

AGENDA MANAGEMENT SHEET

Name of Committee **Health Overview And Scrutiny Committee**

Date of Committee **18 January 2006**

Report Title **NHS Consultation - Update**

Summary A briefing paper and the minutes of a visit to the University Hospitals Coventry and Warwickshire NHS Trust on the 21st December 2005 is attached

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Briefing Paper Update on Warwickshire NHS Consultations – 2005/06

Background document for the many of the changes proposed below is ‘Commissioning a Patient-led NHS’, published in July 2005.

1. Strategic Health Authorities (SHA) in the West Midlands – The proposal is that West Midlands South SHA will combine with Birmingham and the Black Country SHA, Shropshire and Staffordshire SHA to form a single SHA for the whole of the West Midlands. Generally there appears to be no opposition to the proposed changes and is seen as returning to the regional health authorities of the past.

2. Coventry & Warwickshire Ambulance NHS Trust – The proposal is that Coventry & Warwickshire Ambulance NHS Trust combine with West Midlands, Hereford & Worcestershire and Staffordshire Ambulance Services to form a new regional West Midlands Ambulance Trust. The objective is to improve the capacity of ambulance services to respond to major incidents, improve staff training and investment as well as making efficiency savings. There is more concern about the proposed reconfiguration of ambulance services in the West Midlands.

To raise public awareness there are plans to provide information via the press, radio and television with a view to obtain public opinion on the proposals. This will co-ordinated by Warwickshire County Council and Coventry City Council communication teams.

As part of the consultation process Warwickshire’s and Coventry’s Health Overview and Scrutiny Committees are planning to survey public opinion via the Warwickshire Web. Coventry residents will be given access to this survey.

Also Warwickshire Health Overview and Scrutiny Committee will be briefing Area Committees (January/February 2006) and Borough/District Councils (February/March 2006) about the proposals to reconfigure ambulance services in the West Midlands. Meetings have been arranged and the briefing paper from Malcolm Hazel (Chief Executive Coventry & Warwickshire Ambulance NHS Trust) outlining the proposals has been sent to all of the above.

Other Shire Local Authorities affected by these proposals have been contacted to see if they are willing to engage in a coordinated response to the Strategic Health Authority at the end of the consultation period.

3. Primary Care Trusts in Warwickshire – The objective of reconfiguring the PCTs is to ensure that they will be better able to improve commissioning and support the development of ‘Practice Based Commissioning’ as well as making significant management savings to reinvest in frontline services. Warwickshire County Council and Health OSC preferred option at the moment is that the existing PCTs for North Warwickshire, Rugby and South Warwickshire will be replace with one for the whole of Warwickshire. Coventry City Council’s preferred option is for it to remain as Coventry PCT.

However, North Warwickshire and Rugby Borough Council are concerned about the proposal to have one Warwickshire PCT.

North Warwickshire Borough Council would want assurances that the extra money that North Warwickshire PCT has for deprived areas of Nuneaton and Bedworth remains where it is and is not used for other areas of Warwickshire.

Rugby Borough Council are impressed with the progress of Rugby PCT in achieving 3 star status considers that it best serves the needs of Rugby residents. The council intends to write to the Secretary of State to request that Rugby PCT remains as it is.

Consultation Period for SHA, Ambulance Trust and PCT

The consultations for all the above started on 14th December 2005 and will last for 14 weeks finishing on 22nd March 2006. The consultation documents can be found on the following Websites:

South Warwickshire Primary Care Trust

<http://www.swarkpct.nhs.uk/consultations/default.htm>

Strategic Health Authority

<http://www.wmsha.nhs.uk/Corporate/SHAConsultation/ConsultationPapers.htm>

or

Department of Health

<http://www.dh.gov/consultations>

Responses and comments to the consultations can be made by e-mail to

wmconsultation@sasha.nhs.uk

or you can send responses/comments to

Mr David Nicholson CBE
Commissioning a Patient-led NHS
West Midlands Consultation Office
PO Box 2675
Stafford
ST16 9BW

4. Coventry and Warwickshire Mental Health Trust – the expected start date was for the consultation was the 1st January 2006 for 12 weeks, but this has been delayed and no alternative date has been given. The proposal is create one mental health trust replacing the three existing trusts for Coventry, North Warwickshire and South Warwickshire, which will include Learning Disabilities and Alcohol & Substance Misuse. Warwickshire Health Overview and Scrutiny Committee, Mental Health

Panel will be considering the implications of this proposal as part of their review of mental health services in Warwickshire.

Coventry City Council is planning to retain Learning Disabilities in house and do not want it included in the proposals.

