

For the Attention of Cllr Mark Williams

**CCG Responses to  
Mr Ken Hoole's statement at the Health, Adult Social Care, Communities and Citizenship Overview and Scrutiny  
Sub-Committee held on 25 March 2013**

<b>Mr Hoole's statement</b>	<b>NHS Southwark CCG response</b>
<p><b>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 35<sup>TH</sup> MARCH 2013 SUBMITTED IN FULLER FORM RETROSPECTIVELY BY INVITATION FROM THE CHAIR.</b></p> <p>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.</p> <p>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.</p>	<p>The CCG believes and can demonstrate that this document is genuinely based on views garnered from patients and the public. The CCG's Engagement process was held over a three month period and has been publicly reported on. It has been used as the basis for the work of the Project and is referenced in the Pre-consultation Business case and the Consultation document</p>
<p><b>THE FLAWED ENGAGEMENT DOCUMENT HAS LED TO A FLAWED CONSULTATION DOCUMENT.</b></p> <p>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 <b>REACH-ME-DOWNS</b> , <b>MANIFESTING AN UNBELIEVABLE CO-INCIDENCE OF COMPONENTS OLD AND CURRENT PROPOSALS.</b></p> <p>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</p>	<p>Previous plans for bringing together general practices on the Dulwich Community Hospital site were part of a wider plan for a community hospital. This overall plan, while supported locally, was not approved by NHS London at the time.</p> <p>It is a fact that elements of previous plans are the same or similar to current proposals under consultation. Current proposals are the product of the CCG's engagement work and the consideration of the Project team.</p>

<p>REFERRED TO IN TERMS OF THE INTENTIONS TO MOVE IT ONTO THE SITE.  <b>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.</b></p>	
<p>AMONG OTHER SIGNIFICANT FLAWS THE ENGAGEMENT DOCUMENT MADE <b>NO MENTION OF THE COMMUNITY HOSPITAL AND NO MENTION OF RESPITE CARE. MENTAL HEALTH GOT ONLY A COUPLE OF WORDS.</b> SO IT CAN BE SHOWN THAT THE ENGAGEMENT DOCUMENT WAS DEEPLY FLAWED BY GAPS LEFT THERE BY DELIBERATE INTENT.  <b>HENCE; THE FLAWED CONSULTATIVE DOCUMENT BEFORE YOU.</b>          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.</p>	<p>The CCG has responded to Mr Hoole when he wrote to us last year making these points, and the responses are summarized here:</p> <ol style="list-style-type: none"> <li>1) The engagement process was always about services, rather than buildings, because we want to consider facilities in the light of the services we needed. The CCG did not talk in any detail at all about any kind of health building in the engagement document.</li> <li>2) At a meeting of the Dulwich Community Council on 24 January 2012 there was a call for some structure to the engagement, as ‘starting with a blank sheet of paper’ is difficult. Given this request we produced a document with some ideas for discussion to generate debate. Mental health and respite care were not given extensive coverage in that document, but many people fed back to us about mental health services, and a few mentioned respite care and community hospitals.</li> </ol> <p>Mr Hoole’s comment about mental health being an important aspect of wider health care was made by a number of people, and our service model proposals, as set out in the consultation document, include mental health.</p> <p>In addition to this it should be noted that the NHS does not commission respite care, and therefore are not in a position to consult about changes in respite care services.</p>
<p>MOST OF US WHEN FILLING IN FORMS DO NOT AND ARE NOT EXPECTED TO</p>	<p>Both the engagement survey and consultation survey allow for free text</p>

<p>AMEND THE STRUCTURED CONTENT OF A FORM IN FRONT OF US ; CERTAINLY NOT A <b>FORM DECORATED WITH SO MUCH TYPOGRAPHICAL AND PHOTOGRAPHICAL BLING.</b></p>	<p>and additional thoughts, views and ideas without having to change the structure of the survey.</p> <p>Our experience with the engagement exercise showed us that people are prepared to use these opportunities in surveys and write their views down clearly – indeed the engagement survey responses gave us a very rich data set on which to base the proposals set out in the consultation document.</p> <p>The CCG intend and hope by making the consultation document attractive and accessible we will encourage a wide readership.</p>
<p>SO NO NASTY SURPRISE THERE FOR ANYONE WITH A VESTED INTEREST IN THE TWO PROPOSED OPTIONS.</p> <p>THE AUTHORS OF THE ENGAGEMENT DOCUMENT SAW TO THAT.</p>	<p>The pre-consultation business case sets out the detail behind the proposals set out in the consultation document and the case for change behind it. The CCG were very clear that they would only consult on proposals that addressed the case for change and are deliverable.</p> <p>However, the CCG acknowledge that there may be other possible options and are very happy to hear about them. We therefore have included question 9 in the body of the survey, in which we ask whether respondents have any views on whether there are any other ways in which health services in Dulwich and the surrounding area might be delivered.</p>
<p>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 ?</p>	<p>This matter was addressed at the CCG Governing Body meeting that took place in public on the 11 April 2013. Mr Hoole’s submission and our response were made available. Mr Hoole was not able to be present, but we also wrote to him afterwards outlining our actions at the meeting.</p>
<p>WITHOUT SO MUCH AS AN EXCUSE BEING OFFERED, THE LONG PROMISED PRIMARY CARE CENTRE WITHIN A FLAGSHIP COMMUNITY HOSPITAL, HAS BEEN</p>	<p>As mentioned above, the previous plans for a community hospital, while</p>

