

# A Doctor Writes

**A West Lancashire Doctor has provided this commentary about the effect of the West Lancashire Preferred Options document (new draft local plan) which is out for public consultation until 13<sup>th</sup> December 2018.**

**Our West Lancashire provides it unedited and *verbatim* to aid debate during the consultation period.**

## Hospital Services

Contrary to press statements by Labour councillors recently, the proposed homes will not ensure a future for any local hospital services. Hospitals are best able to provide specialist services at scale and this scale is populations of around 500000 people. This development and other proposed developments in Sefton will not push the population to near that figure. This means that as the population grows there is no guarantee that hospitals will reconfigure and expand. This will mean additional strain on an already critical system. I have had 2 emails this week already asking me NOT to send anybody to A&E at Southport. The system will almost certainly buckle under this stress.

You will hear that we plan to train / recruit many new Doctors and Nurses, this is simply not going to impact the system any time within the next 15 years. Even at that stage the workforce may remain critical. As you may know a recent initiative to recruit from Europe netted us a few hundred if that out of the 6000 needed.

## Primary Care

As you may know the average waiting time to see a GP is about 2 weeks countrywide and this is the average in W Lancs. The service is under pressure most practices would love to close their list but only a three line whip and pressure from NHS England together with threats of removal of enhanced services prevent this. The workforce is not growing as fast as the retirements from practice are coming. Artificial Intelligence and Apps may help and may reduce waiting times but a massive influx will actually mean a significant increase in waiting times and will negatively impact healthcare access for local residents. Retirements are coming thick and fast and many GPs are choosing locums across many practices and CCG boundaries.

There are several initiatives afoot, these relate to organisation geography and centralisation of services. Increasing access will work for this defined population but unless the incoming residents for the proposed development are hand-picked health care professionals then expect further delays. In our practice we strive to constantly improve access for our patients what we cannot plan for is a random unplanned boost in population. No amount of integrated care, robo docs and virtual nurses will allow for that.

## Community Services

Again there is a limited workforce, it is weeks to see a dietician. Not from lack will, more from lack of dieticians. Community nurse posts stand vacant, across the board staff will explain the pressure that mounts especially as Hospitals and Primary care clog up.

## Mental Health services

Large changes are afoot and service redesign is being planned for the residents of West Lancs. No one has mentioned or even contemplated the effect of thousands of new residents, I haven't seen a plan for this mainly because there is scant information, population analysis, demographic prediction and estates analysis.

In short this plan will be at the very least challenging for the local health services in the current climate and at the worst a disaster.

Let us have just 2 winters without an orange red black or whatever alert from local hospitals, and then even consider this. The NHS can barely withstand winter and this comes like clockwork every year how will it plan for an unspecified number of occupants in an unspecified number of homes planned to be implemented over any time over 30 years?

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