Creating an NHS fit for the future

Public Consultation

NHS

Hastings and Rother Primary Care Trust
East Sussex Downs and Weald Primary Care Trust

CAN WE HELP YOU?

If you would like this document or other information in large print format, tape or Braille, write to the address below or email: fitforthefuture@esdwpct.nhs.uk

French
Ceci est un document de consultation sur les changements pouvant affecter les services de maternité, de médecine néonatale et de gynécologie en East Sussex. Pour toutes informations à ce sujet ou pour la traduction de ce document en français, envoyez-nous un courrier à l'adresse port payé qui figure en bas de page. Veuillez-y inclure votre numéro de téléphone afin que nous puissions vous contacter.

Spanish
Este es un documento de consultación sobre posibles cambios a la forma en que se provén los servicios de maternidad, cuidado especial del bebé y ginecología en East Sussex. Si deseara mayor información o una copia de este documento traducido al español, por favor, escríbanos a la dirección al final de ésta página. El franqueo es gratis. Por favor, incluya su número de teléfono a fin de que alguien pueda contactarle.

Polish
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Arabic

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Bengali

ইস্ট সাসেক্স - এ ম্যাটারনিটি, স্পেশাল বেবি কেয়ার এবং স্ত্রীরোগের বিষয়ে বিভিন্ন সার্ভিস্ যেভাবে প্রদান করা হয় তাতে সম্ভাব্য পরিবর্তনের ব্যাপারে মত বিনিময়ের তথ্যাদি এই দলিলটিতে উল্লেখ করা হয়েছে। আপনি যদি আরও বিস্তারিত তথ্যাদি বা এই দলিলটির বাংলায় অনুবাদের একটি কপি পেতে চান, তবে দয়া করে এই পৃষ্ঠাটির নীচে দেয়া ফ্রীপোস্ট ঠিকানায় আমাদের নিকট লিখুন। দয়া করে আপনার টেলোফোন নম্বরটি জানাবেন যাতে কেউ একজন আপনার সঙ্গে যোগাযোগ করতে পারেন।

Cantonese

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Farsi

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Russian
Это консультационный документ о возможных изменениях в работе служб по уходу за беременными и роженицами, специальному уходу за детьми и гинекологии на территории Ист Сассэкс. Если вы хотите получить дополнительную информацию или копию этого документа на русском языке, пожалуйста, напишите нам по бесплатной почте по адресу, указанному внизу этой страницы. Пожалуйста, укажите номер Вашего телефона, чтобы мы могли с Вами связаться.

Sorani

ئەمە بەڵگەیەکی ڕاوێژە سەبارەت بە گۆڕانکاریە ڕەنگەیەکان لە خزمەتەکانی دایکایەتی، پاڕێزداری تایبەت لە منداڵ وە دەرمانی نەخۆشیەکانی ژنان لە ناوچەی ڕۆژهەڵاتی ساسێکس. ئەگەر زانیاری زیاتر یا ڕوونووسێک لە ئەم بەڵگەیەت بە زمانی کوردی سۆرانی دەوێت، تکایە بە ئەو ئادرسە پۆستیە خۆڕاییە کە لە خوارۆی ئەم لاپەڕە دایە بۆ ئێمە نامە بنێرە. هەروەها تکایە، ژمارەی تەلەفۆنی خۆت لە نێو نامەکە بنووسە تا ئێمە بتوانین لەگەڵ تۆ پەیوەندی بکەین.

Fit for the Future, Freepost SEA2474, BN8 2ZZ

FOREWORD

In East Sussex we want everybody to be able to enjoy healthier lives and to have the best possible care and treatment now and in the future.

You can help us achieve a local NHS that is *fit for the future* by taking part in this public consultation.

This is a joint public consultation by East Sussex Downs and Weald and Hastings and Rother Primary Care Trusts.

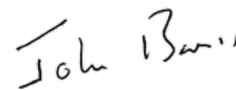
This is because both organisations commission services from East Sussex Hospitals NHS Trust - where the majority of East Sussex residents receive acute hospital care - and other health care providers in East Sussex. Both work closely with East Sussex County Council, particularly social care for adults and children, and the countywide voluntary organisations. In addition, the two primary care trusts have a joint management team.

Our vision for healthcare and the specific proposals have been developed in partnership with interested people and organisations over the last eight months. We now look forward to many more of you sharing your views from now until **6 July 2007**.

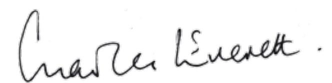
This consultation explains our plans to develop **community services** in line with the White Paper *Our health, our care, our say* on care outside hospital.

Within that broad context, we are asking for comments on options for the development of maternity services, and specifically about **obstetrics, specialist baby care and inpatient gynaecology.** These will be assessed against the criteria we have developed - quality and clinical safety; access and choice; value for money; health gain and demographics; and sustaining two viable hospitals in Eastbourne and Hastings.

We invite you to help us decide the best way forward and also welcome alternative proposals. To have your say, see pages 45 and 46.



John Barnes
Chairman
East Sussex Downs and Weald Primary Care Trust



Charles Everett
Chairman
Hastings and Rother Primary Care Trust

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1 EXECUTIVE SUMMARY

1.1 This consultation document sets out our vision for healthcare in East Sussex and direction of travel towards more community care, our commitment to Eastbourne District General Hospital and the Conquest Hospital, Hastings, including full emergency care services, and specific proposals for childbirth, specialist baby care and inpatient gynaecology services.

The consultation is part of the Surrey and Sussex-wide programme called *Creating an NHS fit for the future*. Discussions about this began last summer following recognition by NHS organisations that health services must change and adapt.

Health needs are changing. People's expectations about what the NHS should deliver are, rightly, rising. In East Sussex, patients are benefiting from advances in medical technology, new drugs, and new care standards. But we need to do more within our resources to make sure we continue to make progress, delivering shorter waiting times and better outcomes, while also giving staff better training and acceptable working hours.

We have already involved many people in developing these proposals, which have been assessed against the key criteria of: quality and safety; access and; value for money.

We now want to hear from as many people as possible before coming to any decisions.

This public consultation runs from **26 March to 6 July.** Comments and questionnaires received by midnight on Friday 6 July 2007 will be taken into account in compiling the consultation report.

Comments and responses made by individuals may be reflected in the final consultation analysis report (and may be quoted verbatim) but individuals will not be named in the report. However, comments and responses made by organisations may be publicly attributed to the organisations concerned.

Once people's views and comments have been analysed, members of the two Boards will hold a joint meeting in public in the autumn to discuss the outcome of the consultation and make their decisions.

This consultation seeks to encourage debate on a number of areas, and to elicit views on our proposals. Key themes include:

1.2 GP and community services

Our vision, aims and direction of travel are to provide more care closer to and in people's homes. We would do this by strengthening primary care, particularly services provided by family doctors and their teams in local practices, and community services in health centres, clinics, community hospitals and people's homes.

People already receive the majority of NHS care in such settings. Moving more services, such as tests and outpatient appointments, to community locations would be better and more convenient for patients, and help solve some of the transport and travel problems you told us about. Such changes would also take

some pressure off the acute hospitals, providing additional capacity to deliver shorter waiting times and more specialised care.

1.3 Emergency care

Our proposal is to retain emergency care at Eastbourne District General Hospital and the Conquest Hospital, Hastings. We strongly support a vision where both hospitals have a strong and viable future.

High numbers of patients need a wide range of emergency care at both hospitals. In an average week over 2,300 people attend the accident and emergency departments with up to 650 being admitted.

Many people who currently go to an accident and emergency department could be effectively treated elsewhere, often much closer to home. Many admissions for urgent and emergency care could be prevented with better support for patients with long-term conditions and the provision of alternative services.

While work will continue to make sure hospital, GP, ambulance and community services link more effectively, we believe it is necessary to continue to provide emergency care on both sites, both retaining a 24-hour walk-in accident and emergency department.

1.4 Childbirth, specialist baby care and gynaecology services

Women will continue to have the choice of personalised maternity care, ranging from home births to specialist baby care, in East Sussex.

In developing our options for these services, we have considered the views of consultants, doctors, midwives, nurses, GPs, representatives of interest groups and the wider community, and national expert guidance and recommendations.

Our priority is to provide safe and high quality services. We want to develop better midwife-led services so that more women are helped to give birth with minimum intervention and to make sure specialist obstetric services are available in East Sussex for the minority of women with risks or complications who need it.

