

Save Stroud Hospitals Taskforce



A Response to 'The Future of Healthcare in Gloucestershire'

August 2006

Contents

1	Introduction.....	1
1.1	The Save Stroud Hospitals Taskforce	1
1.2	Scope of this Response	2
2	History of Stroud Maternity Hospital	6
3	Consultation Process	8
4	Response to the Proposals	9
4.1	Cost Savings	9
4.2	Effect on the Community.....	10
4.3	Government Direction.....	11
4.4	Patient Choice	13
4.5	Contingency	13
4.6	Additional Considerations	14
5	Public Opposition	16
6	The Value of Partnership.....	17
6.1	Partnership between Stroud Maternity and the League of Friends.....	17
6.2	Partnership between Cotswold and Vale PCT and the League of Friends	18
7	Conclusions	20
	Appendix A – Members of the Taskforce	22

1 Introduction

This document forms part of the response of the Save Stroud Hospitals Taskforce to the proposals included in the Gloucestershire NHS Health Community's document 'The Future of Healthcare in Gloucestershire'. Other aspects of the group's response have been delivered both verbally at consultation events and in other documentary submissions.

This response is one which comes from the community of the Stroud District. Stroud is a town with a rich heritage and a long history of fending for itself. Despite being somewhat in the shadow of its larger neighbours in Gloucester and Cheltenham, Stroud is a thriving economic centre, currently going through a welcome period of growth. The proposals included in 'The Future of Healthcare in Gloucestershire' and in 'Changes to Mental Health Services', involving the closure of inpatient services at Stroud Maternity Hospital and the closure of inpatient and day hospital services at Weavers Croft, will rip the very heart out of the town. Never in Stroud's living memory has so much been at stake.

In this document we are concentrating mainly on the Stroud Maternity Hospital proposals but we are aware of far wider reductions in community services that do not appear in the Consultation document which cause us concern.

Public response to the Maternity Hospital proposal has been understandably strong, both from the local perspective and the way in which it totally contradicts national thinking about both maternity and general health care provision. The Taskforce totally rejects the proposal to close Stroud Maternity Hospital and this response seeks to outline the reasons why it must be retained.

1.1 The Save Stroud Hospitals Taskforce

The Save Stroud Hospitals Taskforce is a community based campaign group with representatives from the following bodies:

- The League of Friends of Stroud Hospitals & The Health Centre
- Gloucestershire County Council
- Stroud District Council
- Stroud Town Council

- The Berkeley Community
- Stroud Maternity Matters
- Churches Together in Stroud
- The Local Press
- Business
- Stroud Medical Staff Committee

The Taskforce has also been assisted by David Drew, MP for Stroud. It was set up following an open meeting held in Stroud and organised by its Town Council on May 22nd 2006. It was clear at that meeting that there was widespread opposition within the town not only to the proposal to close Stroud Maternity Hospital but also to cease inpatient services and day hospital services for elderly mental health patients at Weavers Croft. Clearly an umbrella organisation was needed to oversee and co-ordinate the various groups wishing to oppose the raft of proposals facing the community. A clear mandate was given by those at the public meeting to the Taskforce – it was asked to act on behalf of the town to Save Stroud’s Hospitals.

The Save Stroud Hospitals Taskforce has been spear-headed by Stroud League of Friends because of its long association with and, support of, all the hospitals in the town. It must be remembered that the League has given significant financial and other support to the hospitals under threat and is therefore a key stakeholder in the future of these vital services. It is worth noting at the outset that the League was not consulted in advance of the publication of any of the proposals currently being considered in this consultation.

The full membership of the Taskforce is given in Appendix A – Members of the Taskforce.

1.2 Scope of this Response

‘The Future of Healthcare in Gloucestershire’ covers a wide range of proposals affecting services throughout Stroud District and beyond. The proposals are generally high level and lack significant detail. Their enormous scope, coupled with that contained in Gloucestershire Partnership NHS Trust’s ‘Consultation on Changes to Mental Health Services’ have stretched the resources of even the most

committed campaigners. We have already submitted a detailed response to the Gloucestershire Partnership Trust expressing our very deep concern about their proposals with regard to Weavers Croft and the Tyndale Centre at Dursley.

With limited information at our disposal, and limited time to absorb and analyse the proposals put forward in this consultation, the Taskforce has felt it necessary to concentrate on the most important and damaging proposal of all - to close Stroud Maternity Hospital. We have also made serious comments about the proposals affecting Berkeley Vale. This in no way suggests that we accept or condone any of the other proposals contained in the consultation document.

