

A STATEMENT AND COMMENTS RELATED TO ITEM 5 ON THE AGENDA AS PRESENTED IN PART AT THE HEALTH AND CARE SCRUTINY COMMITTEE MEETING 7PM TOOLEY STREET 35TH MARCH 2013 SUBMITTED IN FULLER FORM RETROSPECTIVELY BY INVITATION FROM THE CHAIR.

WHEN MEMBERS OF THIS COMMITTEE COME TO THE CONSULTATION DOCUMENT UNDER ITEM 5, I BEG YOU TO BE AWARE THAT YOU ARE ABOUT TO BE USED TO GIVE CREDENCE TO WHAT IF IT WERE PUBLISHED BY A BUSINESS CONCERN WOULD BE IN DANGER OF FALLING UNDER THE HEADING OF A FALSE PROSPECTUS.

THE OUTRAGEOUSLY EXPENSIVE, PROPAGANDIST, WELL- PADDED DOCUMENT BEFORE YOU IS NOT WHAT IT PURPORTS TO BE . IT IS NOT REALLY THE OUTCOME OF AN OPEN AND TRANSPARENT ENGAGEMENT EXERCISE WITH THE COMMUNITY.

THE FLAWED ENGAGEMENT DOCUMENT HAS LED TO A FLAWED CONSULTATION DOCUMENT.

FOR EXAMPLE: IN THE ENGAGEMENT DOCUMENT, THE TWO LIMITED PROPOSALS ON OFFER FOR OUR FUTURE HEALTH AND CARE SERVICES ARE LITTLE MORE THAN MODEST MODIFICATIONS OF PROPOSALS, LONG SHELVED BY THE PRIMARY CARE TRUST. THE PROPOSALS ARE **REACH-ME-DOWNS** , **MANIFESTING AN UNBELIEVABLE CO-INCIDENCE OF COMPONENTS OLD AND CURRENT PROPOSALS.**

THE MOVE OF GP PRACTICES ONTO THE SITE IS ONE DOCUMENTED PREVIOUSLY; WITH ONE PRACTICE NAMED DIRECTLY ON ARCHITECTS PLANS DRAWN UP UNDER BRIEF FROM THE SPCT, (DR SHAMA'S PRACTICE). AND ANOTHER THAT HAS TO BE THE MELBOURNE GROVE PRACTICE WHICH HAS BEEN REPEATEDLY REFERRED TO IN TERMS OF THE INTENTIONS TO MOVE IT ONTO THE SITE.

SURELY THIS PAIRING IS A CO-INCIDENCE TOO FAR, FAR TOO FAR TO JUSTIFY ANY CLAIM THAT WHAT IS BEING OFFERED AT THE BASE OF THE TWO OPTIONS REPRESENTS WHAT THE PEOPLE HAVE LONG AND REPEATEDLY ASKED FOR.

AMONG OTHER SIGNIFICANT FLAWS THE ENGAGEMENT DOCUMENT MADE **NO MENTION OF THE COMMUNITY HOSPITAL AND NO MENTION OF RESPITE CARE. MENTAL HEALTH GOT ONLY A COUPLE OF WORDS.** SO IT CAN BE SHOWN THAT THE ENGAGEMENT DOCUMENT WAS DEEPLY FLAWED BY GAPS LEFT THERE BY DELIBERATE INTENT.

HENCE; THE FLAWED CONSULTATIVE DOCUMENT BEFORE YOU.

I WAS NOT ALONE IN POINTING OUT THE FLAWS AS FAR BACK AS MAY OF LAST YEAR. IMPORTANT POINTS RAISED IN MY LETTER TO THE PROJECT IN MAY LAST YEAR WERE IGNORED AND THE ENGAGEMENT CONTINUED WITH THE FLAWS AND GAPS LEFT IN PLACE.

THE RESULT OF THE COMMUNITY HOSPITAL BEING LEFT OUT HAS BEEN THE OPPORTUNITY FOR THE SCCC AND ITS PROJECT BOARD TO BOAST IN WRITING THAT (I QUOTE) 'ONLY A FEW' WROTE-IN THE NEED FOR HOSPITAL SERVICES.