We are proposing there is one specialist obstetric unit in East Sussex, supported by midwife-led care and that antenatal and postnatal care continues to be provided locally.

As specialist baby care and gynaecology services are linked to obstetric services, it is also proposed the special baby care unit and inpatient gynaecology services are provided on the same site as the obstetric unit.

Women who need inpatient gynaecological care would have this at the proposed specialist centre (Eastbourne or Hastings) because the consultants and inpatient facilities would be concentrated there. Around 20 women a week would be affected with their operation taking place at

a different hospital than now. It would mean a longer journey for some but for many (those living outside the main towns of Eastbourne and Hastings) there would be little change in travel time.

Following initial discussions at the joint meeting of the primary care trusts' Boards (held in public on 16 March 2007), members expressed a preference for either Option 3 or 4 (see section 6.10 for the options). They also indicated their willingness to consider other options, which would be assessed against the same criteria used to develop the proposed options.

The reasons for these service proposals are detailed on page 28. We are seeking views on the options on page 45.

1.5 Care for sick children

The majority of care for sick children is already provided at home, by GPs, in outpatient clinics or through the assessment units at the Eastbourne and Hastings hospitals. The number of children who need to be admitted to hospital for an overnight stay or longer has fallen.

Because of these changes, we are already matching the number of beds to meet demand with fewer beds open and staffed during the summer when the need is lower.

However, we believe there are good reasons to expect further changes will be needed in the future. The reasons for this are explained on page 23.

1.6 Overnight operating

Most people in need of an operation can have this during the daytime or evening. It is better for patients that they have their operations at these times. This said, there are a small number of operations that need to take place during the night that cannot wait until the following morning. We are looking at how these services can be provided in the future. This is explained further on page 21.

1.7 What's important to you

We are also interested in what you think is important and whether you agree with the proposed criteria for how we will make our decisions. We would appreciate your views on the series of questions about criteria on page 46.

1.8 Consultation objectives

Our objectives in conducting this public consultation are as follows:

1. To ensure the widest possible knowledge of and understanding of the local health community's proposals.

2. To engage the people of East Sussex in an informed debate about the future of their local NHS services.

3. To seek the views of the local community on the proposals set out in this consultation document and, where possible, to improve these proposals.

4. To see if there are any realistic, cost-effective and preferred alternatives to those outlined in this document.

This consultation document has been drawn up in accordance with the key consultation criteria as laid out in the Cabinet Office Code of Conduct on Consultation.

The consultation criteria are:

1. Consult widely throughout the process, allowing a minimum of 12 weeks for written consultation at least once during the development of the policy.

2. Be clear about what the proposals are, who may be affected, what questions are being asked and the timescale for responses.

3. Ensure that the consultation is clear, concise and widely accessible.

4. Give feedback regarding the responses received and how the consultation process influenced the policy.

5. Monitor the organisation's effectiveness at consultation, including the use of a designated consultation co-coordinator.

6. Ensure the consultation follows better regulation best practice, including carrying out a Regulatory Impact Assessment if appropriate.

The code states that these criteria must be reproduced in all consultation documents.

2 OUR CHANGING HEALTH SERVICE

Healthcare is changing rapidly, reflecting people's changing health needs, rising expectations, and new scientific, medical and organisational knowledge.

2.1 The way in which healthcare is provided has changed significantly over recent years.

Certain treatments have long been provided only from centres outside East Sussex. This is because they require very specialist clinical expertise and equipment. For example, significant stages in the treatment of many cancers now take place at specialist centres. This ensures more sensitive and sophisticated screening and diagnostic equipment; more targeted radiotherapy, chemotherapy and other drugs; and improved and more consistent procedures.

Conversely, some treatment, which used to require a hospital visit, can now be undertaken locally. Reductions in the cost of technology mean that many diagnostic tests can now be carried out in the GP's surgery or the community hospital, and no longer need a visit to the general hospital. Nurses, therapists and others now work alongside doctors in teams that can provide integrated care for patients, which formerly would have been available only in a hospital. For example, within Hastings and Rother, patients with diabetes now routinely manage their condition with the support of GPs and local health professionals. Minor strokes are now often dealt with in the community.

The importance of a healthy lifestyle and preventative measures in avoiding the risk of long-term illness is now widely recognised. GPs now routinely offer health checks to their patients. This enables them to identify patients at risk of developing many long-term conditions and offer them well-established and effective drugs. For example, patients at risk of strokes and heart attacks are being targeted to lower their cholesterol with the new statin drugs, manage their blood pressure, lose weight and stop smoking. The effect is that such patients will be healthier and be less likely to need hospital care.

These changes affect the demands we are making on Eastbourne District General and the Conquest hospitals. They continue to be a key component of healthcare but work increasingly as part of a network. The services they provide and the way in which those services are provided is already changing. For example, many operations which formerly needed a week's stay in hospital, such as a hernia repair, can now be done overnight or even as day surgery. Keyhole procedures are revolutionising many branches of surgery. The ability to access emergency care and to be assessed quickly is as important as ever, though the way in which patients may be treated after assessment has changed and will continue to change.

The ambulance service too has changed. Rather than just vehicles to deliver patients to hospitals in a hurry, ambulances are mobile health centres staffed with skilled professionals. If immediate access to a hospital is required that remains their top priority, but in certain cases, a major head

injury for example, the safest option may not be the local hospital but a specialised unit.

In short, healthcare is changing rapidly and will go on changing in the years to come. There are many reasons for this. Patterns of health need are changing. Patient expectations are higher. They want better information, a choice of services and a seamless pattern of care. We want to make sure the right treatment is delivered in the right place and at the right time for each patient. There is increased specialisation in acute care. Services are often organised differently, in most cases to make them more accessible to patients. There are new treatments, new drugs and new technology.

2.2 Changes in society

Around 505,000 people currently live in East Sussex. Recently revised projections (including planned housing developments) suggest a 2.5% overall population rise by 2016. By 2026 the population could be 530,000.

Changes in the profile of the population of East Sussex and patterns of health service use suggest a rise in demand for healthcare in the future. The number of people is set to rise and will 'age' significantly in the next ten years.

In contrast East Sussex has lower numbers of younger working age adults. The number of women of childbearing age and therefore the number of new babies is expected to fall by about 8% over the next ten years.

Older people are higher users of health services than younger people. In particular, long-term conditions are becoming more common. People are living longer and, as a result, their health needs are changing. The number of people with

PAULINE'S STORY

Pauline has a rare bone marrow disease requiring regular and extensive blood tests and examinations. But her experience of the NHS, what is important to her and how she would like to receive services in the future is far from unusual.

As Pauline told participants at the East Sussex deliberative event, "I receive excellent day to day care from my local health centre… while I am happy to travel to receive expert treatment at the most appropriate site, it would be great to have a more local facility, with the experts there, to take the strain away from myself and my family. I would only want to be referred to a team outside my current healthcare team if they felt they did not have the knowledge, equipment or facilities to treat me. What's important to me? To have access to treatment quickly and locally where possible; to be kept informed throughout; to have a good working partnership with the medical team; to have access to experts; to have accurate record keeping; and to have support to go forward positively while dealing with a chronic illness."

a long-term illness, such as diabetes, heart disease and breathing problems, is increasing and more people need more care at home or in a residential or nursing home. In 2001, 20% of East Sussex residents stated they had a limiting long-term illness, up from just under 15% in 1991.

The very elderly often have several such illnesses. The 15% of people with three or more problems account for almost 30% inpatient days while up to 80% of GP consultations are with patients with long-term conditions.

This is why we are increasingly focussing on better care for people with long-term illnesses and working with social services and voluntary organisations to improve services for older people.

There is also an increased focus on tackling health inequalities and working with partners to improve health in deprived areas. East Sussex is often thought of as part of the affluent South East. This is misleading. Pay levels are about two-thirds of those in the rest of the south east and 20,000 of Hastings' 86,000 residents live in areas which are in the most deprived 10% in the country. Hailsham, Eastbourne and Newhaven, and other parts of the county all have areas of considerable deprivation.

There is an increased recognition of the importance of healthy living and self-care – how healthier lifestyles can reduce the risk of serious ill health such as cancer, heart disease and diabetes by, for instance, eating healthy food, exercising, not smoking, and cutting down on alcohol.

At the same time, people's expectations about what health and social care should deliver are rising. They want more information about their condition, more choice about where and how their care and treatment are provided, and better integration of services.

