million patients, and rising, listed for surgery. Monstrous delays in the hand over of patients from queuing ambulances, lives risked and lost. Given this was all predicted with closure of Community Hospitals, and the 2006 agreement with GPs which effectively killed the Family Doctor, charges of 'gross negligence manslaughter' are likely.

The proposal to spend at least £8 million on a centre of medical bureaucracy in the middle of congested Teignmouth. There has been an emphasis on the loss and difficulty of car parking. But this misses the point. The DoH and the 'experts' who have seldom heard or treated a patient are hell bent on 'telemedicine'. Less contact with patients is to be the norm. 'The surgery is very busy. You are number 7 in the queue. You could try our website Https ……' The fact is this. All initial consultations must be face to face. Follow ups might be different. It is negligent to attempt diagnosis over a 'phone or by video. And it diminishes the healing power of the doctor – patient relationship. It is mechanistic nonsense.

The vital values of the Community Hospitals. This in a letter I wrote but signed by 11 GPs and specialists to the CEO of North Devon District Hospital re North Devon CHs in September 2015. We had together over 300 years of service in the NHS. Doctor/GP Alison Diamond did not reply!

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https://dhalpin.infoaction.org.uk/37-articles/nhs/198-nhs-in-crisis-closure-of-community-hospitals-will-cripple-the-district-general-hospitals-and-thus-the-medical-services

1. 20% to 30% of acute illness can be dealt with by GPs in their local hospitals. With the latter closed or downgraded, those patients who are mostly elderly, will add to pressure on the ambulance service, and the queues in A&E and the 'assessment' ward. GPs have been trained to a high standard and relish using their skills directly.

2. Some patients whose lives are ebbing and who cannot be managed at home, or who are far from a hospice, have been cared for by the doctor and nurses they know in the CH. This duty is one of the most sacred for all the professions involved.

3. The third function of the CH is the care of the patient needing a bed between the general hospital and home. Without this function, 'delayed discharges' in the DGHs will escalate; this cannot be estimated. There is a likely 'multiplier' effect. The doctor and those local nurses will know the patient and family, and what recovery can be gained with good medical and moral support, not to mention closeness and practicability for visiting relatives and friends. There is great scope for enlarging this function in face of growing demand. There is also potential for greater simplicity.

4. The fourth – the pre-planned early discharge to the CH of surgical patients who cannot go straight home. The consultations regarding 'care in the community' gives little credit to what has gone before. For instance - in the late 80s, the first signatory and author who was then chairman David Halpin, systematised the discharge of those patients undergoing hip and knee replacement who could not go straight home. The sisters from the CHs came up to be shown the ropes by our sisters at the Princess Elizabeth Orthopaedic Hospital. The GPs serving the CHs co-operated fully. One letter and goodwill sufficed. When a patient was called for an operation, a bed was booked in the local CH at the same time. (No computer.) Those patients were discharged to the CH on the 5th day, ensuring a bed for a patient on the next operating list. This is how things should work. It showed a happy interdependence of all parts. In this case, a single 'specialty' hospital was at the hub; that 120 bed hospital was demolished by political diktat and is now a housing estate.

5. Respite care. An occasional need but a way sometimes of saving the health of the carer.

No other professional structures/facilities exist which can take over even one of these five functions. This summary of functions underlines the great importance of the community hospital within our NHS.

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A speck of thousands in the predicted chaos, surreptitiously carried out over 40 years starting with the ‘Internal Market’ in 1988, and ‘surreptitious’ so the people would not easily notice it, as written in a book by Redwood and Letwin -

In a video, which has racked up over one million views, a nurse at Harlow A&E, run by the Princess Alexandra Hospital NHS Trust in Essex, is addressing the crowded waiting area: She matter of factly informs them that there are already 170 patients in the department with 90 more still to be seen…***"Our current wait time for a doctor is seven-and-a-half hours” she says. “I will estimate that by the time I go home in the morning at around 8 am, some of you will still be here waiting for a doctor, because the waiting time could increase to 12/13 hours…and there are currently no free beds in the Trust.”***

A Crisis – a National Emergency. This committee, and all other responsible authorities must insist on the rapid reopening our Community Hospitals. Their likely 'ownership' by "NHS Property Services" a mere technicality.

for truth

David Halpin

copy to hsccom@parliament.uk FAO Rt Hon Jeremy Hunt MP Chairman Health and Social Care Select Committee
copy to **gerry.rufolo@devon.gov.uk** Secretary to DCC Health and Social Care Scrutiny Committee
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Press release to local and regional media on Monday.

I will attach my last letter to the Mid Devon Advertiser 30-05-2022 – the title given it was "Government failing the people over hospitals'

https://www.dailymail.co.uk/health/article-10922723/NHS-waiting-list-shoots-record-high-crisis-leaves-6-5MILLION-patients-stuck-queue.html (no paywall, and detailed)

Quote - *But Dr Sarah Scobie, deputy director of research at the charity Nuffield Trust, said the Government cannot 'hide solely behind Covid' as the root of the A&E crisis, as four in 10 patients showing up at emergency departments were forced to wait more than four hours before the pandemic.*
She said: 'While the pandemic has made the situation worse, ***we are reaping the rewards of a long-term squeeze on staffing and space.*** *The new normal and the long waits illustrated by these figures go far beyond an inconvenience and put patients at considerable risk.*

cc to Dr Sarah Scobie info@nuffieldtrust.org.uk