MOST OF US WHEN FILLING IN FORMS DO NOT AND ARE NOT EXPECTED TO AMEND THE STRUCTURED CONTENT OF A FORM IN FRONT OF US ; CERTAINLY NOT **A FORM DECORATED WITH SO MUCH TYPOGRAPHICAL AND PHOTOGRAPHICAL BLING.**

SO NO NASTY SURPRISE THERE FOR ANYONE WITH A VESTED INTEREST IN THE TWO PROPOSED OPTIONS.

THE AUTHORS OF THE ENGAGEMENT DOCUMENT SAW TO THAT.

EVEN THE REPORT OF THE PUBLIC MEETING OF JULY WAS DEEPLY FLAWED. COMPLAINTS ABOUT WHICH AND ABOUT OTHER MATTERS HAVE BEEN AWAITING WEEKS FOR A RESPONSE. I AM GIVEN TO UNDERSTAND THAT I WILL GET ONE IN APRIL. TOO LATE TO HAVE ANY LOCAL IMPACT, OF COURSE; THOUGH IN ANOTHER FORUM WHO KNOWS ?

WITHOUT SO MUCH AS AN EXCUSE BEING OFFERED, THE LONG PROMISED PRIMARY CARE CENTRE WITHIN A FLAGSHIP COMMUNITY HOSPITAL, HAS BEEN REMOVED FROM THE FUTURE **PLANNED FOR US NOT WITH US.** OUR COMMUNITY HOSPITAL WAS NOT REMOVED FROM THE OPTIONS BY THE PEOPLE. THE HEALTH AUTHORITY HAS REMOVED IT AS PART OF SOME MANAGERIAL POLICY AND MANAGED AGENDA.

IN RESPECT OF POLICY YOU SHOULD RECALL THAT DULWICH COMMUNITY COUNCILLORS AGREED A MOTION REGRETTING A PREVIOUS NEGLECT OF THE PROPOSAL TO CREATE THE PROMISED COMMUNITY HOSPITAL. UNTIL OR UNLESS THAT AGREED MOTION IS FORMALLY SET ASIDE THIS COMMITTEE MUST HAVE FULL REGARD TO IT AS AN EXPRESSION OF THE WISHES OF THE PEOPLE OF THE DULWICH COMMUNITY AREA. PRIVATE UNDERSTANDINGS THAT MAY OR MAY NOT HAVE BEEN AGREED SINCE THEN BETWEEN THE SCCG AND ITS PROJECT BOARD AND DULWICH COUNCILLORS AT A PRIVATE MEETING THAT **DID** TAKE PLACE CANNOT OVERTURN THAT AGREED MOTION HOWEVER STEALTHILY IT IS BEING DONE.

THE CONSEQUENCES OF ANY UNCRITICAL RECEIPT OF THE CONSULTATION DOCUMENT WILL BE THE WIDENING OF AN UNACCEPTABLE GAP BETWEEN THE ACUTE HOSPITALS AND GP PRACTICES. CONDONING THE ABANDONMENT OF OUR COMMUNITY HOSPITAL WILL ALSO OPEN THE DOOR TO PRIVATE HEALTH SERVICES BEING ON OFFER ON OUR LAND WITHIN A CONTEXT OF COMMERCIAL AMBITION BOLSTERED BY SOME NHS CONTRACTS.

THE PROJECT IN EFFECT ADMITTED IN THE ENGAGEMENT DOCUMENT THAT IT WAS GOING TO PURSUE A POLICY FOR SERVICES BASED ON PROMOTING HOME TREATMENT OR CARE IN THE HOME OR IN THE COMMUNITY OR WHATEVER THE CURRENT TERM IS THIS WEEK THAT IS A WRONG HEADED, **UNCOSTED POLICY**, WHICH IS NOW ARROGANTLY FLAUNTED THROUGH THE CONSULTATION DOCUMENT NOTWITHSTANDING THE TWO OPTIONS FOR A MODEST POSSIBLE DEVELOPMENT OF A HEALTH FACILITY ON OUR LAND.

IN THEIR VIEW, ADOPTING SUCH A POLICY REMOVES THE NEED FOR ANY LEVEL OF HOSPITAL PROVISION OUTSIDE THE ACUTE HOSPITALS. BUT THAT IGNORES THE PRESSURES ON THE ACUTE HOSPITALS AND THE NEED FOR CERTAIN PRIMARY CARE LEVEL SERVICES TO BE MANAGED BY GPs WITHIN A COMMUNITY HOSPITAL.