However, as demand for health and social care continues to grow we need to make sure we are providing the right type of care, in the right place and spending your money in the best possible way to benefit the most people.

2.3 Changes in local community and GP services

The majority of NHS healthcare is provided in GP surgeries, health centres, community hospitals and clinics and in people's homes, and this proportion is increasing.

On an average working day in East Sussex, around 9,500 people will see a GP, and some 26,600 prescription items will be issued.

GPs, highly skilled nurses and therapists can now provide care that was available before only from a hospital consultant, freeing up consultants to see patients needing more specialised care more quickly.

Nurses, therapists and others now work alongside doctors as full members of the team, and in many cases provide care that would in the past have needed a doctor. For example, specially trained nurses can prescribe a range of drugs, and treat minor injuries.

GPs and their practice teams are increasingly focussing on preventing disease and illness, identifying and monitoring their patients most at risk, and by promoting healthier lifestyles.

Community matrons, district nurses and therapists are working increasingly in teams with social care professionals in communities to provide better support for people with long-term conditions and complex needs, and for patients recovering from an accident, illness or surgery.

Similarly, midwives, health visitors, school nurses and therapists are key members of teams establishing children's centres, which offer comprehensive services to parents and their young children.

However, not everyone has access to a comprehensive range of community services. This could be improved as many other services - such as follow-up appointments and tests - currently provided in main acute hospitals could be provided more locally.

This would be better for patients, and save people the time and expense of travelling to a hospital. It would be particularly beneficial to older people, those who have difficulty getting around, and people with young children. It would also take pressure off acute hospitals, freeing up staff and resources for those who really need care provided in an acute hospital.

The government White Paper *Our health, our care, our say* on care outside hospital reinforces the direction of travel already underway in East Sussex to provide more services close to and in people's homes.

KEEPING IT PERSONAL

Dr David Colin-Thome, the national clinical director for primary care, has made the clinical case for widening the role of family doctors to include services traditionally only found in hospitals.

In Keeping it personal: the clinical case for change, he makes a series of proposals to improve patient care, efficiency and value for money by moving care closer to patients' homes, into GPs' surgeries, health centres and community hospitals – including more minor operations and post-surgery check-ups.

He says: "The evolution of GP services is about adding and improving, not cutting and rationing services. It is designed to take the pressure off hospitals and recognise that 21st century hospitals should be centres of excellence, but only for care that has to be delivered there – emergency and core specialist services. It allows us to give patients what they want – personal care closer to home."

2.4 Changes in hospital care

As health and healthcare change so hospitals all over the country are responding and adapting.

Patients are benefiting from quicker access to assessment, diagnosis and treatment. Waiting times for planned operations will reduce still further to 18 weeks from referral to treatment by the end of 2008.

Advances in medical knowledge, surgery techniques, drugs and equipment mean many operations - such as eye surgery - that would previously have entailed a long hospital stay are now done as day surgery, reducing the number of beds hospitals need.

More and more standards for clinical care are being set nationally. This means that wherever you live you will be able to expect the same levels of quality and safety.

Increasingly hospitals work as part of a network of care, each offering a tailored set of services rather than the one size fits all approach of the past.

DAY SURGICAL HIP REPLACEMENT

Consultant Surgeon Mr Hugh Apthorp at the Conquest Hospital has developed a pioneering programme for 24-hour hip replacement and patient satisfaction with the service has been exceptionally high (above 98%). He was also one of the first in the world to perform a double hip replacement operation where the patient was discharged within 24 hours of surgery.

'HANDY' WORK REDUCES LENGTH OF STAY FOR HOSPITAL PATIENTS

Patients undergoing complex hand surgery can now be home within a day of surgery thanks to new ways of working. Mrs Scarlett McNally, Consultant Orthopaedic Surgeon at Eastbourne District General Hospital, has built on successful working in the pre-assessment clinic - with all pre-operation work now carried out on the day of surgery with the anaesthetist and Mrs McNally seeing all the patients before operating; 72% of patients now go home on the same day as surgery compared to 38% in 2005.

This is because research has shown patients benefit from receiving their care from specialist doctors and other specialist staff who care for a lot of people with a specific illness, rather than generalists who see patients with a wide range of conditions but may see a particular condition only rarely. For example, cancer care is becoming more specialised leading to much better outcomes for patients.

Doctors training needs to be well supervised and they must not work excessive hours. These issues have been addressed in Modernising Medical Careers and the European Working Time Directive. As a result, the way in which doctors are trained and the hours they work have been

altered with a direct effect on the way hospital services are organised. The changes will improve the standard of patient care and increase the already high standards of safety.

Hospital care will become more acute and intensive. Levels of activity in some services will change as more services are transferred to community locations and the number of emergency admissions is reduced, but there will be more admissions for planned procedures with patients waiting less time for a referral and treatment.

Many people who currently go to an accident and emergency department could be effectively treated elsewhere, often much closer to home. Many admissions for urgent and emergency care could be prevented with better support for patients with long-term conditions and the provision of alternative services.

This would greatly benefit patients, be much more convenient for them, and cut waiting times for those who really need urgent or specialist emergency care in hospital.

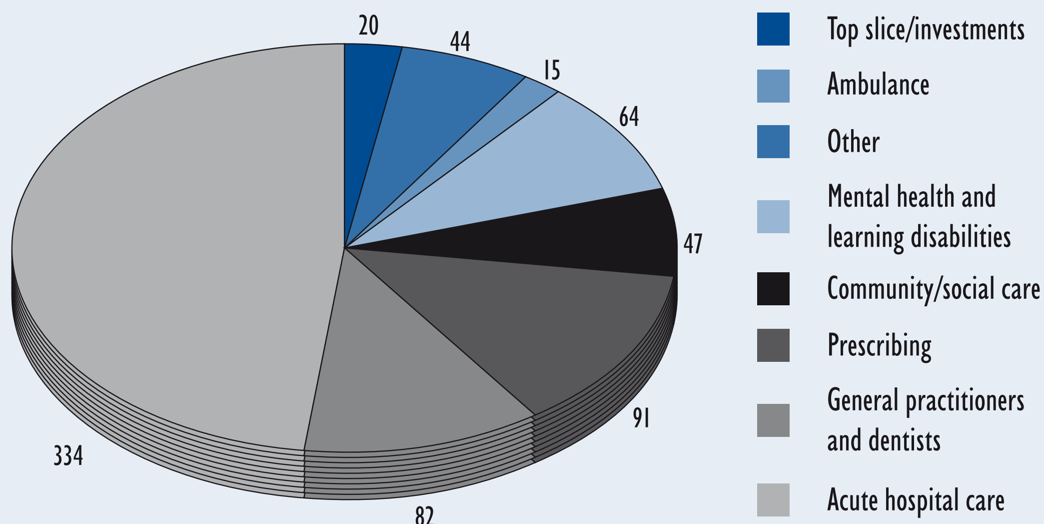
These trends will continue and the East Sussex hospitals will constantly adapt their working arrangements across the two sites to provide the best and most effective care for patients.

2.5 Affording sustainable services

There are two primary care trusts in East Sussex - East Sussex Downs and Weald, covering the Lewes, Wealden and Eastbourne areas, and Hastings and Rother.

Together we spend £626 million on health services of which more than half is spent on purchasing care from acute hospitals. The following chart shows where we spend the funding allocated to us by the Department of Health.

How East Sussex primary care trusts spend their allocations



There will always be pressures on our resources given rising expectations, increased costs, growth in demand, new technologies and rising standards. Currently, Hastings and Rother Primary Care Trust is in financial balance. East Sussex Downs and Weald Primary Care Trust is forecasting a year-end deficit in 2006-07 of £23 million, around half of which represents a continuing problem. East Sussex Hospitals NHS Trust has a small inherited deficit to be repaid but is in current surplus. Hence, while finance is not a major driver for reconfiguration, there is a continuing need to make savings and improve value for money.

Hastings and Rother needs money to reduce health inequalities, including to pay for additional doctors in Hastings, while East Sussex Downs and Weald needs to balance its books.

In addition we aim to improve our purchasing across the whole range of local services, including community and primary care services, mental health and hospital services. Through a balanced approach to secure the best use of our resources, we are convinced that a sustainable and stable financial situation can be achieved.

Our current plans take into account the 3% levy, which both our primary care trusts, in common with all other trusts, have paid to support NHS organisations with the worst deficits. For East Sussex this levy amounts to £19 million.

