Agenda No 2

AGENDA MANAGEMENT SHEET

Name of Committee	**Council**
Date of Committee	**12 September 2006**
Report Title	**Summary of the Coventry & Warwickshire Acute Services Review Consultation Proposals**
Summary	This report summarises the key proposals from the Acute Services Review Consultation Document, which went to public consultation on the 15 June 2006 for 14 weeks and finishes on the 21 September 2006. It highlights some of the issues that may arise if the proposals go forward and invites the Council to consider the benefits and drawbacks of the proposals being made. Health Overview and Scrutiny Committee will be sitting on 31 August and 1 September and the key outcomes from this will be forwarded to all members as soon as possible after the meetings and in time for this Council meeting.
For further information please contact:	Alwin McGibbon Health Scrutiny Officer Tel: 01926 412075 alwinmcgibbon@warwickshire.gov.uk Jane Pollard Overview and Scrutiny Manager Tel: 01926 412565 janepollard@warwickshire.gov.uk
Would the recommended decision be contrary to the Budget and Policy Framework?	No.
Background papers	Acute Services Review Consultation Document

CONSULTATION ALREADY UNDERTAKEN: Details to be specified

Other Committees	☐	
Local Member(s)	☐	
Other Elected Members	☒	Cllrs June Tandy, Jerry Roodhouse, Anne Forwood, Marion Haywood
Cabinet Member	☒	Cllrs Alan Farnell, Bob Stevens
Chief Executive	☐	.....

Legal	☒	Sarah Duxbury.....
Finance	☐	.....
Other Chief Officers	☒	David Carter, Graeme Betts
District Councils	☐	.....
Health Authority	☐	.....
Police	☐	.....
Other Bodies/Individuals	☐	.....

FINAL DECISION YES

SUGGESTED NEXT STEPS: Details to be specified

Further consideration by this Committee	☐	.....
To Council	☐	
To Cabinet	☐	.....
To an O & S Committee	☐	
To an Area Committee	☐	
Further Consultation	☐	.....

Agenda No 2

Council - 12 September 2006.

Acute Services Review Consultation Proposals

Joint Report of the Strategic Directors of Performance and Development, Adult, Health and Community Services and Environment and Economy

Recommendations

1. That the Council considers the benefits and drawbacks of the proposals being made by the Acute Services Review.

2. That Council makes any comments which it wishes to feed into the formal consultation process.

1. Introduction

1.1 The Acute Services Review Consultation runs from 15 June to 21 September 2006. A summary of the proposals from the review and how the public and other interested bodies have been able to make comments is set out in Appendix 1. (A glossary of terms is set out at the end of this report). All of the Council's Area Committees have had an opportunity to consider the local issues arising from the review, in particular transport. The Health Overview and Scrutiny Committee will be considering the proposals at its special meetings on 31 August and 1 September 2006 (after the despatch of this report) and their findings will be circulated to all members as soon as possible.

1.2 In addition to considering the impact of the proposed changes to health services on the general public, members will also wish to consider if there are specific implications for Council services. The following paragraphs highlight some of the issues members might wish to consider.

Comments of the Strategic Director of Adult, Health and Community Services

2. General

2.1 The entire approach appears to be out of touch with Payment by Results (PbR), establishment of Foundation Trusts and Practice Based

Commissioning (PBC). These reforms have created a market situation in which Primary Care Trusts (PCTs) are pursuing more healthcare in the community through PBC, some Trusts are pursuing higher volumes of activity at the expense of other Trusts and people are being offered more and more choice. The Review is based on a model in which there is an assumption of harmony within the framework of community, competitive and collaborative services when in fact the structure is inherently unstable.

2.2 The review focuses on services within Warwickshire, but for significant numbers of people there is considerable choice outside of Warwickshire and Trusts outside of the County may be looking to expand their business into it. It does not take a broader view of the reforms or their potential detrimental impact.

2.3 Further, it is looking down the telescope from the wrong end. There appear to be two fundamental shortcomings in the report. Firstly, it is hard to see the empirical basis on which the review is being conducted. It would seem essential that public health information should inform the Review in terms of the needs for healthcare for Warwickshire and Coventry's populations. This basic information would establish the level of need for particular services and forecast future demand. Further, using its expertise, it could establish priorities for healthcare and best practice for where this care should be provided from.

2.4 And this links to a further point which is that rather than starting from an acute perspective and deciding what will not be provided in that sector, the review should have started from the perspective of what should be provided in the community by GPs and other health professionals in partnership with social care services. This would then lead to a view about what should be properly provided in the acute sector and once this was clear then the actual configuration of services could be decided.

2.5 Instead of this, it appears that a case is being made to justify the acute sector as it will look with a new University Hospitals Coventry and Warwickshire even though this is clearly unaffordable. Further, public health information would suggest that the population base is too small to support some of the services that are envisaged on the Walsgrave site. This needs to be independently verified otherwise the financial impact upon Warwickshire and Coventry PCTs will be enormous.

2.6 It is particularly worrying that there is an assumption that Warwickshire and Coventry form a natural "health economy" to sustain specialist services. This is not underpinned by evidence in the report and it does need to be demonstrated that the population all utilise services in Coventry and Warwickshire which seems on the face of it unlikely given the proximity of other major acute Trusts.

2.7 It may well be the case that patient flows to Trusts outside of Warwickshire and Coventry have been mapped to substantiate the assertion that keeping tertiary services in Coventry is viable "but only just". However, this evidence needs to be verified.

2.8 The limitations of the review become clear time and again. For example, the review "aims to keep our local hospitals" and the future of the modern NHS "is about hospitals operating together as part of a network of integrated health systems". Firstly, this isn't necessarily the right way forward for people in rural areas who may be in closer proximity to hospitals outside of Warwickshire and certainly much closer than they are to the Walsgrave. It may be that services should be commissioned outside of Warwickshire both for people who live in rural areas and indeed for a range of specialist services, which people recognise that they may need to travel further afield to receive. Secondly, the future of the NHS is surely about health and social care systems in their entirety working together as part of a network – not just the acute sector.