Maternity Services

Proposal 3 in 'The Future of Healthcare in Gloucestershire' involves the closure of the inpatient facilities at Stroud Maternity Hospital, and offers no other reasoning for this than a projected annual saving of £400,000, some 1% of the total deficit facing the NHS in Gloucestershire. No consideration is given within the proposal document as to the significance and huge benefit, both locally and nationally, of the service provided by Stroud Maternity Hospital.

Its reputation as a safe and efficient midwife-led birthing unit goes way beyond the district of Stroud – indeed it is nationally recognised as a centre of excellence in midwife-led care. Regardless of any financial savings that may or may not be realised, the closure of this facility would be nothing short of a travesty and a total dereliction of duty on the part of those responsible.

In partnership with Stroud District Council (who provided the funding) and Stroud Maternity Matters (who provided the expert knowledge), Dr Suzanne Tyler, an Associate at the Health Services Management Centre, University of Birmingham, was asked to look in to the implications of closing Stroud Maternity Hospital. Dr Tyler is an independent consultant with a wide range of experience in health services and maternity services in particular. She was asked to consider the financial implications of closure, especially in the light of the move towards Payment by Results, plus the medical and social implications of such a move. Her findings prove unequivocally that the proposal to close Stroud Maternity is not supported by any of these considerations. Her findings are discussed in more detail in section 4 and have been sent to you as a separate document by Stroud Maternity Matters, who are part of our Task Force.

Those charged with the final decision on whether to close Stroud Maternity Hospital must also consider the wider picture. Nationally, some 19 midwife-led birthing centres were either temporarily closed or under threat at the beginning of this consultation process. It is widely accepted, even within the Gloucestershire Health community, that midwife-led units form an essential element in the overall provision of diverse maternity care. Stroud Maternity Hospital is particularly highly regarded amongst health communities and professional bodies throughout the UK. If it is allowed to close, one wonders what hope remains for other similar units under threat, and by implication for midwife-led care in general. Members of the Board responsible for making this decision must reflect carefully on the legacy they might leave not only for Stroud, but for the greater community, should they opt for closure.

Planned Care Services

We note that there are four low volume, specialist inpatient services which the Health Community would like to provide on a single site.

The proposal to provide gynaecology on one site would appear to impact on Stroud General Hospital which undertakes inpatient gynaecological surgery.

This surgery is highly valued by local women and is very successful. We would very much like this inpatient surgery to continue and can see no reason why it should be removed.

Should it be decided that this inpatient surgery cannot continue we would look to the Gloucestershire Hospitals Trust to allocate additional day case surgery in this speciality to Stroud General to replace the lost inpatient surgery.

Berkeley Vale

The proposal to build a new health and social care facility at Dursley, in partnership with an independent sector provider, together with the creation of integrated primary care and social care teams may lead to the eventual closures of Berkeley Hospital, Sandpits Clinic in Dursley and Symm Lane Clinic in Wotton-under-Edge.

We are aware that a lot of discussion has taken place in the Berkeley Vale area over some considerable time and there is a measure of support for these proposals, providing the new facility is both at least as good as the present

hospital and is situated in a position which is most accessible to the population of the Berkeley Vale.

The Save Stroud Hospitals Task Force would like to make the following comments:-

- Berkeley Hospital is highly respected for the fine services it provides for the people of the Berkeley Vale. With imaginative and continued local support it would be possible to upgrade its facilities and develop the range of services provided there. We feel that Berkeley Hospital League of Friends are a major stakeholder in Berkeley Vale health care and they should continue to be fully consulted in the developing plans for the area because they may provide valuable support for those plans.
- We understand that plans for changes to the health care services are still being developed and will not be completed until the end of the year. We would make the point that these are important decisions and should not be rushed; rather continued consultation and engagement with stakeholders is to be preferred.
- Should it finally be agreed that a new facility is built in Dursley, or elsewhere in the Berkeley Vale, then Berkeley Hospital should remain open until the new facility, with its full range of services, is operational. The replacement services should be at least equal in extent to those presently provided for the community, including an adequate number of beds. We see 20 beds being the minimum necessary number.
- Whilst a partnership with an independent sector provider seems to be the favoured partnership arrangement, consideration should be given to any social enterprise partner that might emerge.

