

Future Fit - Shaping Health Care Together

A Statement by Ludlow Under Pressure

Ludlow Under Pressure is a group set up by the Ludlow Churches which has previously published two well received reports on local needs and how best to meet them. We are making this response because of the teaching and practice of Jesus in caring for the poor and the sick, and through our historic commitment to the common good of society. We are especially concerned for the very old, the young and the poor whose voices are unlikely to be heard.

This Future Fit process, well-meaning as it is, seems more like a PR exercise than a consultation. It seems to us to start from the needs of those responsible for managing the big institutions at the top, rather than from the needs of the people at the bottom. It is also too limited in its scope. The role and future of other local health services in the area (e.g. Hereford hospital) are not mentioned. Mental health, social care and much else is largely excluded – yet the health needs of this area cannot be accurately assessed or predicted without a suitably integrated and holistic approach.

The very serious reduction of local council services will impact on health. The disappearance of support such as alcohol- and drug-awareness courses for vulnerable young people is one of many burgeoning crises. Generally, there is insufficient recognition here of the needs of the poor, the young and old, and particularly of the difficulties of travel - acknowledged here but not really addressed.

Future Fit's acceptance, understandable though it is, of limited funding both now and in the future, should not go unchallenged. The admission that this country cannot afford the health services it needs is extraordinary, coming from one of the world's richest countries.

The issues that surround the cost of borrowing for this scheme are not explored. Rather than working within current financial constraints, it would be better if governments now and in the future could find ways of resourcing the NHS more effectively. The government's recent nervous reference to increased taxation is a positive step in the right direction.

We recognize the merits of a split between emergency care provision on one site and of 'elective care' on another. We favour Option 1, though neither option is ideal. (Option 2 would leave more westerly and southern areas seriously deprived). But we can't help regretting that so much time and money (and clinicians' time) has been invested in a consultation which still leaves many fundamental questions about health and health care unanswered.

We sympathize with the pressures on those who have engaged in this process. But there remain far greater political, social and economic challenges to face and honestly discuss if we are to make significant improvements in the nation's health and healthcare.

Rev. Neil Richardson
Chair of Ludlow Under Pressure
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