

ADDRESS BY MR TIM LOUGHTON MP – 27th April 2007

Mr Loughton paid tribute to John Langridge, who had been involved with the Findon Valley Society for many years. He had made a great effort to attend the AGMs, and would be sadly missed.

Mr Loughton congratulated the new, dynamic committee, particularly the Chairman. A great deal had been achieved in the last six months in terms of finances and membership, and every point raised had been covered in the papers before the meeting. He stated it was the most comprehensive booklet of papers of any Residents' Association. It was good to see a younger person involved.

Mr Loughton then referred to some of the points raised, firstly the concerns about the Cissbury Court situation. He stated he had visited the Court and believed matters had been resolved, but the situation clearly needed re-visiting. He was also interested that, after all the hard work on the crossing by the roundabout - and he was pleasantly surprised that the Highways Agency had proceeded with it earlier than anticipated – it was in the wrong place, which was particularly annoying. He would investigate further. A lot of things that had been agreed at the meeting regarding the crossing had not happened, particularly keeping the residents in touch with what was happening. When the system had been up and running for six months, he wanted Highways to come back, so that people could say whether the crossing had improved the situation, and make their comments. Part of the problem was that, because it was a trunk road, the County or Borough Council had no input, although they were accountable to the people who used it. He was glad that David Morgan was following up the situation, and would be speaking to David to see what could be done.

With regard to bonfires, etc, there was specific legislation, and the by-laws needed to be checked. Information should be on the Council's website so that people knew what was allowed.

Mr Loughton stated that, at the Autumn meeting, the Mayor gave a talk on KWASH. Correspondence about the Hospital made up the biggest part of his postbag and it was taking up a lot of his time. The situation was that the campaign had now had about 300,000 signatures from the three main campaigns, of which 1000,000 were from Worthing. There had been a great deal of support for the campaigns, with massive media coverage. 20,000 posters had been printed in Worthing, and there had just been a new print run of posters. Very large posters were being printed and anyone with a prominent site on the main road was being asked to display one when they arrived. Mr Loughton said that KWASH was grateful for the £500 the FVRA had raised – the money was being used to pay for printing the posters amongst other similar activities. The campaign was well supported by businesses etc in the town. There was money in the bank which enabled an effective campaign to be run. The consultation document was still awaited – the original publication date had been the previous August, but the extremely successful campaign had contributed to its delay. It had been anticipated that the proposals could be bulldozed through, but progress had been blocked every inch of the way. All the Parties were supporting the campaign, as were businesses. The Chairman of SEEDA had stated that the proposals would be bad for business development. There was also professional support from doctors and nurses, and a strong clinical case had been put forward.

Mr Loughton stated that he believed the consultation document, given the options that were being considered, would now be published in mid-June. There would then be a consultation period of 15 weeks which would probably be completed in October. Responses would be made, and KWASH wanted everyone to respond. Information as to how people might like to respond to the points made would be published on the website. The PCT would then consider the responses and after a couple of months (timescale into 2008) they would come back with their preferred option. The County Council Health and Scrutiny Overview Committee could call in the decision if it was not in agreement – and that was highly likely. The issue could go to the Secretary of State for Health and then to an independent Re-Configuration Panel, who could make their recommendations. That

point would be reached well into next Spring. At that stage, if KWASH did not like the final decision, it was highly likely there would be a Judicial Review.

The final decision could be a year out, as the issue would drag on. It was important that the pressure was maintained. Literature was being issued, events taking place – on the 26th May there was a big event on the promenade and simultaneously in Shoreham. A hospital bed was to be pushed to London with the 100,000 signatures, and a similar event was taking place for St Richards.

Mr Loughton thanked everyone for their support and asked them to urge all their friends and neighbours to keep up that support. It would be a long haul. The right decision was needed in the interests on local constituents. The intention was to cut health services rather than to modernise and improve them. There was support from all the local Parties and the Independents as well.

In response to a question, Mr Loughton stated that Worthing was one of the most cost-effective hospitals in the country. It was a very good hospital, and Brighton Hospital did not have such a good record, and did not have a helicopter pad. Worthing Hospital had a helicopter pad, which could be reinstated. That was another strength of Worthing Hospital which would be lost if everything went to Brighton.

Both Royal Colleges had produced findings for fewer and bigger hospitals. Mr Loughton stated he and the other local MPs had taken some of the local hospital consultants up to Parliament to meet with the some of the people who had reached that conclusion. The question had been asked whether it was right that a County the size of West Sussex should only have one major hospital with an A&E Department. For a population of 300,000 – 350,000 people that would be satisfactory, but Worthing alone had a population of that size. The same applied to Maternity. Worthing did a fantastic job in its Maternity Department. The biggest increase in mothers coming to Worthing was from Brighton and Hove.

The proposals had to be challenged all the way.

Councillor Fabes commented that it was essential to stress the importance of the helicopter pad. In Brighton, the helicopter had to land in a field a long way from the hospital and then patients had to be transferred by ambulance.

It was pointed out that Brighton's A&E Departments was often swamped, and the overflow came to Worthing, but there were no plans to increase Brighton's A&E Department.

The PCT had believed they could quietly push through their proposals by creating tension between hospitals in West Sussex. They had found that that was not working, and had put off their recommendations several times. The reason they had wanted to push the recommendations through the previous September was to counteract a budget deficit for 2007/08 by closing things down. The relevant date had passed before any conclusion had been reached, so their basic ploy was not working.

The Government said the County should scrutinise what the Health Service did; the County could look and complain, but had no say with regard to money. However, it did have a say on what was a proper consultancy and if it was considered that there had not been a proper consultancy discussion, could state that it should be done again.

These sorts of problems had not arisen in the north of England, but they did not have the older population that there was in West Sussex. West Sussex had the extra costs of a relatively rural County, and yet the northern area was still more expensive. If there was a fair formula, all the hospitals in West Sussex would be in surplus, not deficit. West Sussex had come second bottom of the league again for funding, and was getting a worse and worse deal incrementally. There was a very good Council, but they were penalised. That was being challenged in Government.