OPTIONS THAT ALLOW FOR THE DISPERSAL OF SCARCE AND EXPENSIVE RESOURCES ACROSS THE AREA ARE DEVISIVE, WASTEFUL, OBSTRUCTIVE OF INTEGRATION, AND CAN ONLY LEAD TO POST-CODE LOTTERIES FOR HEALTH AND CARE SERVICES AT PRIMARY CARE, SURGERY ADDRESS LEVEL, WITHIN DULWICH AND SURROUNDING AREAS.

THE LOCATION OF A SLOT AT THE BACK OF THIS PROPAGANDIST DOCUMENT WHERE OTHER VIEWS AND OPTIONS MAY BE AIRED CANNOT SATISFY THE NEED FOR SUCH VIEWS TO ENJOY THE CONSULTATIVE STATUS WHICH THE SPCT AND THE COMMISSIONING GROUP HAVE SEIZED AS A MONOPOLY FOR THEIR OWN MYOPIC VIEWS.

THIS IS IN CLEAR DISREGARD OF THE COMMITMENT ANNOUNCED FROM THE CHAIR TO ACT FIRMLY SHOULD OTHER OPTIONS NOT BE ALLOWED A PLACE IN THE PUBLIC CONSULTATION. **THE PUBLIC IS NOT GOING TO BE CONSULTED ON THOSE OTHER OPTIONS THROUGH THE SIMPLE EXPEDIENT OF KEEPING THEM OUT OF THE CONSULTATION DOCUMENT.**

THE COMMITMENT I REFER TO WAS MADE TWICE FROM THE CHAIR OF THIS SCRUTINY COMMITTEE. I LOOK FORWARD TO THAT FIRM ACTION BEING TAKEN. AS PART OF WHICH, THIS COMMITTEE SHOULD WITHHOLD ANY LEVEL OF SUPPORT FOR THE DOCUMENT AND **JOIN WITH THE COMMUNITY TO ESTABLISH THE COMMUNITY'S OWN VIEWS AND NEEDS WITHOUT PRE-EMPTION** BY THE SOUTHWARK COMMISSIONING GROUP; A PRE-EMPTION OF THE COMMUNITY'S VIEWS WHICH HAS BEEN CONSISTENTLY PRACTICED; A PRE-EMPTION WHICH MANIFESTS ALL THE MANAGERIAL AND ETHICAL PROPENSITIES EXHIBITED AT THE TOP OF THE NHS AND NOW BELATEDLY BEING EXPOSED TO PUBLIC GAZE.

THE COMMITTEE WILL HAVE NOTED THAT MANY IN THE POLITICAL PARTIES ARE MOVING TOWARDS THE SUPPORT OF PUBLIC CAPITAL EXPENDITURE FOR CONSTRUCTION AND OTHER INFRASTRUCTURE BUILDING WORKS IN ORDER TO REVITALIZE THE ECONOMY.

THIS IS GOOD NEWS.

IT STANDS IN CONTRAST TO THE PESSIMISM OF THE AUTHORS OF THE ENGAGEMENT AND CONSULTATION DOCUMENTS. IT OPENS-UP THE PROSPECT FOR THE RENEWAL OF WORK UNDERTAKEN ON THE REFURBISHMENT OF DULWICH COMMUNITY HOSPITAL WHERE MILLIONS HAVE ALREADY BEEN SPENT; MILLIONS SURELY NOT TO BE WASTED TO ALLOW FOR MORE DEMOLITION AND THE BUILDING OF A MODEST HEALTH FACILITY BRINGING WITH IT THE CERTAIN DANGER OF A HEAVY LEASEHOLD BURDEN ON SOUTHWARK INSTEAD OF THE FLAGSHIP COMMUNITY HOSPITAL THAT WE HAVE LONG AND REPEATEDLY BEEN PROMISED. IT COULD AND SHOULD BE DEVELOPED WITHIN OUR OWN BUILDING ON OUR OWN LAND.

Kenneth Hoole,
East Dulwich Society. March 2013