3. Finance

3.1 The Review in many places asserts that changes in care mean that people do not enter hospital, or do so less frequently, are discharged more quickly following a high tech intervention or are treated as day cases more frequently. This sounds fine in theory but the impact of PbR is having a distorting impact as gaming becomes more important to hospitals to maintain their ability to trade in the market. For example, outpatient appointments can be coded as day cases to increase income, treatments can be extended to increase income levels, the complexity of cases can be increased, patients can be referred to other specialities and so on. Further, as one treatment becomes redundant it tends to be replaced by a more costly and more effective treatment. As the number of Coronary Artery Bypass Grafts (CABGS) has reduced, there has been no reduction in surgeons or cost savings. Instead, other treatments have been developed to fill the void and keep beds full.

3.2 Thus, there should be a degree of cynicism that there will be cost reductions in the acute sector. Further, to achieve these changes, there will be a requirement that primary care and social care can meet people's needs in the community. Keeping people with acute conditions in the community may cost less than keeping them in hospital but there is still a cost. There is no evidence underpinning the assertions made in the review. For example, it is asserted that money can be saved by using advances in technology. While there may be a saving in costs in the hospital, the review has not identified the additional costs to primary and social care.

3.4 This is not to say that we should not be seeking to reduce admissions, undertake more treatments etc in the community. However, we do

need to go into this with our eyes wide open and confident that work has been undertaken to ensure that resources are available from within the health economy to fund additional pressures in the delivery of additional social care services. There is huge pressure on budgets in Warwickshire and Coventry to meet growing demographic trends and the requirements of the White Paper for adult care and Every Child Matters and the Children's NSF. There is no additional money being agreed to underpin taking on additional work to facilitate delaying treatments or undertaking longer rehabilitation in the community.

3.5 The experience of many PCTs is that transfers in the location of treatments from acute to community care release small savings compared to the scale of the financial deficits they are seeking to reel in. Further, the expansion of treatments in hospitals and in medicine continues unabated eradicating the small gains made from transfers of care out of the acute sector. Realistically, the only way to make a significant difference in the costs within the acute sector is to reduce the number of beds in the system and to keep them shut.

4. Emergency Care Proposals

4.1 The proposal is to strengthen the role of the Emergency Care Network so that the network board acts as a single forum for the hospitals providing the service and meeting with the single commissioner across Warwickshire and Coventry. Further, the network would be responsible for putting in place plans to ensure patients are not admitted to hospital who do not need to be admitted. This seems to be putting in the hand of the hospitals the role that the PCTs should take on. The PCTs should lead a commissioning board, which decides the models of care and commissions the services, which will make a reality of reducing unnecessary admissions and attendances. Further, these models may be based on a different approach than that currently undertaken by existing hospitals and the PCTs may decide to commission services from different providers.

5. Services for older people

5.1 The broad thrust of the proposals is welcome but there are major differences in the populations of older people within Warwickshire, never mind between Coventry and Warwickshire. Models which work in one area may not necessarily work in another. Health and social care services in Warwickshire should lead on developing models of care for the older population in Warwickshire.

5.2 Again, the approach should not be used as a method of making savings for the benefit of the acute sector and thereby resulting in a cost shunt to social care services. In order to achieve the goals of reduced admissions etc, there needs to be investment in primary and social care services and the Review does not address this issue which

leave the concern that there will be a shunt in costs from the acute sector to the primary and social care sector.

6. What should be done – an alternative approach

6.1 Given the drivers behind this review – financial collapse of acute trusts, the PFI development and all the associated risks that go with it, the move to foundation status etc – it is difficult to envisage that colleagues at any level in the NHS can do much else than support the outcomes of the Review. However, Warwickshire and Coventry Councils should insist on a commissioning-led approach. Part of the proposals, especially given that this is meant to be an exercise led by the PCTs should be that a Commissioning Board for Acute Services is established covering Warwickshire and Coventry. The Board would consist of Councillors, non-executives and chief officers from the Councils and PCTs covering Warwickshire and Coventry.

6.2 The Board would lead work streams involving GPs, other health professionals and social care representatives to work through the care pathways and service requirements for key areas such as the care of older people. Further, working with Public Health, proposals would be made for the future configuration of health services building up the picture from services that can be delivered from the community. The Commissioning Board should be advised by independent experts so that it can maximise the gains that can be made from learning from international best practice.

6.3 In this way, the acute services will be developed which reflect the needs of the diverse populations within Warwickshire and Coventry. The services will be built up from the local communities which form this area and through mapping actual flows and potential flows acute and specialist services can be commissioned which reflect the needs of the local population for these services rather than establishing a pattern of usage which supports a hospital or group of hospitals

Comments of the Strategic Director for Environment and Economy

7 Implications for transport

7.1 There are a number of implications for transport arising from the proposed changes to acute services in Coventry and Warwickshire. These are summarised below:

(a) The proposal to move some services from hospitals to the community is welcomed. This will reduce travel needs for patients accessing high volume services as well as providing more travel options for their journey. Recent work completed for the accessibility strategy demonstrates this, with 85% of Warwickshire residents being able access a primary care site by bus or on foot within a 30

minute threshold compared to 47% for access to local hospitals and XX% for access to University Hospital, Coventry (See Access to Primary Care Map attached as Appendix 2)

(b) Whilst the review states that the number of patients needing to access specialist services at the Coventry site is small, travel options from certain parts of Warwickshire to the University Hospital in Coventry are severely limited for those without access to a car (See Access to the Walsgrave Hospital Site Map Appendix 2). If this proposal is pursued it is therefore proposed that it should be supported by travel advice and, where appropriate, assistance for patients with no travel options. Ease of parking at hospital sites also needs to be considered.

(c) The recognition in the review that transport is an issue that requires further work is acknowledged. Indeed this has been identified from work that the County Council has been carrying out as part of developing an Accessibility Strategy for the Local Transport Plan review. The County Council is happy to work with the health sector to discuss ways in which the travel needs of patients can be better met.

7.2 In addition to the implications outlined above, there are a couple of points to note regarding the consultation paper, notably:

(a) The travel times in the consultation paper for hospital-related travel are generally considered to under-estimate actual journey times.