We expect this 3% levy to end in 2008 after which time our finances should be under control and there will be greater financial stability with growth money available for investment rather than to pay off deficits.

We want and need to make the best use of all our resources – staff, equipment, buildings and every pound of public money that we receive.

INVESTING IN SHORTER WAITING TIMES

Appointments and admissions

Since 2002, the maximum time that patients wait for an operation has fallen from 15 months to six months. The maximum time they wait for their first outpatient appointment has halved from 26 weeks to 13 weeks. Work is underway to reduce the time from referral to treatment to a maximum of 18 weeks by the end of 2008.

Accident and emergency departments

More than 98% of patients are either discharged or admitted within four hours of arriving at the Eastbourne or Hastings hospitals' accident and emergency department.

Cancer

97.8% of patients wait less than two months from referral to treatment.

Delayed discharges

The number of patients whose discharge is delayed fell from a high of 101 in February 2006 to around 40 in February 2007 as the result of joint work with partners in adult social care.

3 WHAT THIS MEANS FOR EAST SUSSEX

3.1 All NHS organisations have recognised that health services must change and adapt to meet the challenges of the 21st century.

Considerable progress has been made in East Sussex but there is great potential to do more and do it better across the whole county by learning from pilot schemes, other health communities and sharing best practice.

Through the *Creating an NHS fit for the future* programme we have the opportunity to rethink the way we provide health and social care to offer better services, for patients to have better outcomes, and to make better use of our staff, buildings and equipment.

As discussed at the pre-consultation events, we cannot do everything in every location. We have to work out, with the help of your comments, the best balance in our services until further advances in care and technology enable us to move forward again.

3.2 Our vision and aims for healthcare in East Sussex

The primary care trusts in East Sussex – East Sussex Downs and Weald and Hastings and Rother - have set out an overall vision for health and healthcare.

We will work with partners to:

- improve the health and well-being of our communities
- reduce inequalities
- commission healthcare to meet local needs
- make the best possible use of all available resources

enabling every member of our communities to:

- lead healthier lives
- receive high quality, timely, safe and convenient care and treatment.

We want to move ***from*** *a health system*

- that reacts to illness
- sees too many people using hospital services because alternatives are not available, and in which queues are common

to *a health system that*

- keeps people well
- delivers care as close to home as possible
- avoids unnecessary hospital admissions
- organises patients' care from home to hospital, to discharge and follow up smoothly and efficiently.

East Sussex Downs and Weald and Hastings and Rother Primary Care Trusts and East Sussex Hospitals NHS Trust are committed to sustaining **strong**, **viable** hospitals in Eastbourne and Hastings delivering local and emergency services, alongside community and GP services.

4 WHAT YOU TOLD US

4.1 Our vision, aims and direction of travel were widely communicated to and discussed with our stakeholders during the pre-consultation events and meetings.

Our stakeholders include:

- Local Overview and Scrutiny Committee
- Local councillors and officers
- Local authority planners
- Local MPs
- Local/national political organisations/pressure groups
- National health committees (eg Health Select Committee, all party health group)
- The public generally
- Public organisations (eg residents' associations)
- Voluntary organisations and community groups
- Charities, including hospitals' Leagues of Friends
- Local businesses
- Business organisations (eg Chambers of Commerce)
- Patients/service users
- Patient groups, Patient and Public Involvement Forums and other patient networks, including maternity specific groups, eg Maternity Liaison Service Committee and National Childbirth Trust
- Hospitals' campaign groups
- Carers
- Relatives
- NHS staff (various organisations)
- Trade unions
- Potential staff (especially in shortage areas)
- Local authority staff (eg social care staff)
- GPs and other independent contractors (eg pharmacists)
- Board members of own NHS organisations (chairmen, executive and non-executive directors)
- Local Representative Committees, Professional Executive Committee, and GPs' groups
- Neighbouring primary care trusts, NHS trusts and NHS South East Coast Strategic Health Authority
- Board members of NHS partner/neighbouring organisations
- Department of Health
- Ministers
- Strategic health authorities
- Regulators (Audit Commission, Healthcare Commission, MONITOR etc.).

The local health community has also engaged the views of a number of stakeholders that are traditionally regarded as being 'hard to reach' including:

- Black and ethnic minority groups
- Youth, children and families
- Older people
- Nil access to Internet

- Deprived communities
- Learning difficulties or disabilities
- Mental health service users
- Physically disabled
- Hearing impaired
- Sight impaired.

Comments and questions from our stakeholders were recorded and summarised, and feedback analysed. This shows broad support for what we are trying to do. A number of themes recurred which are summarised below:

1. The district general hospitals in Hastings and Eastbourne are valued.
2. Strong 'Save the Hospital' campaigns, including marches at both towns, with the desire to protect core services at each site and ensure accident and emergency departments are retained at each hospital.
3. Acceptance that, for specialist care, it is sometimes better to travel to receive this care.
4. Concern at potential changes to maternity services and special baby care services.
5. Need for alternative services to be in place before service changes are implemented.
6. Evidence that any changes will improve care.
7. Concern that the consultation will be genuine.
8. Transport and journey times are major issues that should be taken into account.
9. Health and social services working together is important.
10. People should not stay in hospital any longer than they need to.
11. Clinical staff need proper training.
12. We must ensure effective management of change.
13. Need to minimise any adverse impact for staff.
14. Need to learn from evidence and best practice elsewhere.

4.2 How we used the information you gave us

This feedback from the discussion period has significantly influenced the development of the options for consultation. Your views have strengthened our commitment to two strong viable local hospitals, both providing emergency care for the local population. This means local people will continue to be able to walk into their local accident and emergency department and receive services. Additionally, we are exploring ways of enhancing emergency care, as described on pages 20 and 21 of this document.

Our local strategy is to strengthen care in communities, and your views will help us

improve our community services, and ensure they are working effectively before we make any major changes. We heard that you think it is important for us to work closely with social services and other partners, and we are doing this through our Local Area Agreement and other joint work, such as the older people's strategy and the joint development of children's centres.

More services in communities help reduce travel and transport problems faced by some patients.

We have also heard the concerns raised about potential changes to maternity services and special care baby services, and that transport and journey times should be taken into account.

We need to make changes to services to meet your expectations, such as the need to learn from evidence and best practice; to improve care; and to ensure clinical staff do receive proper training and keep their skills up to date. We also need more reliable services to prevent unplanned closures. You need to be confident we can provide a sustainable safe service.

We also note the general understanding of the need to travel for specialist care, and that it is not possible to provide every such service locally.

5 WHERE ARE WE NOW?

5.1 We have established key criteria governing the way forward for healthcare in East Sussex. These are:

- clinical safety and quality
- access
- value for money

We have taken account of expert clinical opinion and also the feedback from the stakeholder and other public and partner involvement events and discussions in developing our proposals.

We have considered potential changes in a number of areas against these criteria and concluded:

5.2 Community services and primary care

Our local strategy envisages extending the availability of care outside hospital. This will include strengthened primary care services, such as the three planned new primary care centres and additional GPs in Hastings and St Leonards and new practice premises in Peacehaven. We are strengthening links with social services to provide better services for adults and children.

We will make sure alternative services are put in place to enable the transfer of outpatient and other services into primary care. We will ensure that our services are effective and give value for money.

We are working to maximise the contribution of all our community resources and to develop the role of community hospitals and our district nursing and health visiting services.

From what you have told us, we believe there is general support for this direction of travel and we will be doing further planning in the coming months.

TERRY'S STORY

Community matrons in East Sussex are supporting patients with complex health needs at home. Terry is one of many such patients who are benefiting from such support. Before Gina Hibell, a community matron based in St Leonards, started visiting Terry he was in and out of hospital every two weeks. Last year he had only three hospital admissions, each shorter than previous ones. For Terry and his wife, Gina's visits have made their lives immeasurably easier. "Wherever I go, I know Gina is caring for us. It keeps peace of mind. It's lovely," says Terry. And Gina says: "Undoubtedly, to be cared for in your own home – unless you need acute hospital care – there's no better place to be. People are more relaxed, they recover quicker, they're in their own environment. They don't get confused because they know where everything is. They don't have lots of different faces around them they don't know. So if they're at home they recover much, much quicker."

