

**AGENDA MANAGEMENT SHEET**

**Name of Committee** Warwick Area Committee

**Date of Committee** 26th July 2006

**Report Title** **A Summary of the Coventry & Warwickshire Acute Services Review Consultation Proposals**

**Summary** This report is a summary of the key proposals from the Acute Services Review Consultation Document, which goes out to public consultation on the 15<sup>th</sup> June 2006 for 14 weeks and finishes on the 21<sup>st</sup> September 2006. Health OSC is asking the Committee to consider the benefits and drawbacks of the proposals being made for their local area looking specifically at access to services and transport.

**For further information please contact:**

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**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 Sarah Boad, Jerry Roodhouse, Anne Forwood, Marion Haywood
- Cabinet Member  Cllr Bob Stevens
- Chief Executive  .....
- Legal  Victoria Gould.....
- Finance  .....

- Other Chief Officers  David Carter
- District Councils  .....
- Health Authority  .....
- Police  .....
- Other Bodies/Individuals  .....

**FINAL DECISION NO**

**SUGGESTED NEXT STEPS:**

Details to be specified

- Further consideration by this Committee  .....
- To Council
- To Cabinet  .....
- To an O & S Committee  Health O & S
- To an Area Committee  Rugby, Stratford on Avon, North Warwickshire and Nuneaton & Bedworth Area Committees
- Further Consultation  .....

## Agenda No

### Warwick Area Committee - 26th July 2006.

#### A Summary of the Acute Services Review

#### Report of the Performance and Development Directorate

##### Recommendations

1. The Committee to consider the benefits and drawbacks of the proposals being made by the Acute Services Review for their local area looking specifically at access to services and transport.
2. To make any comments which it wishes to feed into the formal consultation process

### 1. Background

- 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.

1.4 The consultation starts on 15th June will last for 14 weeks, and conclude on 21st September. There will be public meetings held across Coventry and Warwickshire.

1.5 To register an interest in the consultation you can send your name and address to:

Acute Services Review  
c/o South Warwickshire Primary Care Trust,  
Westgate House,  
Market Street,  
Warwick CV34 4DE

or

email [asr@swarkpct.nhs.uk](mailto:asr@swarkpct.nhs.uk)

or

by going to <http://www.swarkpct.nhs.uk> and clicking on consultations

To obtain details of public meeting, fill in your comments online or obtain an electronic copy of the consultation document go to:

<http://www.coventrywarksasr.nhs.uk>

## 2. Recommendations

1. The Committee to consider the benefits and drawbacks of the proposals being made by the Acute Services Review for their local area looking specifically at access to services and transport.
2. To make any comments which it wishes to feed into the formal consultation process

DAVID CARTER  
Strategic Director of  
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Development Directorate

Shire Hall  
Warwick

13 June 2006

# 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, which will be available on the 15<sup>th</sup> 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; also they will provide an opportunity for the public to take part on line 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 email [asr@swarkpct.nhs.uk](mailto:asr@swarkpct.nhs.uk) or registering their interest by going to [www.swarkpct.nhs.uk](http://www.swarkpct.nhs.uk) and clicking on consultations.

## **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. Warwickshire County Council's Role**

- 2.1 Warwickshire County Council will be looking at the proposals and possible implications they may have for adult social care and children's services. The Strategic Directors will be providing a paper on the 18<sup>th</sup> July for full Council.

- 2.2 Health Overview and Scrutiny's role will be to ensure that adequate consultation has taken place and gather evidence from various sectors of the NHS and Acute Services Review representatives at meetings arranged on the 31<sup>st</sup> August and 1<sup>st</sup> September 2006.
- 2.3 Warwick Area Committee are being asked to consider the proposals below in relation to Warwick District taking into account any change in NHS provision, which they may want to discuss with the representative of the Acute Services Review Board. Also to discuss the possible transport implications with officers from Environment and Economy Directorate who will be there to answer any questions on their report attached (Appendix A).
- 2.4 The request from Health OSC is that the Area Committee refer any matters concerning the proposals being made, to them, so they can be included as part of the evidence for the meetings arranged in August and September.

