Agenda No 8

AGENDA MANAGEMENT SHEET

Name of Committee	**Health Overview And Scrutiny Committee**
Date of Committee	**9th November 2005**
Report Title	**South Warwickshire Primary Care Trust & South Warwickshire General Hospitals NHS Trust - Resource Implications for the Local Health Economy**
Summary	This report outlines the discussions, which have taken place in response to proposals from South Warwickshire Primary Care to offset costs caused by more people being treated by South Warwickshire General Hospitals Trust than they had expected.
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Would the recommended decision be contrary to the Budget and Policy Framework?	No.
Background papers	None

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

Other Committees	☐	.....
Local Member(s)	☐	
Other Elected Members	☐	.....
Cabinet Member	☐	.....
Chief Executive	☒	David Carter
Legal	☒	Alison Hallworth
Finance	☐	.....
Other Chief Officers	☒	Marion Davis
District Councils	☐	.....

Health Authority	☐	.....
Police	☐	.....
Other Bodies/Individuals	☐	.....

FINAL DECISION NO

SUGGESTED NEXT STEPS: Details to be specified

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

Agenda No 8

Health Overview And Scrutiny Committee - 9th November 2005.

South Warwickshire Primary Care Trust & South Warwickshire General Hospitals NHS Trust - Resource Implications for the Local Health Economy

Report of the County Solicitor and Assistant Chief Executive

Recommendation

1. That the committee considers the report and the recommendations set out in section 5.

1. Background

1.1 On 29th July 2005 South Warwickshire Primary Care Trust met with the Chair and Spokespersons of Health Overview and Scrutiny Committee to outline their concerns that more people were being treated by South Warwickshire General Hospitals Trust than they had provided funding for, and that there were no additional resources available. They made it clear that unless they took action the extra costs would have to be funded by cutting services elsewhere.

1.2 They considered that part of the increase in costs had been caused by an inconsistency in waiting times for treatment in hospital and that some patients were being seen sooner than expected.

2. South Warwickshire Primary Care Trust's Proposals

2.1 For the meeting South Warwickshire PCT had put together a paper outlining how they were planning to address the increasing pressures on their resources. These proposals included:

- That all referral protocols would be reissued to GPs to ensure they were working to NICE guidelines.
- The PCT will commission additional sessions from alternative providers such as specialist GPs.

- The PCT will look at all current lists to identify areas where waiting time is inequitable.
- Instead of referrals going directly to the hospitals they will come to two central points in the PCT. Those which meet the criteria will go straight to the appropriate hospital; others will go to a GP specialist
- Making sure that patients are treated within the target period, but not faster

2.2 The PCT expected these measures to result in:

- Equity of waiting times
- Priority based on clinical need
- Alternative hospitals being offered to patients prior to the 6 month deadline
- Patients having a referral changed from a consultant to a specialist GP
- Patients who are in danger of not being seen within the 6 month deadline having their appointment bought forward, resulting in patients who have only been on the waiting a couple of months having their appointment put back. Only patients with a clinical need such as cataracts and cancer would be seen more quickly.

2.3 South Warwickshire Primary Care Trust was aware that there could be objections to their proposals from the patients, local hospitals, consultants and GPs. Also in some instances a referral to a specialist GP could introduce an additional delay if the patient then had to see a consultant.

2.4 The PCT considered that it may have already consulted on these proposals through their Local Delivery Plan, where they discussed their intention of moving more healthcare into the community setting, thereby reducing the need for using the local hospitals.

2.5 The chair and spokespersons of the Health Overview and Scrutiny Committee suggested a second meeting where the PCT would provide additional information with more facts and figures to enable the chair and spokespersons to make a judgement. The chair made it clear to the PCT that they could not seek endorsement from him or the spokespersons and that the proposals they intended to make would have to go to full committee.

2.6 The second meeting with the PCT was held on 24th August 2005 and the following additional information was provided:

- Concerns that the number of emergency admission had increased by 4% from last year. The PCT had planned on the basis of a reduction in the number of referrals.

- The PCT has a contract with Warwick Hospital, which sets out the work it is required to do from April 2005 – March 2006 and the price for delivering this. The contract is worth over £65 million and the PCT stated that it would l honour this agreement, but would challenge work that is done over the contracted volume.

The PCT continued to maintain that consultation had taken place through the delivery plan process.

During the meeting the PCT was asked to provide the following information:

- Comparative figures for the previous year's emergency admissions and reasons for the increase
- An audit to indicate the reasons for admission (The PCT indicated that this would not be available until the end of September)

2.7 It was also suggested that as the original forecast of admission numbers had been incorrect and that this would inevitably have financial implications for the PCT. The PCT was requested to leave to allow the chair and spokespersons to discuss the issues raised by the PCT.