2 History of Stroud Maternity Hospital

Stroud Maternity Hospital was opened in 1953 and since that time has provided an invaluable service for the young families of the Stroud District and, more widely, young families in Gloucestershire.

It has always been in the forefront of developments in maternity care and was prominent in the introduction of ultrasound at the Stroud Hospitals in 1982. Only this year a new advanced ultrasound costing £62,500 has been provided by the League of Friends for the Stroud Hospitals and this will be invaluable to the women using Stroud Maternity. The clarity and definition of its images are quite remarkable. The hospital has a range of modern equipment which complements the traditional midwifery skills of its experienced midwives.

Stroud Maternity is now a midwife-led unit specialising in provision of maternity care for women with uncomplicated pregnancies who are considered suitable to have their babies in a low tech environment.

In 1998 the hospital was threatened with closure when a review of maternity services was undertaken in Gloucestershire. The community of Stroud rose up in unanimous support for its highly valued maternity unit. Public meetings, marches, a candlelit vigil, a children's painting competition with 700 entries and many other events attended by young and old showed the support of the people for their maternity services. A petition containing the signatures of over 30,000 people, together with hundreds of letters showed the passion of the Stroud people for the fine services provided at Stroud Maternity. Stroud had not seen an uprising like it in our people's living memory.

Stroud Maternity Hospital was saved and the Review Group made several recommendations:-

- to increase the number of deliveries at Stroud Maternity to 350 per annum
- to increase the number of postnatal transfers to Stroud Maternity to 350 per annum.
- Stroud Maternity to continue to provide Midwife-led Care for low risk women within the competency framework for national guidance for midwifery practice.

From the very low number of deliveries in the mid 90s which prompted the review (1996/97 208 births and 23 home births, 1997/98 216 births and 26

home births) the staff of the hospital, supported by the local community, have worked very hard to raise the profile of the service provided at Stroud Maternity.

The number of deliveries and post natal transfers at Stroud Maternity has steadily risen and are now satisfying the recommendations of the 1998 review.

We believe that when a review body sets targets for the continuation of a service and those targets are achieved it is right, just and honourable to let that service continue for a reasonable period of time. Only by doing this will the integrity and purposefulness of reviews and the setting of targets be maintained. On this basis Stroud Maternity should remain open because it is achieving its targets.

3 Consultation Process

We are not alone in having a great many concerns about the consultation process which the Gloucestershire Health Community has engaged in. The entire process has been one in which it has seemed that decisions have already been made and that any attempt to alter the course of events is futile. We have been particularly concerned that the consultation document did not contain a business plan of any kind for the savings proposals it advocated.

We have felt very strongly that this whole process, based on an inadequate analysis of the finances of health services in Gloucestershire, and a consultation which has not inspired confidence, has been rushed to the point where unwise decisions are likely to be made.

Alternative Proposals

The consultation document does not mention any alternative proposals considered with regard to the savings identified under the Maternity Services proposals. Despite this, the public is asked to offer alternative solutions to address the financial problems faced by the Health Community.

It is not the place of the public to offer solutions to problems of the complexity of those faced by the Health Community. The public does not have the in-depth knowledge, experience or resources of time and expertise to analyse the issues involved.

4 Response to the Proposals

4.1 Cost Savings

The proposal to close Stroud Maternity Hospital is justified in the Consultation document and the Maternity Fact File solely on the basis of the financial savings that it is claimed will be made. These proposed savings of £400,000 are not sufficiently detailed and justified in the Consultation document, indeed the P.C.T. has recently revised downwards its estimate of savings to £250,000, and we understand this may be subject to further downward revision to a figure approaching £200,000. This represents something in the region of a 50% error in the original savings calculations put forward in the Consultation document. To admit to such a huge error in the fundamental tenet of the proposals involved, with less than two weeks of a twelve week consultation remaining, must bring in to question the basis of the entire proposal.

We would urge the Health Community to shelve its costs based proposal to shut Stroud Maternity Hospital and accept that the potential savings identified in its Consultation document have been severely over-estimated.

No mention is made in the Consultation of the fact that all funding within the NHS will, by 2008, be based on a completely new financial model – Payment by Results. Indeed, in her independent response to the Consultation document, Dr Tyler’s analysis of the financial implications of the introduction of this new model paints a very different picture. Based on current levels of activity and using the current tariff prices for just those activities payable under PbR, Stroud Maternity Hospital would have generated an income of some **£1.243m** in the 2005-06 financial year.