5.3 Emergency care

WORKING WITH THE AMBULANCE SERVICE

The ambulance service is a key component in emergency care. Paramedics like Glenn Seeley have received extensive training to cope with emergencies. But, as he points out, fewer than one in ten 999 calls is for a life threatening condition. "What's important in East Sussex, as elsewhere, is that straightforward cases like when an elderly person has fallen, will no longer go to accident and emergency but I'll be able to call on the services of community matrons, a GP or social services to help the patient in the home."

Significant numbers of patients need emergency care at each hospital. In an average week around 2,300 people will attend an East Sussex accident and emergency department with up to 650 of them being admitted.

Locally we know that for some patients a hospital bed is not the best way to meet their needs but alternative services have not always been available or able to respond quickly enough. We have developed a telephone support line for GPs and others to help patients get access to community services and social care. We are working to improve community services and to better support people with long-term conditions to help prevent avoidable admissions.

Hospital emergency services remain vital. Emergency care is by its nature unplanned and is often urgent. It is important these services are available to the people of East Sussex and we believe therefore it is crucial to support the delivery of high quality emergency care 24 hours a day, seven days a week. Measures we are exploring include:

- Developing alternative models of care with appropriate staffing for patients with urgent care needs, to ensure local access to a full

TACKLING FALLS

Falls are the biggest cause of accidental death in the UK and mortality in East Sussex has been above the national average. In one year alone the ambulance service responded to 9,000 East Sussex calls to people over 70 who had fallen; over 1,000 had a hip fracture. Such injuries can have a devastating affect on people's lives. A scheme has been piloted in Eastbourne with ambulance staff assessing and treating patients and, where appropriate, referring to community services. Mrs A., an 83-year-old living alone, slipped out of a chair and couldn't get up. Luckily she wasn't injured but was found to have an infection and constipation and was not coping well at home. Admission was arranged to a community facility where she received treatment for the medical causes of her fall as well as rehabilitation to improve her mobility. There's an increased focus too on preventing falls, including the early identification of people at particular risk.

range of clinically safe emergency services, 24 hours a day, building on joint working between hospital specialties and with GPs who run out-of-hours services from the acute hospital sites. We expect that through this work we will be able to shorten waiting times for patients with less serious complaints.

- Redesigning overnight care for emergency patients in the surgical specialties. New evidence shows that there are risks associated with night time operating, so we will restrict this to true life threatening emergencies, and only experienced surgeons will operate overnight. Operating after midnight is rare - at most a handful of patients per site per week. Staffing services for such low numbers of patients is difficult and we are looking at alternative approaches. These including the possibility that only one hospital supports overnight operating so that following assessment and stabilisation, patients might be transferred to the other hospital if immediate surgery is needed.

Through working in this way, emergency care will continue to be provided at both sites.

5.4 Planned care

Planned care includes outpatient clinics, investigations and operations. On an average day, East Sussex GPs refer 392 people to a hospital consultant, and in an average week around 1,330 people go into hospital for planned care. Between two thirds and three quarters of all operations are now done as day surgery. For some types of surgery this is undertaken only on one of the two sites or outside the local area, though some care can now be done more locally, such as cardiac care.

There are outpatient services and diagnostics on both hospital sites and in the community.

The number of patients requiring treatment and the facilities and equipment already in place mean we can continue to support planned care at both hospital sites into the future. More outpatient care may be undertaken closer to home if appropriate, including follow up visits.

5.5 Childbirth, special baby care and gynaecology services

Being pregnant is not an illness. The majority of women give birth without the necessity for medical intervention. However for a minority of women some level of specialist medical intervention is needed. In East Sussex, less than two deliveries a day on average at each hospital site require medical intervention.

Women at risk of needing medical care can be identified early in pregnancy and also right up to the early stages of labour and transferred safely in a timely way, not as an emergency. Through this we can reduce (though it is not possible to eliminate altogether) the risk that a mother and baby will develop serious complications very late in labour and mitigate the risks that additional travel times might otherwise present.

We believe that there is a case for change around childbirth services. This is set out more fully in Section 6 but in summary the reasons are:

- We can offer a more reliable, robust service. With doctors and nurses stretched across two sites it is becoming increasingly difficult to keep both units open seven days a week, 24 hours a day.

- We will be better able to ensure skilled staff and facilities are in place when they are needed. The small number of women requiring this level of care means it is difficult to sustain the level of staffing and resources necessary at the two hospital sites and to maintain the skills of clinical staff.

- The maintenance of two specialist obstetric centres would be likely to reduce rather than increase the potential for enhancing community midwifery services.

For these reasons we are consulting on future models for childbirth. These changes will also mean reviewing gynaecology and specialist baby care services as they are interlinked with specialist maternity care.

■ See Section 6 for more information and the options, and page 45 for questions relating to these proposals.

5.6 Children's services

The 2004 East Sussex Clinical Services Review noted: "Serious infections and illnesses are much less common than they used to be 30 years ago when children stayed in hospital on average for nine days. Most children who are admitted now stay for less than two days and many just for a few hours observation."

Since that review, changes in the way care is provided for children have further reduced the demand for beds in East Sussex. This matches the experience elsewhere in the country.

The great majority of care for sick children is already provided at home, by GPs, in outpatient clinics or through assessment units (see right).

Children who need to be admitted to hospital fall into three categories:

- children needing nursing care and observation under the direction of an experienced paediatric nurse

- children with a more serious illness needing close medical management by an experienced paediatric doctor

- children needing the care of a more specialised doctor or facilities and level of nursing care or technology not found in Sussex (for example, paediatric intensive care). The sickest children are transferred to a more specialised unit. At present this would usually be a London teaching hospital.

Key factors are:

Assessment units: Both the Hastings and Eastbourne hospitals now have an assessment unit, which provides rapid assessment, observation and treatment under the care of an experienced paediatrician. It means many children who would previously have been admitted to the children's ward are now able to return home on the same day they attend hospital.

Specialist outreach nursing: Specialist nurses are able to support the care of children at home, helping to avoid hospital admission and also to shorten hospital stays for those children who do need to be admitted.

Day surgery: As for adults, an increasing proportion of surgery for children is now undertaken on a day case basis so that children can go home on the day of their operation.

Immunisation: Comprehensive immunisation programmes have seen continuing falls in infectious illnesses in childhood.

We are seeing a fall in the number of children who need to be admitted to hospital for an overnight stay or longer. Because of these changes, in the short-term we are already matching the number of beds to meet demand with fewer beds open and staffed in the summer months when the need is lower.

We believe, however, there are good reasons to expect further change will be needed in the future.

- we expect the trends described to continue
- there is potential to further improve the assessment service to cover longer hours, including weekends
- new models of hospital care for sick children
- increasing specialisation in the care of children
- recent Healthcare Commission findings show that paediatric surgery and the capability to support paediatric emergencies requires a critical number of patients to ensure the highest standards of care.

For these reasons we are continuing to look at future models for delivery of safe care for children.

Sheila Shribman, national director for children, young people and maternity services: When you are looking after sick children the most important factor is skill and experience, not necessarily distance.

A network of care… ensures that children receive assessment and any treatment that is needed in the most appropriate place and are then returned home with support as soon as possible. This will allow for a concentration of skills, ensuring there is 24-hour access to the right consultants with the best diagnostic equipment and techniques. This will mean fewer, smaller inpatient services, some extended ones, together with improved and expanded community services.

6 IMPROVING CHILDBIRTH AND SPECIAL BABY CARE SERVICES

6.1 Choosing where to give birth is an important decision. Women want the best care for themselves and their babies. Our priority is to provide safe and high quality services in East Sussex.

It is also important that women have choices about where they have their baby, and care before and after the birth is available as close to home as possible. We want to be able to offer the full range of personalised maternity care ranging from home births to specialist baby care in East Sussex.

Childbirth is not an illness, but it does carry some risks. The risks associated with childbirth have declined dramatically over the past 50 years so that the chance of a woman dying is just one in 20,000. Fewer than five in 1,000 newborn babies are stillborn or die soon after delivery. However these figures have been stable for a number of years. They show that there is always risk associated with pregnancy and labour. Good maternity care is about assessing the level of risk and managing it with care appropriate to that individual.

In recent years there has been an increase in medical intervention, particularly a rise in caesarean births. Our aim is to develop better midwife-led care in East Sussex so more women are helped to give birth with minimum intervention. There is a good deal of evidence that this is what women want. We also want to make sure specialist maternity and baby care can continue to be provided in East Sussex for the minority of women with risks or complications, and for babies who need it.