### **3. Acute Services Review Proposals**

- 3.1 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
- 3.2 In Warwick District all but proposal 5 will in some way alter the way services will be provided for a small number of residents. The intention is that patients that require specialist aspects of care would go to the University Hospital in Coventry.
- 3.3 However, Warwick Hospital will have a key role in ensuring that more services are delivered in smaller local hospitals by providing ambulatory treatment methods (care that does not require admission into hospital), such as chemotherapy for patients with cancer, which will reduce the need to travel. There are plans to move ambulatory services even closer to patient's homes into community hospitals and other community settings.

### **4. Emergency Care**

#### **Proposal 1: Consolidate emergency surgery operating at night**

- 4.1 At the moment fully staffed theatres are open overnight at George Eliot and Warwick Hospitals for an average of just 2 or 3 operations.
- 4.2 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**

- 4.3 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.
- 4.4 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.

## **5. Care of Older People**

- 5.1 The plan is to develop integrated services for older people in each locality, which is the system they have in Coventry. This is being referred to as 'home based re-ablement' and have a multi-agency team working to ensure that older people receive the most appropriate care.
- 5.2 They are also proposing that the usage of community beds be governed by clear protocols to further develop the care available to older people locally.

## **6. Services for children and maternity services**

- 6.1 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.
- 6.2 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**

- 6.3 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.

- 6.4 These changes would be monitored with an option to implement the same system at Warwick Hospital as that 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**

- 6.5 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 12 hours (George Eliot) or 24 hours (Warwick) coming into the University Hospital.

**Proposal 5: Combine the University Hospitals Coventry & Warwickshire and George Eliot Hospital maternity units into a single service on two sites**

- 6.6 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.

## **7. Cancer Services**

**Proposal 6: Centralise complex cancer services in University Hospital**

- 7.1 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**

- 7.2 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.



## **8. Conclusion**

- 8.1 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.

## **9. Key Considerations the Review Board took when Developing the Proposals**

### **Hospital Beds**

- 9.1 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.
- 9.2 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.
- 9.3 The review looked at how many operations are carried out as day cases (without the need for an overnight stay) and compared this with units recognised as the best in the country. The table below shows how many beds would be needed if Coventry and Warwickshire moved just half way to the best performance.

George Eliot	362
Warwick Hospital/Stratford Hospital	379
University Hospital/ Rugby St Cross	1057
<b>Total</b>	<b>1798</b>

- 9.4 This is 147 fewer than at present. Local Primary Care Trusts are planning to refer fewer patients to hospital in the coming year by providing services in the community. It is estimated that this will further reduce the beds by 60 and adding this together means the local area has 207 beds more than required, given the improvements in community and hospital services.

### **Finance**

- 9.5 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.

- 9.6 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**

- 9.7 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.
- 9.8 However, a small number of patients will need to travel to Coventry for more specialist and complex services.
- 9.9 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.

### Warwick Hospital

- 9.10 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.

### George Eliot Hospital

- 9.11 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.
- 9.12 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

- 9.13 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%.

- 9.14 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.
- 9.15 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.
- 9.16 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.
- 9.17 To aid your consideration of the proposals being made by the Acute Services Review, Transport Planners from Environment and Economy Directorate have completed an evaluation of the Acute Services Review proposals with maps of journey times to GP practices and local hospitals attached (please see appendix A)

## **Report from Transport Planning Environment and Economy Directorate**

### **Acute Services Review - Implications for transport**

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

- 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)
- 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). 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.
- 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.