Taking in to account activity not covered by PbR would have generated an estimated further **£300-400,000** of income in the same period. These figures, when set against the total running costs for the Hospital identified in the Consultation document (**£1,006,299**) indicate that not only can Stroud Maternity Hospital be considered to be financially viable, it can also be considered to be a contributor to the finances of the local Health Community.

Furthermore, the Consultation document does not consider any of the additional costs which will arise if Stroud Maternity Hospital is closed – these extra costs

account largely for the huge error in the projected savings. They are discussed in Section 2 (iv) of Dr Tyler's report and include the costs of extra staff provision at Gloucestershire Royal Hospital, extra travel expenditure on the part of midwives having to attend GRH from Stroud, relocation and redundancy costs etc. The absence of these costs from the Consultation documents suggests that the full business case for the closure of Stroud Maternity Hospital has not been made. Even if they were realised (which we refute), annual savings of £400,000 (or is it £200,000?) represent a maximum of 1% of the total deficit currently facing the Gloucestershire Health Community, and possibly only 0.5%. It seems both ludicrous and irresponsible to suggest closing such a successful and popular facility for the sake of such a small financial saving. We cannot believe that there are not other, less destructive, ways in which this level of saving can be made.

In conclusion, there is no financial justification for closing Stroud Maternity Hospital. Given that no other reasoning is offered within the Consultation document, it is clear that there is no justification whatsoever for this proposal.

4.2 Effect on the Community

The Local Economy

Closing Stroud Maternity Hospital will have a negative and damaging effect on the local community. Stroud remains an economic centre with its own identity within the region. Both individuals and businesses, when considering re-location, look to the range of services on offer when weighing up the pros and cons of any given locality. The range of retail and leisure facilities, housing stock, schools and transport links all play an important part in the decision making process. So too does the range of health care services provided within the community.

Removing Stroud Maternity Hospital from the town's portfolio of excellent health services will devalue Stroud as a location. It will serve to undermine inward investment into the town at a time when, after a protracted economic downturn, it is finally starting to see an increased level of economic activity. This increased level of activity and growth makes it even more important that Stroud retains its maternity hospital.

Social Cohesion

The part played by services such as those offered by Stroud Maternity Hospital in terms of the social fabric of the community should not be ignored. It is important for families in Stroud to feel that they were looked after by local staff in a local hospital when their children were born. This does not have to mean that those children must actually be delivered at Stroud Maternity. The Consultation document makes the point that some two thirds of Stroud babies are not born at the Hospital. This totally ignores the fact that, even for those mothers who are delivered elsewhere, Stroud Maternity Hospital provides the very ante and post natal care which forms social bonds and greatly improves the experiences of pregnancy, childbirth and, ultimately, parenthood.

Throughout the journey through Stroud Maternity Hospital, friendships are forged and social networks are established - both between families and between new mothers and their midwives. Some 30% of mothers are delivered by the midwife they saw throughout their pregnancy. This is much higher than the national average, and it must be realised that this highly desirable outcome is possible, in part, due to the special relationship which midwives at Stroud Maternity have both with the hospital and with the mothers who give birth there.

There is a real sense of community and good will amongst Stroud midwives. It is this that encourages them to take the kind of care of mothers that means they will do their very best to ensure they are present for the birth. This often involves working longer hours than necessary and / or having a flexible approach to shift patterns. The willingness and indeed the ability to provide this level of dedication when midwives will be faced with extra journeys to and from Gloucester are unlikely to survive if Stroud Maternity is closed. Thus an incalculable benefit of the service provided by the Hospital is almost certain to be lost over time should its closure go ahead.

4.3 Government Direction

The proposal to close Stroud Maternity goes against all current Government thinking on health care provision.

In his introduction to the White Paper, 'Our Health, Our Care, Our Say' published in January 2006, the Prime Minister states the vision of "... a new era where the

service is designed around the patient, rather than the needs of the patient being forced to fit around the service already provided” and that change should be driven “.....by the people who use the services and the professionals who provide them”. The Secretary of State for Health emphasises the desire to “promote independence and choice.”

Lord Warner introduces the Government’s Document ‘Our Health, Our Care, Our Community’, published during this consultation, by stating *“We have to find ways of planning patterns of services which are efficient but which retain, where possible, identification with each local Community.”*

The NHS in England: the operating framework for 2006/7 has a section entitled Reconfiguring Services. Section 4.9 states:-

“The process of change is important in any service reconfiguration. It is essential to engage patients and users at a very early stage in considering the challenges, opportunities and options for strengthening services through reconfiguration. This process needs to be made visible to the public, for example through a citizen’s jury or panel, so that they can be involved in developing the options for consultation.”