(b) Whilst the consultation paper focuses on the impacts of the proposals in relation to patient flows in the Coventry and Warwickshire 'health economy', recorded patient flows are far more diverse at present. Many patients in the far north and south of the County currently access health services in neighbouring counties or cities such as Oxfordshire, Worcestershire or Birmingham.

8. Conclusion

The Council is invited to consider the benefits and drawbacks of the proposals being made by the Acute Services Review and to make any comments which it wishes to feed into the formal consultation process

DAVID CARTER
Strategic Director of Performance and Development Directorate

GRAEME BETTS
Strategic Director of Adult, Health and Community Services

JOHN DEEGAN
Strategic Director for Environment and Economy

Shire Hall
Warwick

August 2006

Glossary of Terms

Acute Services/Sector – Hospital based services

Coronary Artery Bypass Grafts (CABGs)

NHS Foundation Trusts - are a new kind of NHS organisation run locally by local people rather than by central government. They will still be accountable to Parliament, but local people will have a real say in running their local hospital.

Health Economy – the area within which a 'network' of health professionals operate. This is an area with a big enough population to have a full range of health services avaialble

Payment by Results (PbR) - a new funding system for care provided to NHS patients in England, which will pay hospitals on the basis of the work they do adjusted for casemix. It will do this by paying a nationally set price or tariff for similar groups of patients based on the national average cost of treating patients within a group

Practice Based Commissioning (PBC) – a government scheme where GP practices decide on which local services are provided for their clients

Private Finance Initiative (PFI) - A system for providing capital assets for the provision of public services such as a hospital. Typically, the private sector designs, builds and maintains infrastructure and other capital assets and then operates those assets to sell services to the public sector. In most cases, the capital assets are accounted for on the balance sheet of the private sector operator.

Primary Care Trusts (PCTs) – NHS organisations responsible for buying healthcare services on behalf of the people in their area

Appendix 1

A Summary of Coventry and Warwickshire Acute Services Review Consultation Proposals

The following is a summary of the key proposals from the Acute Services Review Consultation Document, published on the 15th June 2006.

Opportunities to take part in the public consultation will be publicised widely when the consultation starts on 15th June. The consultation period will last for 14 weeks, and conclude on 21st September. There will be public meetings held across Coventry and Warwickshire; and the public may take part online or by writing to Acute Services Review direct.

If anyone would like to register their interest they can do so by sending their name and address to: Acute Services Review c/o South Warwickshire Primary Care Trust, Westgate House, Market Street, Warwick CV34 4DE or
by email to asr@swarkpct.nhs.uk or
registering their interest by going to http://www.swarkpct.nhs.uk and clicking on consultations

To obtain details of public meetings, fill in your comments online or obtain an electronic copy of the consultation document go to:
http://www.coventrywarksasr.nhs.uk

1. Introduction

1.1 The Acute Services Review in Coventry and Warwickshire has come about because the provision of health services had not sufficiently changed in recent years to take account of the advancements in modern technology.

1.2 Patients that might have had a long hospital stay after treatment can now be treated in a day. Investment in information technology means that test results and x-rays can be exchanged across NHS sites at the push of a button, speeding up the process of diagnosing illnesses. Plus the changes in staff training and development has resulted in a new type of healthcare professional that can provide clinical services in new ways. These advances in care also means that some services could move from the hospital to the community.

1.3 The Review Board was commissioned to take account of the changes above and take a fresh look at the services provided, the facilities locally as well as the money that is available and make decisions about the best way to provide healthcare locally, which would be fair and equal to all. It is necessary for some changes to be made, which is why the public are being consulted. The consultation document proposes several ways to develop modern healthcare services to ensure that the public get the services they need when they need them. The aim is to maintain the levels of clinical care the public expect, but also ensure the services remain financially sustainable.

2. Acute Services Review Proposals

2.1 There are seven proposals in the consultation covering three areas of health care. The full details of each proposal can be found in section 7 of the full consultation document.

The three areas are:

- Emergency Care
- Services for children and maternity services
- Cancer Services

3. Emergency Care

Proposal 1: Consolidate emergency surgery operating at night and weekends

3.1 At the moment fully staffed theatres are open overnight at George Eliot and Warwick Hospitals for an average of just 2 or 3 operations.

3.2 The proposal is to centralise overnight ear nose and throat, and urology emergency surgery in University Hospital. Currently this already happens for George Eliot patients so this would be less than one patient per night transferring from Warwick Hospital for their operation. Additionally by stopping emergency general surgery operating overnight at George Eliot and Warwick Hospitals, five or six patients per night would require transfer.

Proposal 2: Develop a new model of care for acute medicine

3.3 Acute medicine means illnesses such as heart attacks, strokes and chest infections. Traditionally when these patients first arrive in hospital they are seen by some of the least experienced doctors particularly at nights or weekends. The proposal is to make sure that patients are seen by senior members of staff soon after they arrive by setting up Assessment Units by integrating acute medicine with A&E.

3.4 This would mean changes at Rugby St Cross with patients first being seen in the University Hospital during weekends and overnight when senior staff are not available at Rugby. Small number of patients will be affected as many are transferred currently for tests and treatments, but the clinical safety of the service will be significantly increased.

4. Care of Older People

4.1 The plan is to develop integrated services for older people in each locality. Older people are frequently admitted into hospital because the necessary support for them to remain in home or cared for in the community cannot be put in place at the time it is needed.

4.2 In Coventry there is a well proven system to overcome this problem. It is proposed that each of the localities (Coventry, Rugby, North and South Warwickshire) should adopt the same approach which they refer to as ‘home

based re-ablement' and have a multi-agency team working to ensure older people receive the most appropriate care as well as access to the hospital system where needed.

4.3 The White Paper (Our Health, Our Care, Our Say) proposes an enhanced role for community hospitals with the development of ambulatory care delivery including out patient and diagnostic services. The review supports this and also proposes that the usage of community hospital beds be governed by clear protocols, ensuring close working with emergency care services and primary care and further develop the care available to older people locally

5. Services for children and maternity services

5.1 Currently there are three separately managed 24 hour paediatric and maternity services in Coventry and Warwickshire. This is not now sustainable and the proposal is to develop a solution based on integrated working rather than centralising services on a single site. This will keep most of the current services in Warwick and George Eliot Hospitals without compromising clinical safety.