Birthing centres are midwife-led maternity units with a homely environment, a high level of one-to-one care in labour and use of birthing pools. Medical procedures such as epidural anaesthesia and caesarean sections are not available on site. Women and their babies are transferred to another unit if either the mother or baby needs emergency or specialist medical care. East Sussex currently has one stand alone birthing centre in Crowborough. We have identified options that include retaining the Crowborough unit alongside specialist obstetric care.

We have been reviewing and discussing East Sussex childbirth and special baby care services to develop the best options to achieve these aims.

Maureen Royds-Jones, clinical manager, Crowborough Birthing Centre. Women come to Crowborough because they want one-to-one midwife care. We have the highest rate of water births nationally and offer an atmosphere that is very different to what you get in hospital.

6.2 Current arrangements

Antenatal care is provided from a wide range of sites designed to be accessible to women.

There are currently three maternity units in East Sussex:

- Conquest Hospital, Hastings (all risk, obstetrician supported)

- Eastbourne District General Hospital (all risk, obstetrician supported)
- Crowborough Birthing Centre (low risk, midwife-led).

Neonatal care (level one special baby care) is offered at both general hospitals with six cots in each unit.

A full range of gynaecology services is offered from both hospitals.

Women in the north and west of Lewes and Wealden districts also make use of services outside the area and little or no use of services at Eastbourne and Hastings.

The main providers here are:

- Royal Sussex County Hospital, Brighton
- Princess Royal Hospital, Haywards Heath
- Pembury Hospital, Tunbridge Wells.

6.3 Looking ahead

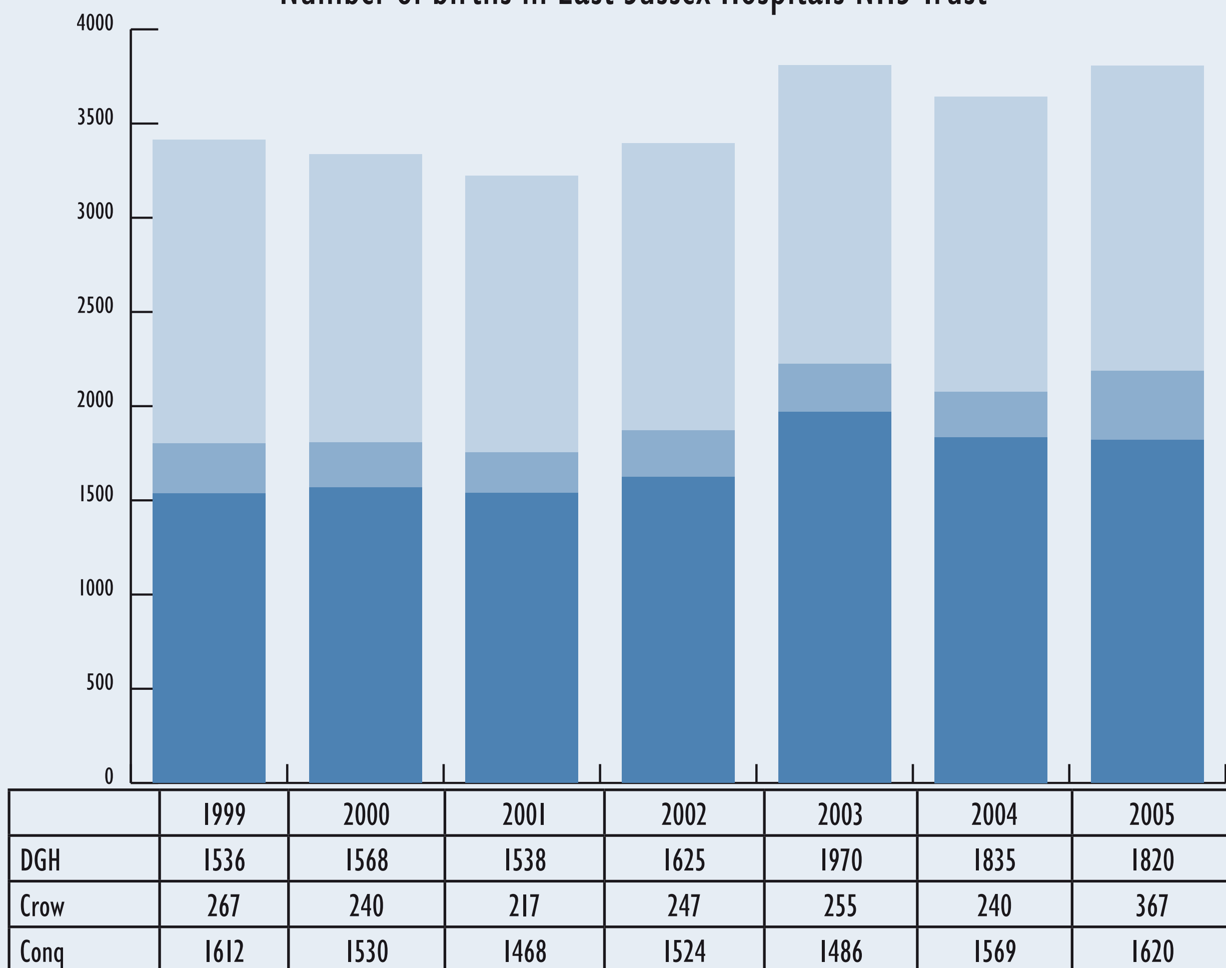
We are taking into account population trends in our planning for the future. Over the past eight years the number of babies delivered by East Sussex Hospitals NHS Trust has varied but there is no long-term growth. Looking to the future, the number of women of childbearing age (typically 15-44 years) in the local population is expected to fall by almost 8% over the next ten years.

PROJECTED CHANGES IN THE NUMBER OF WOMEN OF CHILD BEARING AGE: 2006-2016

	2006	2016	change
Rother	12,446	11,900	-4.39%
Hastings	16,675	15,062	-9.67%
Wealden	22,911	21,072	-8.03%
Eastbourne	17,211	14,851	-13.71%
Lewes	15,996	15,619	-2.36%
TOTAL	**85,239**	**78,504**	**-7.90%**

Source: *2005 Population and Housing Research Group, Anglia Ruskin University, policy based interim population projections for East Sussex County Council www.eastsussex.gov.uk/community/factsandfigures/keydata/keydatapopulation/keypopulationdataproj.htm*

The graph below shows the number of births at Eastbourne District General Hospital, the Conquest Hospital, Hastings, and the Crowborough Birthing Centre.



	1999	2000	2001	2002	2003	2004	2005
DGH	1536	1568	1538	1625	1970	1835	1820
Crow	267	240	217	247	255	240	367
Conq	1612	1530	1468	1524	1486	1569	1620