This latter statement points to a clear failing in the case of this particular consultation. It is quite obvious that neither the public nor even the service providers themselves were consulted prior to the proposals being put forward.

The Secretary of State for Health has, during the course of this consultation process, given us her own view on the response that Health Communities should adopt when considering the financial pressures they find themselves in. In a letter received by the Stroud League of Friends, she says:-

“We have made it clear in the White Paper [Our Health, Our Care, Our Community] that community facilities should not be lost in response to short term budgetary pressures that are not related to the community facility itself. To that end, P.C.T.s taking current decisions about the future of community hospitals will be required to demonstrate to their SHA that they have consulted locally and have considered a wide range of options.”

She could not have been clearer in this statement about how she expects to see service reconfigurations, such as the proposed closure of Stroud Maternity Hospital, to be handled. It is equally clear from section 4.1 (Cost Savings) that

the proposed closure does not meet her required cost-based justification and that the consultation itself does not meet the standards she requires of the Gloucestershire Health Community.

4.4 Patient Choice

At present the birthing choice given to women in Gloucestershire is in line with best practice:-

- home birth
- midwife-led stand alone unit - Stroud Maternity
- midwife-led unit alongside a consultant unit – Cheltenham Maternity
- consultant led unit - one at Cheltenham and one at Gloucester

It is very clear that the proposal to remove the inpatient facility at Stroud removes one clear element of this choice, because it would not be possible to replicate the uniqueness and excellence of Stroud Maternity in a unit attached to the consultant unit at Gloucester - the possibility of transfer to the consultant unit and subsequent intervention is too high. It is extremely difficult to transfer excellence when it is rooted in a unique and living situation.

It is very evident when you live in the Stroud District that women appreciate and want the choice of giving birth at Stroud Maternity if they are considered suitable to be delivered there. The arrival of a new baby is one of the most family inclusive occasions in life, when the sharing of the experience is uplifting and healing for all concerned. A maternity unit located within a community, as Stroud Maternity is, enables that experience to be shared more easily and more widely and we believe that this is desirable and very much in line with government intentions.

4.5 Contingency

We have a serious reservation about the centralising of a specialised service such as maternity on one site. Our concern centres around the possibility that should such a site become unusable - due to an infection alert, serious operational deficiency or disaster situation - there will be no alternative facilities available.

The Save Stroud Hospitals Task Force would like to ask the commissioners and providers of Gloucestershire maternity services to make known their contingency plans for such a situation.

It is a sounder policy to keep open Stroud Maternity, to provide contingency support, should such a situation arise.

4.6 Additional Considerations

Sustainability Policy

The proposal to centralise maternity services in Gloucester is contrary to our Government's sustainability policy and United Nations directives which call for services to be nearer where people and communities reside.

These policies are designed for ease of access to the services provided, the promotion of social cohesion, reducing road congestion and more importantly to cut CO² emissions.

By centralising maternity services in Gloucester there will be an inevitable increase in car journeys amongst those accessing maternity services. As 24% of emission releases come from transportation movements in this country it is imperative that we do not configure health services so that they increase car travel.

Clearly lengthening car journeys for visiting will increase CO² emissions, will increase road congestion and put pressure on finite car parking spaces at Gloucestershire Royal Hospital.

An Experienced and Skilled Staff

There are without doubt very experienced and skilled staff at Stroud Maternity and they are a very important asset to the unit.

The staff develop an expertise in midwife-led care within the low tech environment of Stroud Maternity which is an ideal preparation for the transfer of skills to the home birth environment.

Staff receive regular experience within a consultant-led unit which supplements their experience at Stroud and contributes to the creation of a midwife with particularly well developed skills capable of being used in any situation.

We believe that it would be unwise to remove the experience gained by a midwife in a stand alone midwife-led unit such as Stroud Maternity where the opportunity to develop sound decisions about caring for mother and baby is developed in a special situation, requiring individual and shared decision making of a high quality. Stroud Maternity Hospital enjoys high levels of staff job satisfaction, retention and morale. We do not believe that these could be maintained by transferring services to Gloucester.

