

Campaigner, Dr Tim Geitzen, tells us why he joined the Save the DGH Campaign Group

Why Get Involved?

When I retired 5 years ago I still felt I had something to offer patients and local residents. The biggest complaints before my retirement were about travel to Hastings for hospital services and how it was adversely affecting people. I met Liz Walke and was impressed by the group's commitment and enthusiasm and decided to help.

My own experience?

I started work in Clinical Chemistry at the old St Mary's in 1974. Apart from 5 years at Medical School in Sheffield in the late 70's I have worked in Eastbourne ever since. During this time I saw massive advances in Medicine and learned the value of centralised expertise but remained constantly aware of how much patients and families appreciated local care. We have 4 children, 3 of them born locally. One needed frequent unscheduled care from paediatricians and the thought of now having to take him to Hastings at all hours of the day and night, and worse still leaving him there, fills me with horror to this day.

What is the main issue?

The whole problem can be summed up in one word - Distance. Hastings residents are forced to come to Eastbourne for some services - so it's just as bad for people to the east of us. *Distance means delay*. Delay means pain to patients with fractures or acute abdomens. It means pain and fear to women in labour. It means fear and separation to new mothers and fathers and to parents separated from their children, knowing that at best they are an hour apart. It means huge expense in taxi fares in the middle of the night for relatives who don't drive, and it means a nightmare in trying to find a parking space for those that do. *Distance means delay*. Delay in transferring labouring mothers who develop a problem and for those with abdominal pain transferred from A and E. It also means potential delay for every person in Eastbourne, Hailsham and Seaford who has to wait longer for an ambulance because their vehicle is transferring a patient to Hastings.

What would you do?

Not easy! I recognise the excellent work done by current management teams in turning the clinical side around with limited financial resources. I also recognise the quality of care in the midwifery unit to the 300 women a year who give birth there. I'm just sorry that 1,700 mothers a year can't be as lucky.

The first thing I would do is improve transport between the 2 hospitals with some sort of community bus. In the long term I would commit to finding a way to bring obstetric-led maternity back to Eastbourne alongside the excellent midwifery unit. This would enable paediatrics and anaesthetics to return, and then surgery could follow.

I can't see this happening any time soon. The dire financial situation will mitigate against any action that might cost money, but that doesn't mean we shouldn't plan to want the very best for Eastbourne, nor will we give up campaigning for this. It is our belief that by campaigning effectively we can remind decision makers about what local people need and expect from their local hospital, and at the very least stop things from getting any worse.