2.8 Following this discussion it was agreed that:

- That PCT should provide the previous years figures for comparison
- A meeting be arranged with South Warwickshire General Hospital NHS Trust, GPs and the Strategic Health Authority to gain their views on the PCT's proposals

3. Strategic Health Authority

3.1 The Strategic Health Authority was contacted about the issues raised by South Warwickshire PCT before being invited to the meeting.

3.2 The Strategic Health Authority considered that the PCT must demonstrate evidence of public consultation to the Health Overview and Scrutiny Committee. . Although the PCT may consider that this had taken place through the local delivery plan there was some doubt as to whether specific questions were asked, such as, if given the choice would you want to be referred to a specialist GP or a consultant?

3.3 The SHA also raised the following issues:

- What are the services being offered by the PCT where are they going to be delivered and by whom?

- Has the PCT really enough clinicians to cover the requirements they are suggesting?

- Who will do the GPs' work when the specialist GPs are doing other clinics?

- Does the PCT know that its proposals will be better value/ or save money?

- Will some patients have to travel further; will they have to wait longer?

- What will the patient pathway be?

3.4 They were also concerned that if resources were removed from the acute trust, this could destabilise the hospital. The Strategic Health Authority indicated that the PCT should ensure that GPs and the hospital were fully on board with their proposals. They considered it is possible that the service may not need to be reconfigured if the only issue was that the service is delivered in Primary Care as opposed to Secondary Care.

4. South Warwickshire General Hospitals NHS Trust

4.1 South Warwickshire General Hospitals NHS Trust, the SHA and representative GPs were invited to a meeting on the 3rd October 2005. A consultant and the director of operations attended on behalf of the acute trust.

4.2 South Warwickshire General Hospitals NHS Trust had only been made aware of the PCTs proposals days before and were very concerned, as well asfeeling that they had not been properly consulted.

4.3 The acute trust advised the PCT, the year before when negotiating the allocation (commissioning) that the PCT's figures were likely to be 5% too low. Apparently admissions come in peaks and troughs and the previous overall yearly figure had been lower than expected. The acute trust considered it was only a matter of time before it would revert back to the normal pattern, which is broadly what happened this year.

4.4 The PPI Forum representative for South Warwickshire General Hospitals NHS Trust indicated that a recent review they have conducted shows that GP Out of Hours Service may also be contributing to some of the increase.

4.5 The acute trust suggested that referring patients to a specialist GP may not necessarily make savings. They indicated that there is evidence that patients seeing a consultant can greatly reduce the number of visits to the GP, because they can offer apprehensive patients reassurance that they have no real health concerns to worry about. Concerns were raised that patients could face unnecessary delay in seeing a consultant, which could put certain patients at risk. Also there were certain ethical and legal issues, which mean that GPs are not allowed to treat patients in the same way as a consultant.

4.6 The PCT had given dermatology as an example where the acute trust had been seeing more patients than the PCT had provided funding for and indicated that they would want waiting times to be nearer the national limit. The acute trust provided information that some dermatology patients are treated as routine patients for Basel cell carcinoma because the waiting time is short – however if an artificial limit were put in those patients would become urgent.

4.7 The acute trust also has to ensure that there is an even spread of patients throughout the year and manage waiting time targets taking into account holiday periods, cancellations and responding to urgent cases. The acute trust considered that the PCT had taken a simplistic approach to waiting times and did not fully understand the complexity of the process.

4.8 South Warwickshire General Hospitals NHS Trust were asked to leave. The ensuing discussion highlighted communication problems between the PCT and acute trust and that this matter could have been resolved between the two trusts, working in partnership, without involving the Health OSC chair and spokespersons.

4.9 It was then resolved:

- That a project board should be set up (who is to be on project board?)
- That a report be produced on the process with formal recommendations.
- There should be a risk analysis of any proposals required
- The Local Delivery Plan was a light touch consultation and there was no evidence that specific questions had been asked about the proposals outlined by the PCT

5. Recommendations

5.1 That the PCT and South Warwickshire General Hospitals NHS Trust should in future resolve the matters raised above by consulting with each other and working in partnership. This should be done before bringing proposals to the attention of Health OSC.

5.2 When the PCT and Acute Trust have further discussed the issues above that they present their findings and suggested way forward to Health OSC. This should include a risk analysis.

5.3 If after the discussions with the Acute Trust the PCT still considers it should go ahead with its proposals it is recommended that it conduct a full consultation process with the public. The Local Delivery Plan was considered not a sufficient means of consultation, because it did not ask enough specific questions about the proposals nor did it set out the business case for the actions proposed.

5.4 A review to look at the GP Out of Hours Service to see whether it has increased hospital emergency admissions

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18 October 2005