An Increased Likelihood of Home Births

The community centred around the Stroud Valleys is a unique community with an individual and corporate identity of great independence, great creativity and often quite radical and far reaching ideas. We believe that the Health Community will be surprised at the number of women who will opt for home births should Stroud Maternity close. This may not be desirable because:-

- it could increase safety concerns for both mother and baby
- it would create extra costs for the health community which would further erode any savings gained by closing Stroud Maternity

It is much the better option to allow Stroud Maternity to continue to provide that choice of service that we know women want and prefer.

5 Public Opposition

In writing briefly about the History of Stroud Maternity we outlined the considerable opposition to the possibility of closure in 1998.

Once again public opposition to the proposal to close Stroud Maternity Hospital has been significant. Throughout the wider Stroud District opposition to this new threat to Stroud Maternity has been strong and growing.

This opposition has manifested itself in so many ways:-

- press and media coverage, both locally and nationally has been very strong, including a significant number of letters written to local newspapers.
- the formation of a very strong Stroud Maternity Matters group who have engaged positively with the issues and decision makers involved with the proposal to close Stroud Maternity.
- a Stroud Town March attracted over 3000 people, marching through the streets of Stroud to Stratford Park. It was awe inspiring, with people aged from the very young to a lady in her mid nineties - a true community demonstration in support of our health services.
- a train journey of protest to the Houses of Parliament attracted huge media interest and national coverage as we took our local concerns to the seat of government. It was a powerful statement of the community's concern.

But this opposition is not only to be seen in outward manifestations of support, it is engrained in the hearts and minds of local people and it is evident in the everyday lives and conversations of our people. We know what health services we want and we believe that we know what is best for our people - it is a knowledge gained through experience and interaction with fine services of benefit to us all.

6 The Value of Partnership

6.1 Partnership between Stroud Maternity and the League of Friends

We have already mentioned the recent purchase of an ultrasound scanner by the League of Friends but that is just the latest example of a truly magnificent partnership between our community and Stroud Maternity Hospital, through the League of Friends.

The League has bought many pieces of valuable and beneficial equipment:-

- birthing beds
- birthing pool
- portable ultrasound
- foetal heart monitors
- resuscitaire
- televisions and presents at Christmas

But this is not all, because the League have been involved in substantial refurbishment and upgrade projects over the years which have made a very beneficial difference to the maternity services provided at Stroud Maternity.

The League has funded, on two occasions, the publication of the respected maternity brochure 'A Gentle Journey Into Life' which publicises a midwife-led maternity unit of acknowledged excellence.

All of these examples of support flow from the heart of this community in response to the fine care given to our young families over the years.

This significant support, which has been enduring, has saved the National Health Service a considerable amount of money. Justice and common sense suggests that this should be recognised by a decision to keep Stroud Maternity open.

6.2 Partnership between Cotswold and Vale PCT and the League of Friends

Members of the League of Friends have always treasured the relationship it has had with the Officers and staff of the Cotswold and Vale Primary Care Trust and their predecessor trusts. It has been creative and of course hugely supportive, because we have contributed over £100,000 on average each year for the past ten years. This is part of the enormous total contribution made since local hospitals were taken over by the National Health Service in 1948.

This partnership has resulted in major developments and improvements over the years:-

- the creation of an endoscopy suite
- the creation of the audiology service
- the creation of the ultrasound service (already mentioned)
- the creation of the post graduate centre
- refurbishment and enlargement of ward areas
- the upgrading of the accident and emergency department
- the refurbishment of the physiotherapy department

In addition to these substantial improvement and developmental projects there has been a superb and steadily increasing stream of equipment donations that have made a huge difference to the standard of care provided by the staff of the Stroud Hospitals.

We were particularly pleased during the course of 2005 to be developing plans to enhance Stroud Maternity by the creation of a new entrance, waiting area and new day room. Cotswold and Vale P.C.T. were to enlarge the car parking facilities at the Stroud Hospitals and pay for part of the maternity scheme. A start was planned for December 2005 and then the scheme was delayed due to the car parking tender coming in above estimate. The League of Friends had allocated £181,000 to the scheme and the Trust a similar amount.

The whole scheme then stopped due, we believe, to the deteriorating financial situation and yet we were told there was no problem with capital monies.