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

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

# 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:

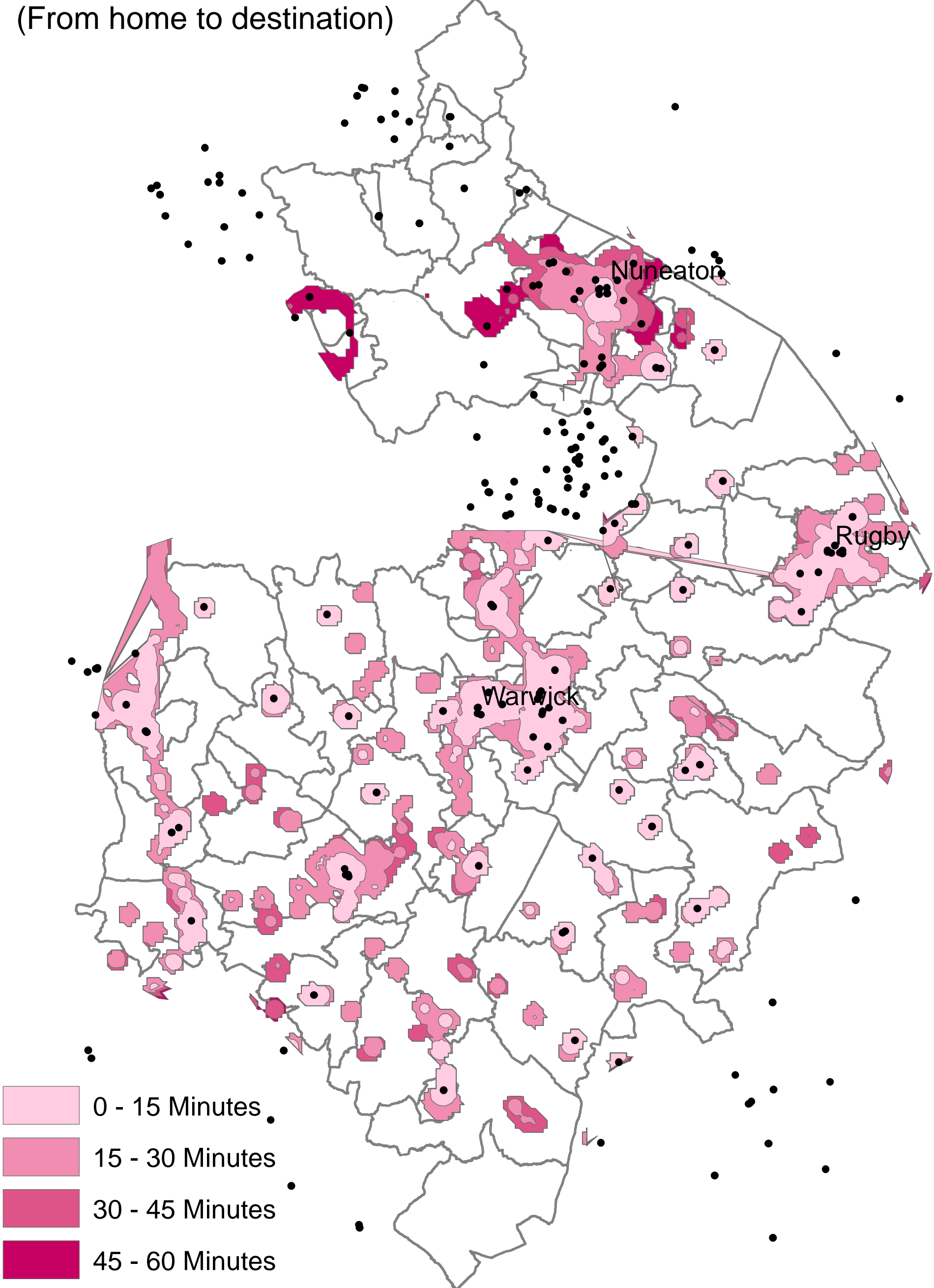
**Vicky Porter**

Transport Planning



[victoriaporter@warwickshire.gov.uk](mailto:victoriaporter@warwickshire.gov.uk)