5.2 A network would facilitate this integrated working by bringing together specialist doctors and clinical staff into a single pool (not a single site) allowing rotation of staff between different hospitals.

Proposal 3: Set up Paediatric Assessment Units at Warwick and George Eliot Hospitals

5.3 These will provide out patient and day surgery, care for children with long-term conditions and disability as well as facilities for the assessment, treatment and observation of acutely ill children. Data shows that most children are treated without admission and that most ill children who stay in hospital do so for only a few hours. It is proposed that George Eliot Hospital Unit would be open for 12 hours and the Special Care Baby Unit would transfer to University Hospital. For Warwick Hospital it is proposed that the unit would be open for 24 hours to allow the retention of Special Care Baby Unit.

5.4 These changes would be monitored with an option to implement the same system at Warwick Hospital as being proposed at George Eliot Hospital if it proves impossible to sustain the 24 hour service there.

Proposal 4: Create a single specialist in-patient children's unit at University Hospital

5.5 By combining in-patient services for the small proportion of children who need them a strong and sustainable unit can be developed at the University Hospital. This would mean children needing to stay more than 12hours (George Eliot) or 24 hours (Warwick) coming into the University Hospital.

Proposal 5: Combine the UHCW and GEH maternity units into a single service on two sites

5.6 Without 24 hour paediatric facilities at George Eliot Hospital it is not possible to run full obstetrics safely. In other parts of the country this has led to the creation of stand alone midwife-led units seeing small numbers of low risk deliveries. The proposal to amalgamate the University Hospital and George Eliot Hospital services would lead to an enhanced midwife-led unit at George Eliot Hospital keeping more deliveries on site than would be possible in a stand alone unit.

6. Cancer Services

Proposal 6: Centralise complex cancer services in University Hospital

6.1 The national guidance dictates that complex treatments should be based in Cancer Centres and for Coventry and Warwickshire it is the University Hospital. To date this has been partially implemented and it is proposed this should be completed. Small numbers of patients are affected in the areas of upper gastrointestinal, head and neck, urological, and gynaecological cancer surgery and the treatment of acute leukaemia and lymphoma. These patients would also benefit from care provided through local cancer units described below whenever appropriate for them.

Proposal 7: Develop ambulatory cancer units at University and Warwick Hospitals

6.2 Existing plans to develop ambulatory cancer units at University Hospital and Warwick Hospital is supported by the review. This would mean moving to less in-patient treatment at University Hospital and developing facilities for delivering chemotherapy at Warwick Hospital. These plans require investment and are subject to availability of finance. George Eliot Hospital currently has ambulatory cancer services including chemotherapy.

7. Conclusion

7.1 Collectively these proposals aim to create much closer working between the hospitals in Coventry and Warwickshire via a 'Network' approach to keep the majority of services local. For a small number of patients where the quality of care and patient safety dictate the proposal is to centralise the specialist aspects of care at the University Hospital. However, alongside this is the aim to increase the use of ambulatory treatment methods, which will ensure that more services are delivered in smaller local hospitals. In the future these ambulatory services are likely to move even closer to patient's homes into community hospitals and other community settings.

8. Key Considerations the Review Board Took when Developing the Proposals

Hospital Beds

8.1 The review considered the number of factors, such as

- The improvement in community treatments for long term conditions,
- people being supported in their own homes rather than staying in hospital,

- carrying out operations as day cases,
- modern technologies, better treatments reducing the length of stay in hospital
- changes in waiting times for diagnostic tests and the way patients are prepared for surgery also reduce the length of stay in hospital.

8.2 All of these factors will reduce the time patients need to be in a hospital bed and will result in fewer beds being required. No services or hospitals are being closed, but the proposed changes will result in patients not needing a hospital bed in the traditional way.

Finance

8.3 Coventry and Warwickshire's health economy currently faces very significant financial challenges. Two of the hospital trusts (South Warwickshire Acute and George Eliot Acute have significant deficits and are in formal 'turnaround'. In addition the new University Hospital in Coventry will have significant fixed costs of a hospital funded under the Private Finance Initiative.

8.4 Under the present way the hospitals are organised there are concerns that financial pressures are set to increase so looking at new models of care, reducing duplication is considered necessary to maintain viability.

Transport

8.5 The proposals to provide ambulatory care and keep these services local, plus the network approach to emergency and children/maternity services to keep the local units open should reduce the travel time for patients.

8.6 However, a small number of patients will need to travel to Coventry for more specialist and complex services.

8.7 The review gives a brief overview of the travel times to hospital provided by the Automobile Association for private driving. This does not include time taken to find a parking space or the department visited, or any congestion that may be encountered on the road.

<u>Warwick Hospital</u>

8.8 The average driving time taken to drive from the south or west of Warwickshire into Warwick Hospital is a little over half an hour. Under the new proposals a small number will need to go to Coventry for more complex treatments. The extra journey time to get to the University Hospital would be around 15-20 minutes for most people in these areas. However the proposal to provide some services at one of the local community hospitals for patient living in the east and south of the county could reduce the travelling time for a large number of patients.

<u>George Eliot Hospital</u>

8.9 Most people in North Warwickshire live within fairly easy reach of George Eliot by car. Under average driving conditions most people are within 20 minutes driving time of the hospital apart from those in the very north of the county around 2% of the population.

8,10 Under the proposals patients who currently attend George Eliot may have to go the University Hospital for more complex treatments. This may mean that some people will have further to travel but around 80% should be able to drive to the hospital within 20 minutes. The driving time from Atherstone in the north of the county to the University Hospital is around half an hour.

Public Transport

8.11 Public transport in some rural areas of Warwickshire is not good. In Coventry over 95% of people live within 30 minutes of their nearest acute hospital site by public transport, however in Warwickshire this figure is around 40%.

8.12 Around a fifth of people live in parts of Warwickshire where it would take over an hour to get to hospital by public transport. In some of these areas public transport links may not even exist.