We would like to make three important points:-

- 1. Our local hospitals, and as a result our people, have benefited enormously from the wonderful community donations to the Stroud Hospitals. This must be recognised at this time when services are being proposed for closure for very debatable savings. The Gloucestershire Health Community needs to consider whether they wish to jeopardise this established donation income for maternity services as well as the enormous goodwill that accompanies it.**
- 2. The provision of healthcare in local communities is, and always has been, a partnership between all the stakeholders in the therapeutic enterprise. At its heart this partnership is built on consultation, shared aims and understanding, the ability to work together, and trust. As we said earlier we have valued our relationship with our managing Trusts but on this occasion their actions fell woefully short of the partnership ideal. We were not consulted in any way about the proposal to close Stroud Maternity and this is deeply regrettable.**
- 3. We wonder how it is possible for the Cotswold and Vale P.C.T. to have enthusiastically promoted a partnership scheme with the League of Friends in December 2005 to upgrade Stroud Maternity, only to shock the Stroud community in May 2006 with proposals to close it without in any way discussing this with the League.**

7 Conclusions

Basis of the Proposals

We believe that the proposals put forward in 'The Future of Healthcare in Gloucestershire', particularly the closure of Stroud Maternity Hospital, have been drawn up hastily and without proper regard to their long term consequences. The proposals are based on nothing more than flawed financial analysis and not on any of the criteria that one would expect a Health Community to consider.

Through the work undertaken by Dr Suzanne Tyler, we have been able to demonstrate that the estimated financial savings to be gained by closing Stroud Maternity do not stand up to professional scrutiny. The Health Community, through the Cotswold and Vale P.C.T., has acknowledged a massive error in the calculations put forward in the Consultation document. Furthermore, we have established that, once Payment by Results comes in to operation, Stroud Maternity will be not only financially self-supporting, but could be a net contributor to the finances of the Health Community. Taken together, these two factors totally undermine the basis of the proposal to close Stroud Maternity, which was justified solely in terms of a £400,000 per annum cost saving.

South West Strategic Health Authority and the Department of Health

We note that our new Strategic Health Authority is conducting detailed work to understand the financial plan of each NHS organisation in its area. We understand that when the current consultations have ended the S.H.A. will review each of the plans of the NHS organisations involved before final decisions are taken. We are hopeful that the Strategic Health Authority will develop a creative way of tackling the crisis affecting our health services in Gloucestershire, because quality services are being threatened in the search for financial savings.

The Excellence that is Stroud Maternity

Throughout the whole period of this consultation the acknowledgement that Stroud Maternity provides an excellence of midwife-led maternity service has been an accepted principle. It is accepted by the community it serves but it is also fully accepted by the Gloucestershire Health Community - indeed the Chief Executive of Cotswold and Vale P.C.T., (its managing Trust) Mr Richard James, has publicly praised the quality of care provided at Stroud Maternity.

This is not surprising because, as we have said, only last year the P.C.T. were prepared to spend a considerable amount of money to upgrade its facilities in partnership with the League of Friends.

The excellence of Stroud Maternity is not in doubt, indeed it is recognised nationally. Therefore we would make the very strong point that the National Health Service should not be removing centres of excellence from its midst, but rather it should be building them up as exemplars to all.

The Future Involvement of Our Community

We know the depth of commitment of the professional staff running our health services in Gloucestershire. They are excellent health services bringing great benefit to so many people at needful times in their lives.

We state very clearly, for the reasons outlined in this document, that Stroud Maternity Hospital is an important and vital part of the health services provided in Gloucestershire and we stress that it must be allowed to continue delivering its high quality service commissioned and funded as it presently is. If we are unable to convince the Health Community of this, we would like to reserve the right to explore a Social Enterprise model of delivering the services. We are supportive of Stroud District Council's preliminary investigation of this by The Kings Fund.

We, for our part, will continue to provide as much help as is possible to support the staff of our local hospitals in the delivery of the excellent service for which they are renowned.

Consultation

The Gloucestershire Health Community has consulted the public on its proposals, as is its duty. There can be no doubt that the proposal to close Stroud Maternity Hospital has been universally rejected by the people of Stroud.

Through consultation exercises, the public become the architects of the services they wish to receive from the Health Community. For the integrity of the Consultation process to be maintained, the Health Community must accept that the people have rejected this proposal, and act accordingly.

David Miller MBE

Chairman, Save Stroud Hospitals Task Force

Appendix A – Members of the Taskforce

Stroud Hospital League of Friends

Dr Roy Lamb, President, League of Friends

David Miller, Chairman, League of Friends

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Save Stroud Hospitals Taskforce

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