<p>REMOVED FROM THE FUTURE <b>PLANNED FOR US <u>NOT</u> WITH US</b>. 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.</p> <p>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 <b>DID</b> TAKE PLACE CANNOT OVERTURN THAT AGREED MOTION HOWEVER STEALTHILY IT IS BEING DONE.</p>	<p>supported locally, were not supported by NHS London, who did not agree the PCT's business case.</p> <p>The proposals set out in the consultation document include bringing together a range of primary and community health services under one roof.</p> <p>The Local Authority has been formally invited to respond to the consultation, and local councillors have been briefed about the proposals and the consultation process. The consultation plan has been reviewed by the Overview and Scrutiny sub-committee.</p> <p>No private understandings or agreements have been made with elected members of the local authority.</p>
<p><b>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.</b></p>	<p>The proposals bring together a range of primary and community health services including moving some outpatient services from hospital into community settings, hence bringing services closer to where people live.</p> <p>The NHS has an obligation to tender for all new health services under the arrangement of 'Any Qualified Provider' and this is regardless of where these services might be provided.</p>
<p>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, <b>UNCOSTED POLICY</b>, 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.</p>	<p>The proposals we make are consistent with national and London-wide policy and seek to maximise the amount of care that can safely and cost-effectively be provided to a high standard in either people's homes, local health facilities or one's own GP practice.</p> <p>Clearly views of stakeholders and members of the public relating to this point can be made through the consultation process and will be</p>

	considered.
<p><b>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.</b></p>	<p>The proposals include a wide range of services to which GPs would be able to refer their patients. In one of the options more of these services would be located in general practices (including a practice based at on the Dulwich Hospital site), and in the other the services are more centralised. The CCG recognise pros and cons of both, but wish to hear the public and stakeholder view.</p>
<p><b>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.</b></p>	<p>The CCG will only be able to devolve services to practice level / in the community where it is both safe and cost-effective to do so.</p> <p>Currently, some patients can access a wider range of services at their general practice. The intention behind the proposals is to reduce this inequality by ensuring that all practice patients can access a wider range of services- if not at their own practice then at one nearby or at the health centre on the Dulwich Community Hospital site.</p>
<p>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.</p> <p>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.</p> <p><b>THE PUBLIC IS NOT GOING TO BE CONSULTED ON THOSE OTHER OPTIONS THROUGH THE SIMPLE EXPEDIENT OF KEEPING THEM OUT OF THE CONSULTATION DOCUMENT.</b></p> <p>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 <b>JOIN WITH THE COMMUNITY TO</b></p>	<p>As described above, both the engagement survey and consultation survey allow for free text and additional thoughts, views and ideas without having to change the structure of the survey. The survey is available both within the full document and on-line.</p> <p>Our experience with the engagement exercise showed us that people are more than prepared to use these opportunities in surveys and write their views down clearly. As mentioned before, the engagement survey responses gave us a very rich data set on which to base the proposals set out in the consultation document.</p> <p>We are offering drop-in sessions and are also running discussion-style</p>

<p><b>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.</b></p>	<p>meetings where members of the public can discuss the proposals, ask questions, and put other ideas to us if they wish.</p> <p>We also have a schedule of discussions with patient participation groups and existing groups covering a wide range of people from all groups in the community,</p> <p>Where options that address the case for change are presented to us then we have agreed to consider them alongside the existing options.</p>
<p>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</p>	<p>No specific CCG response – this is Mr Hoole's view</p>
<p>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.</p>	<p>The work-up of the full business case will consider the full range of possible funding options, and also whether a future health facility should be located in a refurbished part of the existing building or a new build.</p>