8.13 Transport is an issue for the area irrespective of this review and the proposals have taken these constraints into consideration. Further work would need to be done to assist patients. This could include appointment times to reflect transport flows.

8.14 However the review recognises that the best way forward would be to treat as many people as possible locally and the proposals aim is to achieve this.

Appendix 2

Hospital Accessibility

Parameters applied;

- Accessibility maps apply to Warwickshire residents.

- Accessibility by bus is calculated using the latest public transport data (October 2005) for Warwickshire.

- A maximum connection distance to the public transport network of 800m has been applied. If the hospital is within 800m of the origin, Accession assumes accessibility by foot.

- The white areas on the maps indicate known points of no accessibility (this could be because there is a) no bus service within the specified time frame, b) the origin is further than 800m from the bus network, c) the journey would take longer than 60 minutes.

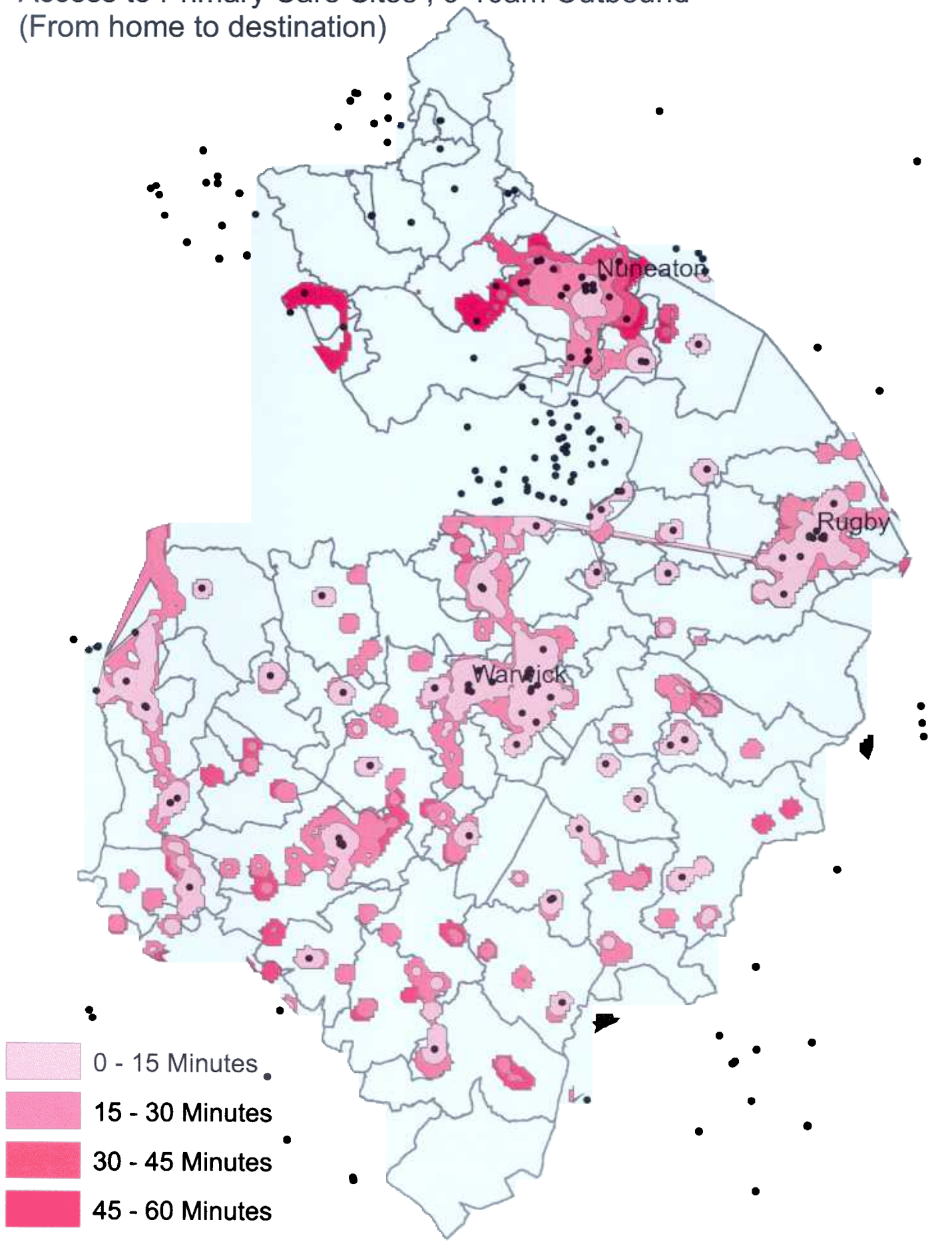
- Data shown for Walsgrave hospital does include a limited number of Centro bus services that operate in Coventry to Walsgrave hospital (thus enabling services between Warwickshire and Coventry where a change may have to occur to reach the final destination to be included). Having checked the bus services operating from Warwickshire to Walsgrave, they do seem consistent with the contours shown on the map (i.e. running from north of the hospital).

- These maps are preliminary, further work is being carried out in line with Warwickshire's accessibility strategy.