5. Coventry and Warwickshire Acute Services Review – the expected start date for consultation will be from March 2006 for twelve weeks. Warwickshire’s Health Overview and Scrutiny Committee received a presentation from Mark Newbold (Review - Project Director) about the Acute Services Review on the 21st December 2005 at the University Hospital Coventry & Warwickshire. (See minutes attached - Appendix 1)

6. University Hospitals Coventry and Warwickshire NHS Trust (Foundation Status Application) – the expected start date for consultation will be February 2006. Since gaining ‘three stars’ it has been expected that the UHCW would be planning to apply for Foundation status. Again Warwickshire Health OSC received a presentation at University Hospital Coventry and Warwickshire on the 21st December 2005 (see minutes attached – appendix 1). Health Overview and Scrutiny and Warwickshire County Council will be consulted on the proposal for foundation status.

On the 21st February 2006 Warwickshire County Council will receive presentations on all of the above proposals.

Alwin McGibbon
January 2006

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**Visit to
University Hospitals Coventry and Warwickshire
NHS Trust.**

21/12/05

Attendance

Warwickshire County Council

Councillors:

- Jerry Roodhouse: Chair
- Anne Forwood: Vice Chair
- John Appleton
- Sarah Boad
- John Haynes
- Bob Hicks
- Marion Haywood
- Frank McCarney
- Helen McCarthy
- Raj Randev
- John Ross

Officers:

- Alwin McGibbon
- Garry Millage

Borough and District Councils

- Cllr. Roger Copping: Warwick District Council
- Cllr Richard Meredith: North Warwickshire Borough Council
- Derek Poole: Rugby Borough Council
- Ian Powell: Nuneaton and Bedworth Borough Council

University Hospital Coventry & Warwickshire NHS Trust

- Bryan Stoten: Chairman UHCW
- David Roberts: Chief Executive UHCW
- Mossa Patel: Project Manager
- Hilary Schofield

Apologies

Apologies received from Victoria Gould (WCC Legal), Cllrs Bob Stevens (WCC), Anita Macaulay (WCC) and Kathleen Hayter (Rugby Borough Council)

Acute Services Review Presentation by Mark Newbold

Mark Newbold opened background information on why there was an Acute Services Review being conducted in Coventry and Warwickshire. The West Midlands Strategic Health Authority has commissioned the Primary Care Trusts across Coventry and Warwickshire to undertake a review of acute services across the region. This is in response to the acute trusts having to become more patient focused, providing higher quality care, but at the same time needing to be sustainable and affordable.

This review aims to increase public understanding about how healthcare delivery will have to be adjusted to meet the needs of the changing population of Coventry & Warwickshire. Also improvements in technology has resulted in some operations that use to be a ten-night stay in hospital can now be carried out as day cases. The patients are admitted in the morning have the operation and are discharged by the evening. This means that there may be

reduction in the number of wards, but there would be a corresponding increase in facilities for one-day operations.

Mark Newbold recognised that, in some cases, a community-based approach would still be more viable than the patient visiting the hospital.

He highlighted that it is no longer reasonable to expect one district hospital to provide everything an individual may need during their lifetimes. Hospitals, primary care and other health providers need to work more closely together to ensure the services they provide as a whole meet the patients needs. Each healthcare provider needs to understand that they operate in a wider health economy rather than an entity to themselves.

With healthcare providers working within a wider economy, staffing needs will change. A network approach is needed. For example, there is little sense in both George Eliot and UHCW maintaining specialist surgeons who don't collaborate with one another. Allowing these surgeons to be mobile around the health economy is a better way of utilising their skills for the benefit of all health care users. This will avoid competition and duplication of costs. Staff rotation with nurses between services and hospitals will help maintain a highly skilled workforce across all service areas.

Structure of the Review

The review board has an independent chair and will be made up of representatives from

- Patient and Public Involvement Forum
- Acute trusts
- PCT's
- Members of the health Overview and Scrutiny Committees from Coventry Council and WCC
- Ambulance trust

These also include representatives from outside Coventry and Warwickshire who may also use the regions healthcare.

Under the Review board there are several groups and forums

Clinical Service Review Group

This group has a high level and broad focus on the following issues:

- Emergency care
- Planned Care
- Care for Women and Children
- Care for older people

Patient Forums

These groups meet on a regular basis. They are a way of generating ideas and getting feedback

Challenge Groups

This group is made up of the media and other interested parties. This group offers a chance to run ideas and gauge opinion before public consultation is undertaken. Two-way discussion takes place at these meetings.

