

Anne Marie Trevelyan  
A Better Hospital for Berwick (ABHFB) Committee Members  
Tuesday 18th September 2018 - 1100-1130  
Workspace, Berwick upon Tweed

Present: Anne-Marie Trevelyan, MP for Berwick upon Tweed (AMT); Tom Forrester, Chief of Staff to Anne-Marie Trevelyan (TF); A Better Hospital for Berwick -Committee Members: Steven Havelin (SH), Isabel Hunter (IH), Jennifer Mclean (JM), Deb Paget (DP)

JM opened by reminding AMT of their last meeting at which AMT had reassured there was no need to panic regarding any decisions about the hospital.

However, a fortnight later, the decision has been rubber-stamped.

Discussion ensued regarding the decision made at 10th September Cabinet meeting.

AMT reiterated that this decision was purely to agree the leisure centre.

Committee members pointed out that this decision gives the go-ahead to proceed with the integrated proposal.

AMT stressed that there has been no agreement yet to integrate.

AMT stated that she was not a person for press statements but an action person. To this end she had been attending meetings and discussions every day regarding this and saw it as a moveable feast.

DP and JM pointed out that immediately following the meeting PR spin indicated agreement on joint proposal in press and TV interviews. AMT agreed that this had not been helpful.

AMT expressed opinion that NCC and CCG bad at sharing ideas and that recent consultation was single page exercise with no real planning.

AMT felt the 2014 proposals had seen a thorough consultation which had explored and fully reflected future needs.

Establishing that Berwick people wanted the hospital in town the needs of the Town were assessed and these were in the plan produced at that time.

AMT agreed that this was the level of services required and that should therefore now be provided.

JM queried the 50% reduction in the hospital footprint and how much actual clinical space would be available.

AMT reiterated that this was in planning stage only.

JM queried that despite NCC/CCG statements that same services would be provided there was in fact a reduction in inpatient beds and cessation of endoscopy and colonoscopy.

AMT intimated that NCC angry at CCG.

SH pointed out that this was surprising given that nine individuals are members of both NCC and NHHNSFT which should have facilitated the sharing of information and decision making.

SH also expressed his disquiet that 'integrated care' schemes have been championed as the way forward for the NHS towards an American model of privatised healthcare.

Committee members expressed concern that we were thus being used as Guinea pigs in the central government overall strategy for integration and Northumbria NHS vanguard integration schemes.

AMT disputed this saying Northumbria NHS Trust has been leading in this field for over 10 years.

It was pointed out to AMT that a presentation given to O&S Health and Wellbeing Committee held on 4th September 2018 indicated a reduction in the need for the endoscopy and colonoscopy service.

It was queried as to how the figures quoted then could be accurate given that colonoscopy services ceased at Berwick in 2017. Could they in fact be due to the reluctance of patients to attend at Alnwick?

AMT pointed out that there had been very recent safety regulations regarding Endoscopy.

SH stressed that information needs to be gathered on the number of referrals for services to other hospitals.

This led on to a discussion regarding numerous examples of anecdotal evidence from ABHFB members about people being directed to other hospitals for services which were in fact available at Berwick Infirmary.

AMT agreed that this should not be happening, and she would investigate all instances of this if informed of them.

SH queried whether this was being done to reach targets for other hospitals which in turn would reduce perceived demand for services in Berwick.

AMT denied this and felt admin errors - in giving people choices or individual wrong decisions - were responsible.

DP informed AMT that the public perception was that this was being intentionally done.

SH appraised AMT of a number of individual instances illustrating the sorts of scenarios and situations in which people are suffering. This included two examples which were potentially life-threatening and three in which medical staff openly criticised their own NHS management for positively pursuing policies of bed-blocking; forgoing opportunities for local appointments and instead sending patients further from home unnecessarily just to meet targets; and discouraging patients in ways which mean only those who are prepared to be assertive access their entitlement.

In this last instance SH highlighted the case of a private appointment booked in a Nuffield hospital for a simple ultrasound that could have been done locally; and the patient was told by the receptionist at the private clinic that it was probably done to placate them.

SH pointed out that matters associated with the deterioration in healthcare services provision locally over many years had now been brought to a head and should be retrospectively

considered to be part and parcel of the bigger picture which must necessarily include, and currently focuses on, the new hospital development but must by no means be limited to it.

SH sought AMT's assurance that the community's current considerable concerns would be acknowledged and that ABHFB, its representatives, and local people should expect to be appropriately included from now on in the ongoing planning processes between all parties involved; and that this would be facilitated by their (i.e. the decision-making bodies listed below) agreement to opening constructive channels of communication; channels which, thus far, have been largely closed off.

AMT assured us she had been, and would continue to be, working very hard in these respects.

- Berwick Town Council
- Northumberland County Council
- Cabinet Committee
- Northumbria Healthcare NHS Foundation Trust
- NHS Northumberland Clinical Commissioning Group

Committee members highlighted that consultation on the 2017 proposal involved only approx. 0.1% of population and results were inaccurately reported; whereas, to date, in ABHFB surveys more than 10% of the local population have responded to express overwhelming concerns about the current proposals for future local healthcare services provision.

AMT agreed consultation was poor but that further consultations would be undertaken throughout the process.

DP pointed out that, given evidence to date, public perception is that these will be flawed, and people do not trust them. AMT agreed that this was a problem.

Discussion took place regarding excessive travel times involved including independent and patient care transport.

AMT advised this was in part due to fragmented services.

DP asked AMT if she felt building Cramlington hospital which requires 7hrs return travel with no direct bus service was acceptable.

AMT stated that they have been in discussions with various organisations about this, but progress was exceedingly slow.

AMT thanked committee members for their input, that it had been a useful meeting and that ABHFB would be a useful resource moving forward. AMT suggested joint photo be taken.