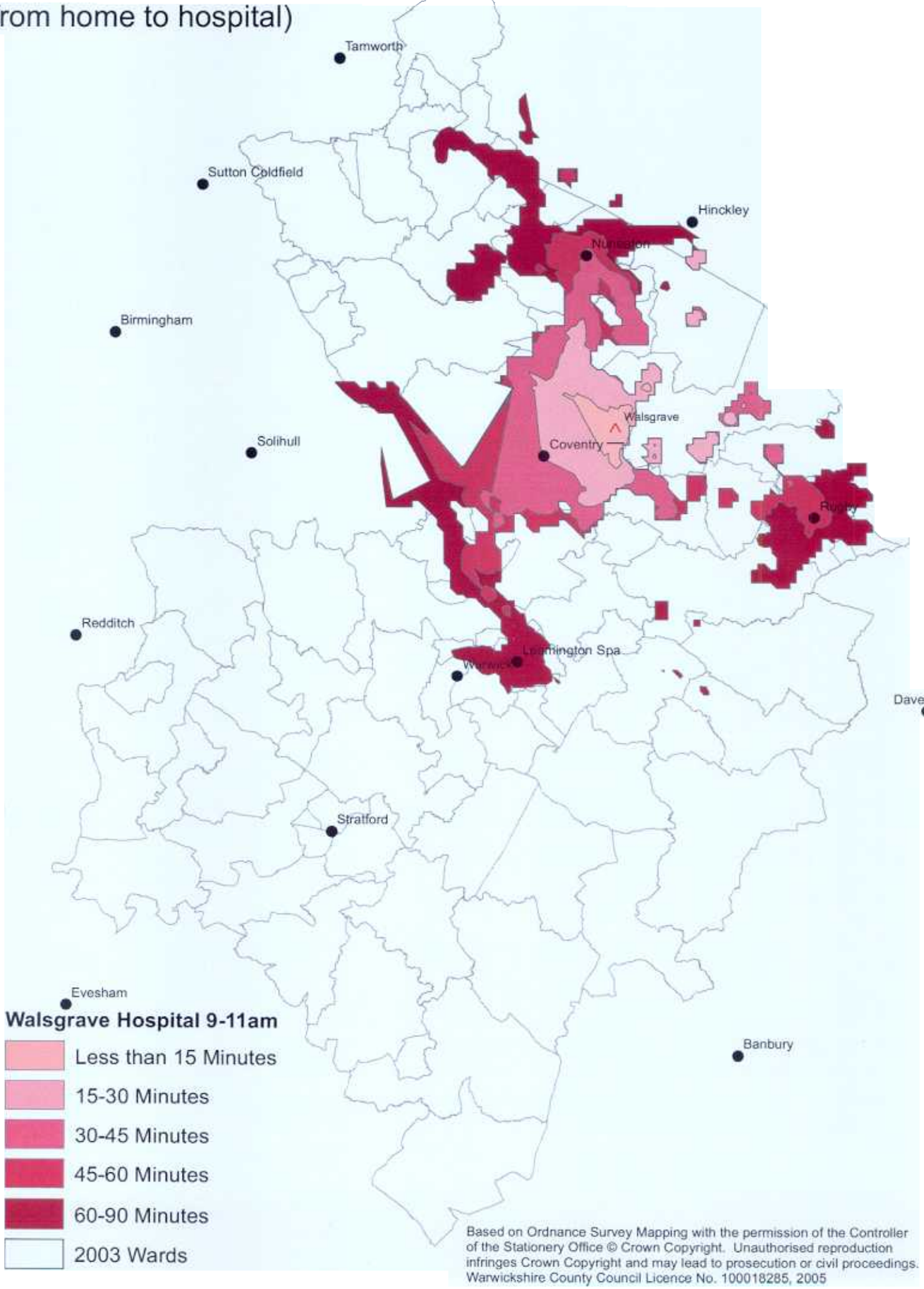
For further information please contact:

Vicky Porter
Transport Planning
victoriaporter@warwickshire.gov.uk
ext: 5684

Access to Primary Care Sites , 9-10am Outbound (From home to destination)



Access to the Walsgrave Hospital Site - 9-11am Outbound (from home to hospital)



County Council – 12 September 2006 – Item 2

Resolutions from Health Overview and Scrutiny Committee Meeting 31st August & 1st September 2006
Acute Services Review

1. Opening Statement

1.1 Warwickshire County Council Health Overview and Scrutiny Committee places on record its thanks to the NHS organisations, PPI Forums, other bodies and individuals who have provided evidence, submissions and contributions to the scrutiny exercise and for their attendance at the two day hearing conducted by the Committee on 31 August and 1 September 2006.

1.2 Health Overview and Scrutiny Committee requests the Primary Care Trusts and NHS Hospital Trusts (or the Acute Services Board on their behalf) provide, within 28 days, a written response to the comments and recommendations below.

2. Warwickshire County Council's Health Overview and Scrutiny Committee's overall Response to the Evidence Base and Consultation Process.

2.1 During the two-day hearing the Committee responded positively to some proposals emerging from the Review, specifically those addressing the reconfiguration of cancer services and clinical support services. However, in general terms the Committee believe that the proposals set out in the consultation document and the verbal evidence presented contain a number of inconsistencies, elaborated below, and that there are deficiencies in the consultation process.

2.2 Broadly, the Committee believes that the Acute Services Review consultation document, in a number of important respects, lacks sufficient detail to enable consultees to come to a robust judgement about how the implementation of these proposals might impact on the health and well being of residents of Warwickshire.

2.3 The committee understands that the review board has undertaken a great deal of detailed and rigorous research, which provide the evidence base for its proposals. However the lack of this evidence in the consultation document contributes to a number of concerns amongst Committee members. The Committee deplores in particular the lack of the following:

a) a health impact assessment which would enable consultees to appraise specific, differential impacts on access to comprehensive, high quality health care by groups and communities within Coventry and Warwickshire and in particular any adverse impacts on health inequalities ,

b) a race equality assessment as required by all public bodies under the Race Relations (Amendment) Act 2000. All health care bodies have a statutory duty to work to eliminate unlawful racial discrimination and promote equal opportunities and good race relations under the Race Relations (Amendment) Act 2000.

c) or detailed risk assessments in relation to the various proposals set out in the consultation document

d) In addition to this there appeared to be no business case, hence no identification of the resources, including the finances, to support many of the proposals.

2.4 The Committee is disappointed at the lack of meaningful involvement of local communities at the early formative stage of the Review, which has led to confusion about the principles underpinning the review and a lack of confidence generally in the proposals.

2.5 The Committee recognise that the maintenance of the present status quo in health service configuration in Coventry and Warwickshire is not an option. It fully accepts that the way health services are provided invariably reflects a range of dynamic factors within the environment including the changing needs of populations, developments in evidence - based medicine and in changing clinical practice. The committee also acknowledges the current financial pressures on the NHS locally and nationally and the thrust of national

health policy towards greater contestability. In this context, it is important for the NHS and local government to work together to consider the evidence and determine a way forward that will put in place the best possible responses to the healthcare needs of the populations, which we jointly serve.