Initial Ideas

- Improve the Networks in the regional health economy. They already exist but need to be formalised and given greater powers
- In incidents of major trauma there is uncertainty about what injuries go where. This needs to be formalised
- There is a need to clarify which services can be moved both to the centre and to the localities
- Have all long stay beds on one site
- There is a need to develop more homecare in the community and provide seamless care between the hospital and the community
- Concentrate cancer treatment and pool expertise

The presentation finished with any questions.

Questions

Cllr. John Ross: If University Hospitals Coventry and Warwickshire (UHCW) takes technical expertise from the smaller district hospitals such as George Eliot (G.E.H) then some people who live on the outskirts of the county may have difficulty getting to the new service centre, they may find it inaccessible.

Mark Newbold: The Acute Services Review will allow the three trusts in the area to work in a more integrated way. UHCW can offer support to the smaller hospitals in the county. Highly complex and technical services will be offered at UHCW whilst less complex services will remain at the other sites. Also, a policy of staff rotation between hospitals will keep staff skilled in all areas. This will allow staff resources to be shared between the hospitals, and also create a link between the units, making it possible for them to be managed as one.

Cllr. John Ross: If UHCW intends to centralise some services, will this mean that the smaller hospitals, such as Warwick, won't be able to offer these services locally?

Mark Newbold: To create an efficient Health Economy in the region, it is necessary for some services to be centralised. For example, it is uneconomical to offer some complex procedures at all sites in the region. It is more efficient to centralise these procedures. However, it is important that the peripheral hospitals are able to provide outpatient care and any further backup required after successful treatment at UHCW. These patients will not remain at UHCW for longer than is necessary.

Cllr. John Ross Birmingham has several specialised hospitals. Will people from Coventry and Warwickshire continue to use these hospitals?

Mark Newbold: It is our aim to provide as wide a range of services as possible at UHCW, and many services are already planning to relocate here. However, some procedures are so specialised that it would prove uneconomical to offer them at UHCW.

Cllr Sarah Boad: Maternity wards remain on 3 sites, but paediatrics will be located at UHCW. Are there any plans to relocate all maternity to UHCW?

Mark Newbold. There are no plans of this nature as yet. However, there are difficulties keeping all three maternity units fully functioning. There is a need for a network approach between all three services. This will possibly be mid-wife led. There could be a pooling of staff to allow services to remain on all three sites. A decision will be taken on this in the near future.

Cllr Helen McCarthy: Will there remain an A&E department at the Alexandra Hospital or will that relocate to UHCW?

Mark Newbold: Urgent care can be dispersed around the county by ambulance. There is a need for the Hospitals to follow a network approach rather than continue to stand alone. Ambulance staff can now deliver frontline treatment at the scene and decisions can be made about which hospital is suitable for the patient. All hospitals will continue to offer emergency treatment. Some where it proves the best way of treating the patient, some emergency treatments, such as major trauma's, will be centralised.

Bryan Stoten: Research has indicated that the most effective way to deal with a stroke is to treat the patient within 1-3 hours. At UHCW there is a scanner available which will be available instantly to provide a diagnosis and enable treatment within the critical 1-3 hour timeframe. This sort of aggressive treatment is only available at UHCW and is not possible for all of the regions hospitals to offer such a level of treatment. There is an imperative need for hospital collaboration on matters such as this.

Cllr John Appleton: At the present moment, there is poor public knowledge about the healthcare treatment offered in the region and this is resulting in incorrect use of the services. What does UHCW plan to do to counter this? Also, there is a strong public perception that the only outcome of public consultation is the removal of services and expertise from the local hospitals and into the centre.

Mark Newbold: Healthcare should be about more than just reactive care. We need to educate the public about health and healthcare in the region to ensure we can develop the most efficient healthcare service possible. We must keep a dialogue with and reinforce the message to the public.

Cllr Ian Powell: There is a long-standing issue of inequality in healthcare that is not being addressed. How will the Acute Services Review tackle this issue and provide equality of outcomes rather than just equality of access?

Mark Newbold: There are common patient pathways that are followed. However it is difficult to link this to outcomes. The issue of equality is a problem across the whole healthcare spectrum. As such it is a rather broad topic for the scope of the Acute Services Review.

Cllr Anita Macaulay: There is a concern that people visiting patients at CWUH will have to travel a long way. This may lead to complaints as hospitals such as G.E. are capable of offering good service at the local level. Do you think there will be a problem with visitor access?

Mark Newbold: Our emphasis is to keep service as local as possible. For example G.E. will provide 80% of all patient contact. Only small numbers will go to UHCW, and even in these cases outpatient support will be provided by G.E.

Bryan Stoten: In relative terms, UHCW is very close to the local hospitals. For example, it is only 7 miles between UHCW and G.E. UHCW has a very central location to a vast catchment area and easy links to the localities.