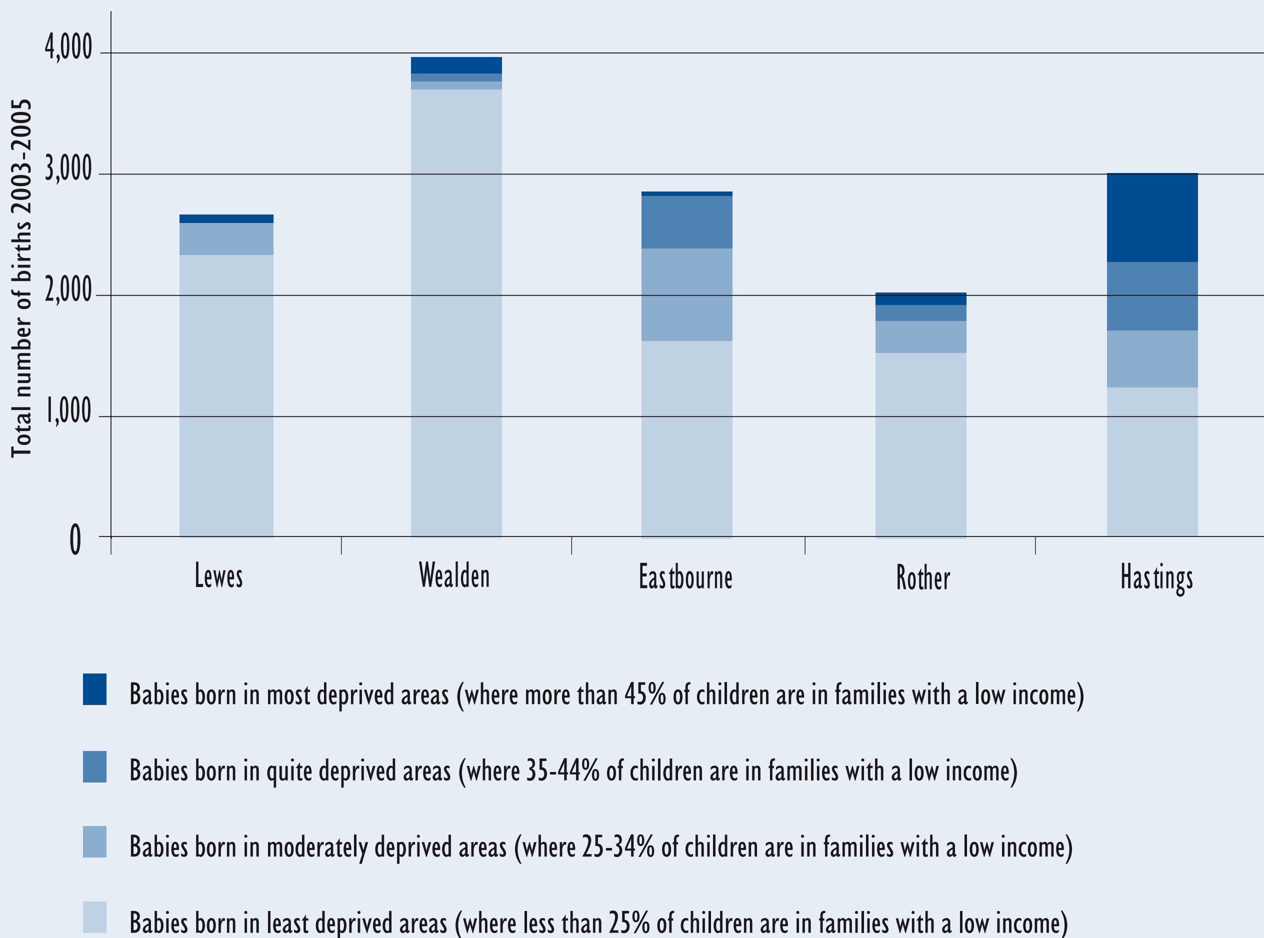
DGH = Eastbourne District General Hospital

Crow = Crowborough Birthing Centre

Conq = Conquest Hospital, Hastings

6.4 Health needs

Comparisons of markers of deprivation, life expectancy, maternal age, birth-weight and maternal smoking confirm significant need in Hastings. Mothers booking with the Conquest Hospital are, on average, a higher overall risk group than those booking at Eastbourne District General Hospital. The graph below shows there are more babies born in the most deprived and second most deprived categories in Hastings than in any other district.



East Sussex Children's Trust Executive. Antenatal education programmes need to keep a focus …on giving new parents… the confidence to meet the mental and physical health needs of their children effectively. Investment in postnatal parent support needs to be increased, particularly in more deprived areas. Postnatal depression, which can be a significant issue within more deprived populations, has a profound effect on the well-being of children. Efforts to increase the rate of breastfeeding need … to be stepped up, given its well-established health benefits to children. Accurate monitoring and energetic promotion are needed if a significant improvement is to be seen.

6.5 Why we need to change

Safe, high quality care: Safety is a prime concern. A pregnant woman facing a complicated delivery should be treated in a specialist centre. The latest advice from the Royal Colleges is that smaller units, such as the existing maternity units in Hastings and Eastbourne, face challenges to their viability and to their ability to deliver a safe service for higher risk deliveries.

Just employing more consultants isn't the answer. With an average two women a day at each hospital requiring specialist medical care, extra staff would be neither fully employed nor able to keep their skills and training up to date.

With doctors and midwives stretched across two hospital sites it is becoming increasingly difficult to keep both specialist units open 24 hours a day, seven days a week.

A member of the Maternity Services Liaison Committee. It horrifies me that maternity units can turn away women in labour. We need to address how we can have units that don't need to close.

Midwifery staffing levels are clearly important for safety and the quality of experience for women and their babies. We need to increase the number of hours consultants are present which will mean that more women will benefit from the care of more experienced doctors. We also have to take into account the impact, later this year, of new national medical training regulations and of the European Working Time Directive which, in 2009, will reduce the junior doctors' hours to 48 a week. These essential improvements aim to ensure that we have the right staff with the right skills to deliver the best quality of care.

We need to make sure we can offer a service that meets the highest standards and we believe that can be best achieved by bringing together the most specialist care onto a single hospital site.

Both units are small and in terms of published and emerging guidance likely to be below the threshold for offering emergency obstetric care.

The Obstetricians' view on service reconfiguration: Mark Malak, Kunle Soyemi, David Chui, Jamal Zaidi, Prabha Sinha and Barry Auld, Consultant Obstetricians and Gynaecologists, at Eastbourne District General Hospital and the Conquest Hospital, Hastings.

There has been widespread speculation about the maternity services in East Sussex Hospitals, as witnessed in the political and public debate in the pages of the Herald and Observer. As the Obstetricians and Gynaecologists at the Trust who are responsible for the care and safety of our patients we would like to express our views on the important issue of patient safety away from any political or personal influence, and as we see them as clinicians.

We would prefer to have a maternity unit in each town provided that the service is safe and of high quality. There are number of national factors that have an influence on the delivery of a safe maternity service which we should consider in assessing the potential reconfiguration options.

If an option in the consultation was for a consultant-led obstetric unit in each town this would not, by itself, guarantee a safe maternity service. The Healthcare Commission recently identified a shortage of medical and midwifery staff as a risk to safe care, following an investigation at Northwick Park Hospital.

Both Eastbourne District General Hospital and the Conquest Hospital have been providing a safe service for many years but with changes in the way junior doctors are trained and a limitation on the number of the hours they are allowed to work there is an urgent need to increase the number of doctors from August 2007.

The Royal College of Obstetricians and Gynaecologists (RCOG), responsible for setting the standard for women's health, has been debating the future of obstetric services and this is reflected in a recent draft document. In particular it recommends an increase in consultant presence on the labour ward from at least 40 hours a week to 60 by 2009 with additional on call cover. This will need substantial increase in the number of consultants. The report also suggests that units with less than 2,500 deliveries a year (as is the case in Eastbourne and Hastings) would be low risk and should not perform emergency caesarean sections nor treat high risk obstetric cases, including multiple births, which would lead to frequent transfers to other units. The argument is that smaller units, would not enable doctors to maintain their clinical skills, nor would they provide sufficient training opportunities. The RCOG suggests that the current staffing levels in these small units would only be sufficient to maintain the proposed low risk unit and not the current service as has been suggested by some.

We recommend that the only way to maintain a safe service in the interim is to appoint additional numbers of staff. It is very surprising that some people consider these very real challenges to be a 'red herring' as this ignores the fact that a shortage of staff may lead to an unsafe service as occurred in Northwick Park Hospital. For all these reasons, the future viability of each hospital's obstetric service is potentially undermined.

An alternative view might be a single consultant-led unit in one town and midwifery-led unit in the other town to fit in with the recommendations of the Department of Health's document "Making it better: For mother and baby".

It recommends promoting 'normality' in labour and delivery by the establishment of more midwifery-led units and encouraging more home births, in order to decrease the number of Caesarean sections and assisted vaginal deliveries. The RCOG Hospital Recognition Committee, following a recent visit and assessment of our department, recommended "the two units (Eastbourne and Hastings) would benefit from merger sooner than later to improve training facilities and cover".

Regarding the issue of transfer time and safety, there is no national standard for safe transfer time. The RCOG in their Caesarean Section Guideline (April 2004) suggested that the outcome of mothers and babies needing emergency caesarean section "do not change for decision to delivery intervals of up to 75 minutes" rather than 30 minutes which has been used in many debates.

We recommend that the Primary Care Trusts assess the risks involved in the transfer using real data from midwifery-led units across the country. The ambulance service should be involved in the discussion about the safety of the women transferred. The transfer time (rather than the mileage) between the midwifery-led and consultant-led units across the country should be compared with the outcome from other units to be able to predict the risks applicable to our units. The PCT should also assess the possible need for expansion of community midwifery if there would be an increased demand for home birth.

We hope that all requirements for the provision of a safe service will be fulfilled in order to enable us to continue to provide a safe and high quality maternity and gynaecology services to our patients in East Sussex.

