

**AGENDA MANAGEMENT SHEET**

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| <b>Name of Committee</b>  | <b>Health Overview and Scrutiny Committee</b>   |
| <b>Date of Committee</b>  | <b>28<sup>th</sup> September 2005</b>   |
| <b>Report Title</b>   | <b>South Warwickshire PCT – Changes to Services</b>   |
| <b>Summary</b>  | The Committee to receive details of proposals by the South Warwickshire PCT to change the working arrangements with South Warwickshire Hospitals Trust and GP practices to balance demand with resources. |
| <b>For further information please contact:</b>  | Phil Maull<br>Senior Committee Administrator,<br>Tel: 01926 412834<br>philmaull@warwickshire.gov.uk   |
| <b>Would the recommended decision be contrary to the Budget and Policy Framework?</b> | No.   |
| <b>Background papers</b>  | None  |

Councillor J Roodhouse  
Chair Warwickshire Health Overview & Scrutiny Committee  
Warwickshire County Council  
Shire Hall  
Warwick

26<sup>th</sup> August 2005

Dear Councillor Roodhouse

Following our meeting yesterday, I thought it would be helpful to list the additional information that was requested to ensure that this covered all that you require. I would be grateful if you could advise me as soon as possible if I have omitted anything.

- Detail to explain why emergency admissions have increased with statistical evidence to support the conclusion.
- Assurance that an early discharge policy in place at the hospital has not added to emergency admissions due to people needing to be readmitted.
- Comparative data for emergency admissions in 2003/04 and 2004/05 allowing you to judge the usual pattern of activity.
- Referral data per specialism under discussion provided in a graph format showing why these are particular concerns.
- An indication of any general issues that could cause fluctuations that have been ruled out, such as population growth or sudden increased levels of sickness in the population.
- Graphs/information that shows the impact we expect these measures to have on the specialties in question showing last year, this year and then predicted.
- Details of the additional cost created by the high number of referrals in order to better understand how this causes financial pressures.
- Examples of where this approach is being used and is seen as best practice.
- Contact details for the GP representatives you wish to talk to.
- A list of where the primary care services would be located and which services these would be.
- Cost of recruitment of these specialists, accommodation costs and fees how will this all be covered.
- If a GP does the additional work for the primary care work, does this mean that they will offer fewer appointments to patients for their routine work.
- An illustration of ten patient pathways for the current referral method and the new one (flow diagram).
- Illustration of how additional activity will reduce the costs.
- The views of the acute trust and GPs to the proposal.

I would like to request that the information required is reviewed at the September meeting of the OSC. I could then ask, that having looked at all the information and heard from other parties, that the OSC formally notify the PCT of its view on the PCT's belief that it has consulted on the intend approach through the LDP and that operationally how we deliver this is a matter for the organisation to resolve with its partners. This is, of course, as long as the operational approach does not represent any substantial change in service that had not previously been included in the consultation.

Yours sincerely

**Sarah Bannister**  
**Head of Communications**