

Suggested responses for the Form...

Qu 1. Option 5 Any other option.

Qu 2. Option 15 is best as it triangulates the area under discussion. Tiverton 32 beds (which is on every option because of the Contract with the private provider. Sidmouth 24 beds as the furthest east provider and Okehampton with 16 beds (NB 16 beds could be 31 beds if back to full complement) is the furthest west of those listed. End of life care needs to be at a local community hospital so friends and family can visit frequently and give the dying the comfort of seeing them and they can be sure the patient is comfortable and their dying is eased as much as possible.

Qu 3. The population that uses Okehampton as a hub is over 14,500 patients (registered at the Medical Centre, adding patients from other local medical centres ie. Bow, Chagford, Hatherleigh etc. who would use our hospital comes substantially to more than 37,000 within 15 miles.

Why has Okehampton been moved from North Devon CCG when all other Eastern Hospitals are on the eastern side of Exeter and our hospital is only half an hour drive from many areas of the North Devon locality. RD+E is over an hour away for them and (on a clear run) 45 minutes for us in Okehampton. We are the only hospital beds west of Exeter in the Eastern locality.

Qu 4. It complies with all 6 of the Strategic points . * People heal quicker if near family and friends and have adequate nursing care. * When a Care Package can be put in place that satisfies the patient's needs then the patient can go home. Until then, recuperation beds in the local community hospital frees beds in acute wards. * Integrate hospital and home care when you have staff prepared to visit rurally isolated cottages in the middle of winter until then patients need to be kept in Community Hospitals until they are assessed as fit to live alone. *Think Carer think family...fine if patients a) have family b) have family near enough c) family that is able to provide care. * Home is the first choice WHEN people are ready and able and assessed by trained staff as was done at Wardhayes before it was closed.

Qu 5 Least preferred option

Tiverton, Seaton, Sidmouth,all are far too far from Okehampton to be of any use at all. Patients will die enroute as they are already doing travelling from Barnstaple to Exeter.

Qu 6. Do you understand the model?

I understand this model is a travesty of the concept of a National Health Service where people are treated in their own locality and returned home when fit and well enough. We have had community care in Okehampton since 1834! Our hospital is new and could be fully utilized to much better effect. How is this Home Care system to be funded if NEWDevon already has a huge deficit to repay? Where are all the trained staff to take on all the travelling and complex care needs of a rurally isolate people? You can't find enough nurses now! People heal quicker from operations etc if they are in their own community not stuck in a vast hospital complex 50 miles away! What about dementia patients etc.? Ill thought through, taking medical research on recovery and applying it willy-nilly whether it is applicable to our circumstances or not!

Qu 8 anything else?

Yes, these 'choices' are akin to asking a condemned man how he wants to be killed! The NHS needs funding to enable these community hospitals to function properly. There are savings to be made (ie. re-using equipment like crutches and home based care supplied fixtures and fittings.) Much cheaper to collect and clean and reuse than collect and skip! But cutting beds is not the way! Your One

Contact Centre has not been costed as to building, training Call Centre staff, software etc etc. These would easily absorb the £4 million you estimate you will save by closing beds. Neither have you modelled or costed the training, transport and delivery costs of a fleet of trained carers covering the vast distances of rural Devon. Tour North Devon Pilot has been abysmal with people dumped at home in the middle of the night with no Care Package in place.

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