

Notes on DALC: Axminster Committee Meeting

Uplyme Village Hall: 29th April 2014

- 1) The meeting was attended by approximately 50 representatives which included Coun. Jim Knight, members of the Devon Clinical Commissioning Group (CCG) and AJ & IT Harrison. Seaton Town Council were conspicuous by their absence.

The meeting opened at 7.30 pm and closed at 9.15 pm.

First item was a welcome from the Uplyme Parish Chairman who gave a quick résumé of the history of Uplyme and mentioned that the parish had completed a Village Plan and was now producing a Neighbourhood Plan.

2) Secretary's Report

The new financial regulations have been promulgated and will be on the agenda of the next meeting.

3) Axminster and Seaton Hospitals.

The main focus of the meeting concerned the possible future of Axminster and Seaton Hospitals. There were 6 members of the CCG present which included Doctors from Seaton, Axminster and Ottery St Mary together with the Manager of the CCG, Tamara Powderly, who started the proceeding with a presentation on the CCG. This presentation will be circulated to Councils. The presentation was followed by a question and answer session.

General Points

Both hospitals are administered by the North Devon Health Care Trust based in Barnstable. We are at the furthest extent of their domain.

South Devon and Torbay have separate CCGs.

The Devon CCG is split into 4 areas and we are part of "Wakely" which consists of Sidmouth, Honiton, Ottery, Seaton and Axminster.

Devon CCG funds are approximately £63M per year. RD&E at Exeter has a budget of about £203M. Both the CCG and RD&E have funding deficits at present. Both have been directed to make savings of 4% each year with the aim of being in fiscal balance in 3 years time.

As a result of mid-Staffs, there will be no lone working in future and the RGN to patient ratio is to be reduced from 10:1 to 8:1. Only 2 Devon hospitals meet this criteria at present.

This has a funding implication. Therefore, to meet this criteria, larger, and fewer, community hospitals will be required and there will be a push to move to community services.

Apart from staff, the major cost driver appears to be 'beds'. When a procedure is commissioned at RD&E, the funding covers the operation and the aftercare. RD&E will attempt to move the patient as quickly as possible to the local hospital - good for patient wellbeing. However, if the stay at RD&E is shorter than contracted, the cost saving is retained by RD&E and not passed to the community hospital. In effect, community hospitals are subsidising RD&E!

The Future

There is a perception that Axminster, Seaton and Honiton have spare bed capacity. When North Devon are looking to make savings this could be a minus point.

The CCG is recommending that local groups be set up to look at options and represent the hospitals in future discussions. Honiton and Ottery have already set up a group. Seaton/Axminster seems to be another natural grouping. Axminster are very keen to preserve their hospital and an Axminster Councillor volunteered to chair a group of 10-12 for the Seaton/Axminster area. Irene has volunteered to represent Axmouth and will liaise with the Seaton League of Friends as she is a voluntary helper with them. The problem will be trying to generate some interest from Seaton Town Council!

The other option, of course, is to do nothing when North Devon are likely to impose a solution.

- 4) Next meeting: will be at Yarcombe, date to be confirmed.