2.6 However, the Committee considers that many of the specific proposals of the acute services review are not justified by the evidence presented. In addition, it appears to the Committee that the concentration on the acute segment of care alone, without any consideration of the consequential impacts of the proposed changes on other parts of the system, has the potential to destabilise the local health and social care economy and create further pressures on fragile and overstretched primary, community and social services and therefore to threaten the health of local populations.

2.7 The Committee believes that a review of acute care can only effectively be undertaken as an element within a broader review of the best configuration of services to support the whole pathway of care, including both primary and secondary preventative services,

2.8 The Health Overview and Scrutiny Committee considers that there has been insufficient time and insufficient information available to consider the potential impact of some of the proposed changes, which are extremely complex and far-reaching in nature. The Committee believes that there should be further, more detailed consultation on these issues before any steps are taken to implement the proposals.

2.9 The Committee requests that the Acute Services Board (or the relevant PCT and NHS Trusts) establishes as a matter of urgency a dialogue with Warwickshire County Council's Health Overview and Scrutiny Committee to ensure that there is a joint understanding of the evidence for its proposals and to ensure that there is maximum collaboration between key partners in relation to the ambition of providing a world class health service for local people in Coventry & Warwickshire.

2.10 In summary, the Committee believes that a number of the proposals do not appear to be in the best interests of the

(Health Service) in Warwickshire. It serves notice that it is minded to refer these particular matters to the Secretary of State for Health unless a local solution can be found.

3. Responses to Specific Proposals

3.1 The Health Overview & Scrutiny committee requests that the Acute Services Review Board take account of the preceding comments and the following recommendations:

4. Proposal 1 Consolidate emergency surgery operating at night

4.1 The Committee consider that there was a lack of clarity in the evidence given on the proposal being made. The clinicians who presented verbal evidence at the hearing had differing opinions on whether the proposal was safe to implement and concerns were raised that patients could be put at risk if the emergency facilities were downgraded at George Eliot or Warwick Hospital.

4.2 The Committee makes the following recommendations:

(1) That the theatre facilities for emergency & inpatient emergencies should continue to be provided at George Eliot and Warwick Hospital at night and weekends.

(2) That the arrangement for A & E consultants at both hospitals to attend at night be strengthened, especially bearing in mind the small number of consultants at George Eliot Hospital.

Note that the Committee are minded to refer this particular matter to the Secretary of State on the grounds that the proposal would not be in the interests of the health service in Warwickshire, unless a local solution can be found

5. Proposal 2 Develop a new model of care for acute medicine

5.1 This proposal covers emergency illness not needing surgery such as heart attacks, strokes or chest infections. The proposal is that patients to be seen by senior staff soon after they arrive at an assessment centre at a prearranged time.

This will provide expert care to the patient without the need to wait in an emergency department.

5.2 The Committee supports this proposal, but it is not evident from the consultation document whether there would be sufficient staff or resources to implement this change in working arrangements especially where there are existing recruitment difficulties.

The Committee recommend that:

(1) A risk assessment is conducted before implementation and resources are made available.

6. Services for older people

6.1 The growth of the numbers of older people is a considerable factor in providing social care and the Committee recognises the benefits of enabling older people to remain in their home and reducing admissions into hospitals. It also recognises the benefit of minimising hospital stay. However, if this was not properly implemented it may result in poor aftercare, pass the burden of care to the Local Authority and place pressures on the already limited resources it has available.

6.2 Concerns have been raised that the Acute Services Review, to date, has not fully involved the County Council with the proposals being made, but this needs to change. It was suggested early on that either Jim Graham (Chief Executive) or the Strategic Director for Adult Services should be invited on the Review Board and a letter was eventually sent to request the portfolio holder for health to be invited. This may have given the review the strategic direction to understand the implications of the proposals being made from a local authority perspective. It is essential that the NHS and the local authority develop a process together on how older people move from acute care into the community.

The committee recommends:

(1) That there should be a needs analysis – without this it will be risk that health inequalities may be exacerbated

(2) That partnership working is essential and needs to be strengthened

(3) That there is a proper review of health and care resources to be used jointly to best effect

(4) That the public should be engaged before the proposals are implemented

(5) That this Committee must meet with GPs and practice based commissioners to understand how advanced their plans are to reduce activity in acute sector and their capacity to do so.

(6) That there should be a process of sharing findings between Warwickshire and Coventry City Councils' Health Overview and Scrutiny Committee. It must involve the County Council and the Executive.

(7) That a joint commissioning group for acute services should be established involving PCTs and the local authorities for Warwickshire and Coventry.

7. Services for Children & Maternity

7.1 The committee's main concerns were with the proposals for George Eliot Hospital. The Committee felt that there was no evidence of a health impact assessment being done. This is important because we know for example that in some parts of Nuneaton and Bedworth the population are in the top 10% for deprivation in the country. There also seems to be no clear business case for the proposals being suggested, for example, there appears to be no business sense in moving the money or resources from George Eliot Hospital to the University Hospital of Coventry and Warwickshire (UHCW) when there is not the capacity to take the additional births required.

7.2 Clinicians did indicate that staff shortages were not always due to lack of people with the necessary skills, but because there was no money to employ them. The Committee was not convinced that existing staff at the George Eliot would necessarily move to the UHCW.

7.3 The Committee had also heard that maternity patients from the George Eliot were already being referred to the UHCW with a suggestion that the maternity building at the George Eliot was going to be demolished. They were concerned

that this was happening in advance of the consultation being completed.

7.4 Because of the high levels of deprivation in Nuneaton and Bedworth and the increased risk to mother and child the Committee recommends:

(1) That the Review Board look at ways of ensuring the Maternity Unit remains at George Eliot Hospital without downgrading the services being provided.

(2) That additional resources be provided for George Eliot Hospital so that more staff can be employed to maintain the excellent facility at George Eliot and Royal College status required for the SCBU. Suggest this could be done by savings made in not moving resources to the UHCW.

(3) That the Review Board confirm whether or not mothers from the George Eliot are already being referred to the UHCW and, if they are, the reasoning behind this change in service provision.