Cllr John Appleton: Is the private sector going to provide healthcare services for the hospital?

Mark Newbold: We plan to operate as part of a mixed economy. We will develop some private sector services, such as orthopaedics, but the large majority of services will still be provided through the NHS. There will be a further chance to discuss this in this afternoon's presentation regarding UHCW's bid to become a foundation trust.

Cllr Richard Meredith: North Warwickshire is on the extreme edge of the county. Constituents in North Warwickshire are concerned about emergency responses due to the distance to UHCW. There is uncertainty about where the appropriate treatment centre for North Warwickshire will be.

Mark Newbold: Frontline services can be provided at the scene of the emergency by ambulance staff. Once on the scene they can administer treatment and make an appropriate decision as to which is the best treatment centre for the patient. Once this is established, it can be decided if an air ambulance will be needed. Again, this service highlights the importance of the network approach to our regional health services.

Cllr John Haynes: Currently, I have no complaints about the medical staff; however, concerns have been reported that it is difficult to communicate with medical staff and receive treatment because the hospital admin staff are inefficient. How does the hospital plan to deal with this problem?

Bryan Stoten: Currently, we have to accommodate Government Legislation. Currently, the admin staff consult with the patients before referring them on to the appropriate doctor/department. However the system is changing. We need to agree and develop formal pathways of referral as opposed to the informal one's we have at the moment.

Visit to the new Maternity Ward

Bryan Stoten and the Maternity Ward Matron gave the Councillors a tour of the Maternity Ward at UHCW. The Councillors seemed impressed with the new facilities.

Foundation Trust Status Update

The new hospital in Coventry will have some of the most modern equipment in the country. As such it will be one of the few hospitals in the country able to offer some types of treatments.

Discussion is needed with the councillors about UHCW's bid to achieve foundation status. David Roberts states that in the present health care environment the hospital is duty bound to become a foundation trust. The hospital will find itself at a considerable disadvantage if this does not happen. Birmingham, Leicester and Oxford already have prestigious Foundation status hospitals, and a failure for Coventry and Warwickshire to do the same could have dire consequences for the new hospital, as health care customers choose to use one of these hospitals therefore taking money away from UHCW.

The public will benefit immensely when foundation status is achieved. The hospital will become free from the control of the government and the Strategic Health Authority. The Hospital will be accountable for its own funds and will be able to operate more like a business. There is a risk that the Foundation Hospital can become insolvent. However, foundation status offers the best opportunity to develop a truly world class hospital as the hospital will be free to build up and retain surpluses, which will be reinvested in the hospital. The hospital will also be able to borrow from commercial sources.

Cllr Rodger Copping: With the Foundation hospital needing to attract patients to remain sustainable, why has a private hospital been allowed to develop on the same site?

David Roberts: The Private Hospital is unhelpful, however if there is no reason why UHCW cannot compete.

Bryan Stoten: The private hospital is only viable because of the length of waiting lists in the NHS. UHCW has a clear strategy to reduce the length of waiting lists in the region, and once these lists are reduced they will remain at a low level. Once this happens the Private Hospital will become unviable. Gaining Foundation status allows UHCW to compete against private and other Foundation hospitals on a level playing field.

Cllr John Appleton: What impact will the Foundation Hospital have on people who choose to go to other places for their treatment?

The facilities at UHCW will be first class so we expect that we will attract patients from other regions, as opposed to losing them from our own region. Patients from outside the Coventry and Warwickshire area need to be attracted if the hospital is going to be developed further. For this reason it is important that the hospital earns and maintains a good reputation. P.R. needs to improve.

Cllr Helen McCarthy: It is important that a hospital is accountable to the people that it serves. How will UHCW be accountable to local people?

David Roberts: Residents and patients in the area who have an interest in the wellbeing of the hospital will be invited to register as members of the organisation. Membership status will also be on offer for staff, patients who do not live locally, and their carers. These members can vote on important decisions facing the hospital and also in the election of Governors. The aim is to attract at least 10000 members.

Cllr Raj Randev: Will the hospital be profit making?

David Roberts: Profit cannot be made in the private sector sense of the word. However, it is possible for a foundation trust hospital to make a surplus and it is the realistic target of UHCW to be in surplus within 3 years. When a surplus is made it will be reinvested into UHCW to further improve the facilities.

Cllr Roger Copping: What percentage of the hospitals budget will go to PFI?

David Roberts: This is the first PFI hospital of this scale to become a Foundation Trust. The payments to the PFI will be 54m per year for 35 years. The advantage presented by the PFI is that all of the maintenance and upkeep is the contractual responsibility of our commercial partner. This will ensure that the building is maintained in excellent condition.

Visit and presentations concluded at 13.45pm.