ext: 5684

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



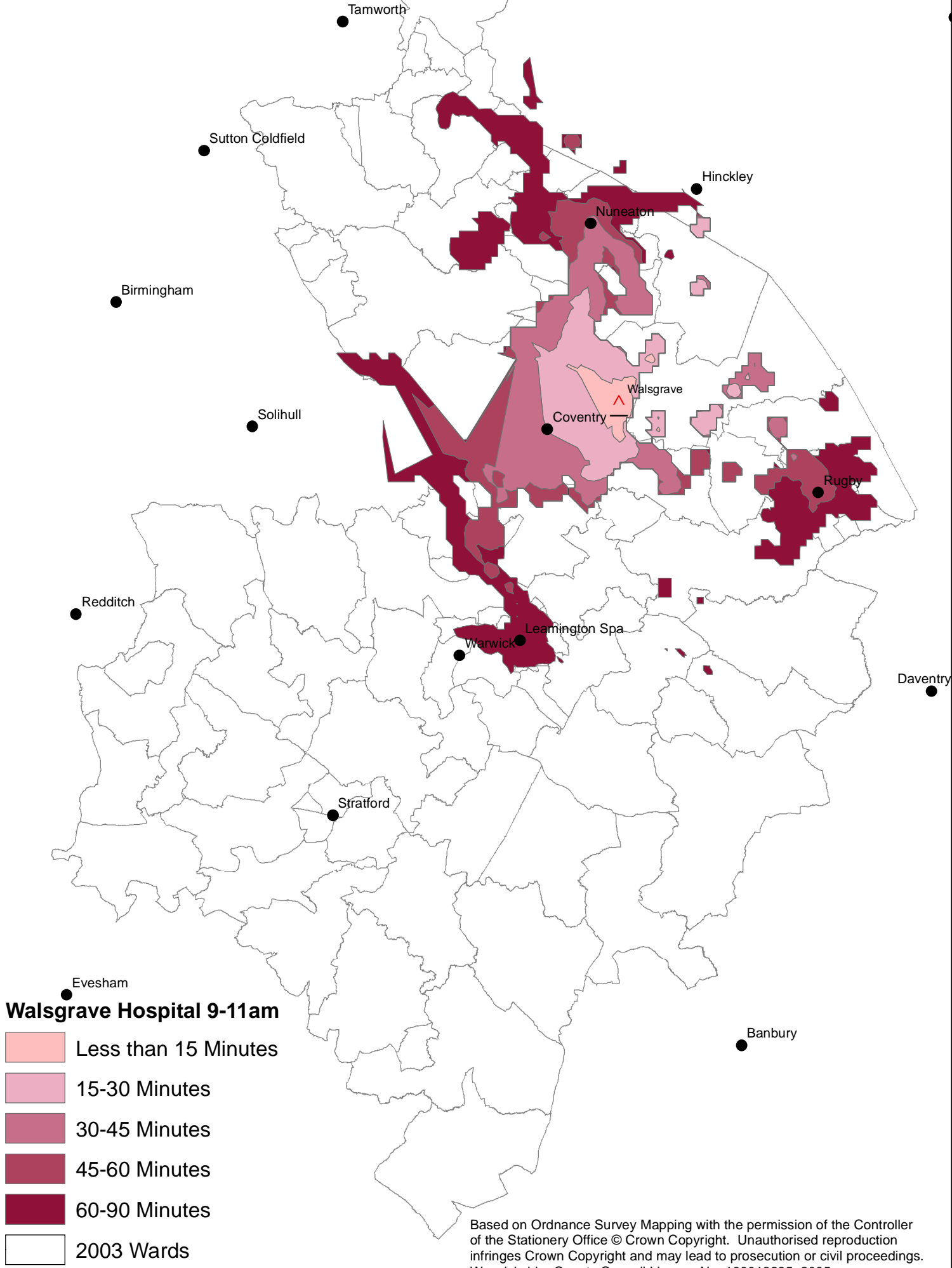
-  0 - 15 Minutes
-  15 - 30 Minutes
-  30 - 45 Minutes
-  45 - 60 Minutes

-  Towns
-  Primary Care Sites

 2003 Wards

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



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