Note that the committee are minded to refer this particular matter to the secretary of state on the grounds that the proposal would not be in the interests of the health service in Warwickshire, unless a local solution can be found

<u>8 Proposal 3 Paediatric Assessment units</u>

8.1 The proposals suggest that there should be a 12 hour paediatric assessment unit at George Eliot Hospital and a 24 hour paediatric assessment unit at Warwick Hospital.

8.2 Again the committee was not convinced that a strong business case for this proposal although were told that it could not remain the same. The committee had concerns about the provision of paediatric emergency services and whether there could be delays in treatment. For example if the parents take the child to George Eliot and it becomes apparent due to lack of paediatric cover that the child will have to be transferred to the UHCW.

8.3 During the hearing the committee asked and received confirmation that, if there is a proposal to change the services at Warwick Hospital to 12 hour, that there will be a further consultation.

8.4 Also during the hearing the committee were made aware that the Review Board are going to take a strategic view of the proposals being made taking into account changes to maternity and paediatric services in neighbouring counties.

The committee make the following recommendations

(1) That the committee consider that paediatricians can be moved as suggested for emergency surgery.

(2) That the committee would want to retain the 24 assessment unit at George Eliot Hospital so that it can continue with providing SCBU facilities to those babies that require these specialist services

(3) That if the proposals for phase 2 for Warwick Hospital go ahead the committee expect residents and the committee to be consulted.

(4) That the Health Overview and Scrutiny Committee welcomes the plan for a strategic view of maternity and paediatric services, taking account neighbouring counties, and expect to be involved with this consultation.

Note that the committee are minded to refer this particular matter to the secretary of state on the grounds that the proposal would not be in the interests of the health service in Warwickshire, unless a local solution can be found

<u>9. Proposal 4 Create a Single Specialist In-patient Children's unit at University Hospital</u>

(1) The committee consider that a 24 hr facility stills needs to be retained at George Eliot Hospital to ensure the hospital can provide a SCBU.

Note that the committee are minded to refer this particular matter to the secretary of state on the grounds that the proposal would not

be in the interests of the health service in Warwickshire, unless a local solution can be found

10. Proposal 5 Combine the University Hospital and George Eliot Hospital Units into a single service on two sites.

(1) As the recommendation above the committee would want to retain the 24 hr cover at George Eliot Hospital.

Note that the committee are minded to refer this particular matter to the secretary of state on the grounds that the proposal would not be in the interests of the health service in Warwickshire, unless a local solution can be found

11. Cancer Services

11.1 The Committee recognises that this is a continuation of the work started by the Arden Cancer Network and support the following two proposals but recognise that no finances have yet been allocated to support these changes

12. Proposal 6 Centralise complex cancer services in the University Hospital

12.1 The committee recognises the importance for patients with cancer to be treated at the most appropriate hospital with the necessary resources for treatment to ensure the best outcome for them and their families.

The committee support the proposals but recommend:

(1) That finances and resources to be made available as soon as possible to implement this change.

13. Proposal 7 Develop ambulatory cancer units at University and Warwick Hospitals

13.1 The Committee supports the proposal to provide ambulatory services at Warwick Hospital and welcomes the move to provide more care and support in the community for what is a very distressing time for patients and their families, but notes that finances are needed to bring about this change.

Again the committee recommends:

(1) That finances and resources to be made available as soon as possible to implement this change.

14. Clinical Support

14.1 The committee support the proposals being made to move to a single managed pathology laboratory service for Coventry and Warwickshire and the centralisation of pharmacy purchasing and stockholding. The committee recognises the cost benefits and value for money the proposals are making and have been assured that the time taken to get results will improve and single managed pharmacy service will avoid duplication.

14.2 The committee would like to be informed of the location of services as soon as it is known.

Further steps that need to be taken by the Acute Services Review Board or Primary Care Trust(s) and NHS Hospital Trusts (whichever is most appropriate)

To ensure:

(1) The local authorities in the county along with local residents are kept fully informed of progress and

(2) The following matters are addressed in more detail and the Health Overview and Scrutiny Committee advised of the outcome of that work before any steps are taken towards implementation of changes to services proposed in the ASR consultation paper

i) The arrangements for the local health economy in relation to the flow of resources towards developing community hospitals and community services as envisaged within the white paper.

ii) Commissioning: that a joint group is established that can develop a robust commissioning model for Coventry and Warwickshire that takes account of the diverse population and geographical spread.

iii) That the Acute Services Board should work with the Strategic Director for Environment and Economy to ensure that the transport implications of the proposals are clearly identified and that the relevant health authority make funding available to secure necessary improvements to transport arrangements and infrastructure. Please see attached Appendix A with suggested areas of activity where the PCT, Acute Trusts and County Council could work together.

iv) That the Acute Trusts in Coventry and Warwickshire improve information on the reimbursement of travel and parking costs for residents on benefits, where possible, and local provision be made for patients receiving chemotherapy or regular treatment such as dialysis.

v) That the Review Board as a matter of urgency should conduct:

i. a health impact assessment
ii. a risk assessment
iii. a race equality impact assessment

Appendix A

Scope of works

Stage 1: Identify the transport implications of the Acute Services Review

Stage 2: Quantify the impact of the proposals on Warwickshire residents, including:

- number of patients (and visitors) affected by the proposal to centralise specialist services at University hospital
- the difference in accessibility between access to the nearest hospital and accessing the University hospital, including comparison of:
  - the % residents within set time thresholds (by public transport and car);
  - calculation of journey times (taking into account congestion);
  - cost of travel (by car / pt / voluntary transport);
  - parking availability and cost.

Stage 3: Develop options for improving access to hospital, to include:

- improving travel to hospitals
  - capacity and suitability of voluntary transport
  - capacity of non-emergency ambulance service
  - options to extend mainstream public transport to University hospital
  - options to extend community transport to University hospital
  - use of taxi-bus / taxi contracts
  - opportunity to utilise downtime of social service transport
  - parking cost and availability
- flexibility in booking appointments to fit in around available transport
- improving information on travel to hospitals
- review eligibility for travel assistance

Stage 4: Costing of transport options and review of resources available to fund them

Stage 5: Consultation on options with stakeholders