A member of the La Leche League. Why should women have to go to their GP when they are pregnant? They should be encouraged to make the first approach to midwives in the community.

Choice: We want to ensure that women can exercise choice – either midwife-led care when it is clinically appropriate or consultant-led care if they prefer or because it is necessary due to the risks they face.

Promoting births with minimum intervention: In 2004, fewer than half of women in England gave birth without the aid of instruments such as forceps or epidural anaesthesia. Improving access to midwifery care, combined with a change in approach to promote minimum intervention, including recognition that 'all women need a midwife but some need a doctor too', will help us to achieve this aim. Increasing the level of consultant supervision will also help.

A member of the Eastbourne Maternity Services Liaison Committee. Women have lost confidence in having normal births. We need to restore that normality.

A member of the Eastbourne Maternity Services Liaison Committee. It would be ideal if a woman could have a team of midwives to see her right through pregnancy and labour, as that would build her confidence and provide re-assurance that she can have a normal birth.

A member of the Eastbourne Maternity Services Liaison Committee. Midwives should be the pathway and gateway to specialised care for pregnant women. They should be the lead professionals who make the appropriate referral on to a consultant if necessary.

Extracts from the mothers' journal at the Crowborough Birthing Centre:

- Thank you for letting our first birth experience be such a wonderful one… for helping us bring our beautiful son into the world. This truly is a very special place.
- Our beautiful baby girl arrived safely in the relaxed surroundings… we had the birth we planned on in the pool… the support of the midwives has been fantastic.
- Thank you for letting me return after my 'blue light' experience at Pembury.
- Our second baby was born at Crowborough Birthing Centre and you made the experience just as special as the first time round.
- I had my baby at Eastbourne on the Monday morning and arrived here on Tuesday afternoon. I was so glad I could come back. Thanks to all the wonderful midwives for all their care and support. I just wish there were more places like here so all mothers could benefit from the wonderful experience of your care and support.
- We cannot express enough what wonderful care and support we have had from everyone at the centre. All the way through labour, the birth and after, all the staff could not do enough to help us.

6.6 Special baby care

Special baby care is linked to maternity care since care of mother and baby must go together.

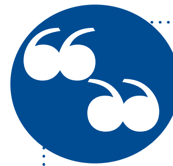
The two East Sussex special baby care units are at Eastbourne District General Hospital and the Conquest Hospital, Hastings. They both have six cots and can provide all but the most highly specialised care. We know however that a larger unit could give the potential to provide a higher level of specialist care.

There have also been unplanned closures at the special baby care units because of staff shortages and high demand, and the units will also be affected by the new training and working hours regulations.

6.7 Gynaecology services

Gynaecology services need to be considered with maternity care because most consultants who practice obstetrics also practice gynaecology and vice versa.

The patern of gynaecological care is changing. The number of major gynaecological operations is declining (for example, a 60% reduction in hysterectomy for menstrual conditions since 1989), and more day operations and outpatient care are being provided; 71% of operative and investigative procedures in East Sussex are done as day cases and we expect this to rise by a further 6%-10%.



Jamal Zaidi, Acting Clinical Director for Women's Health, and Consultant Obstetrician and Gynaecologist

Both units where I work have fundamental difficulties in maintaining a special care service. So one can therefore argue that concentrating special care on one site may offer a better service. We would not have to send so many babies out. That's another positive issue. But ultimately for some women there would be more travelling time and there are concerns, which are being addressed with the ambulance service, GP colleagues and the community midwives.

A large proportion of emergency gynaecology is associated with early pregnancy, and care is provided through the daytime emergency pregnancy services at Eastbourne District General Hospital and the Conquest Hospital, Hastings. The nature of these problems means emergencies needing a very rapid response are rare. Outside the hours of the emergency pregnancy service, women receive initial assessment in accident and emergency departments.

Women who need inpatient care would have this at the proposed specialist centre (Eastbourne or Hastings) because the consultants and inpatient facilities would be concentrated there. Around 20 women a week would be affected with their operation taking place at a different hospital than now. It would mean a longer journey for some but for many (those living outside the main towns of Eastbourne and Hastings) there will be little change in travel time.

6.8 What we have considered

Dr Greg Wilcox, Hastings GP: What is important? Safe mothers and babies. Convenience of service is not necessarily at the very top of my patients' list, although we may think it is. People complain most when things go wrong, that the doctors or staff were not there or able to deal with their problem. Continuity is also really important, especially being able to see the same midwife through pregnancy and delivery.

Our review of these services has included discussions with doctors, midwives and other nurses, GPs, representatives of the Maternity Services Liaison Committee and other childbirth groups, and the wider community.

We have also considered national expert guidance and recommendations and the impact of the forthcoming changes to consultant and junior doctor hours.

We have asked the question how do we square 'normalising' childbirth with having specialist medical care when it is needed? Our solution is to:

- offer women choice, and promote midwife-led care
- identify pregnant women who are high risk and suggest they have their baby in the specialist centre
- monitor women who have no risk factors throughout pregnancy to make sure if any risks do develop they deliver in the specialist centre
- for women giving birth at home or in a midwife-led unit, we look for any complications or difficulties early in labour and transfer to the specialist centre in good time
- be assertive in monitoring women who come forward late in pregnancy where any risks may not have been identified early in pregnancy
- make sure women and babies can be rapidly transferred to a specialist centre in the event of an emergency.

No maternity service can ever eliminate all risk and during pregnancy very rare but dangerous problems can arise. There is always the possibility of an emergency even when there were no earlier indications of any complications. In these circumstances and depending where the emergency develops, a rapid transfer to a specialist unit will ensure the best care.

Dr James Wilkinson, Consultant and Clinical Director of Medicine: The potential problems that we need to guard against are difficulties of access for the population we serve. We need to be able to ensure any mother who requires a hospital delivery is able to get to the hospital delivery unit within an appropriate timescale, wherever they are coming from. We also need to be able to offer the choice of a midwifery-led or a medical unit because many women prefer to give birth in midwifery units.

We have looked at the staffing that would be required to develop the existing services to meet future needs while complying with national guidance. There would be extra staff costs in retaining a consultant-led service on both sites. Even then, there would not be enough specialist work to keep consultants' skills up to date and to make best use of their expertise. It would also be difficult to deliver the training opportunities for junior doctors that the Royal Colleges require.

We have also considered changes in neighbouring localities, including plans to develop a consultant-led obstetric service unit at Pembury for implementation in 2010, and the use of East Sussex Hospitals NHS Trust maternity, specialist baby care and gynaecology services by women and babies living outside the county. As this use is negligible, the South East Coast Strategic Health Authority agreed the East Sussex Primary Care Trusts should lead the consultation alone.

West Sussex Primary Care Trust and Brighton and Hove City Teaching Primary Care Trust are developing proposals for services in their areas. Once proposals for public consultation are published, we will work closely with colleagues from these primary care trusts to ensure East Sussex residents who use these services have the opportunity to hear about, understand and comment on the proposals.

East Sussex Downs and Weald Primary Care Trust would look at the proposals and their impact on East Sussex residents, under each of the options put forward, and would respond to the consultation.

Dr James Wilkinson, Consultant and Clinical Director of Medicine, on the advantages of one specialist unit: You get effective economies of scale, not just financial economies but you improve the education and level of care and flexibility of staff to cover for absence due to sickness and leave. There is a critical mass for any unit in any specialty and this is particularly the case in obstetric units where it's generally accepted there has to be a minimum number of deliveries passing through that unit in order to maintain that expertise. It is much easier to keep staff up to date, well trained and properly experienced in a larger unit where the number of deliveries is consolidated in one place.

It also enables you to provide more back up in cases where there are problems and unfortunately, from time to time, problems do occur even with those deliveries expected to be normal. Consolidating onto one site would enable more layers of back up, more staff, more consultant time available without breaching their hours limits. So the quality of medical and nursing care you are able to achieve in a larger unit is potentially substantially greater than two smaller units.

6.9 Our Proposals

Taking all the issues into account, we propose the development of a single obstetric unit in East Sussex offering the choice of midwife or consultant-led care. We think this is the best way to provide high quality, safe care that is accessible, provides a good experience for women and their babies, and is affordable. Maintaining two obstetric units is unsustainable into the future and therefore is not in our view a viable option. We are therefore proposing to:

- **provide a single site for consultant-led obstetric care open 24 hours a day, seven days a week at either Eastbourne or Hastings, with a special baby care unit and gynaecology care also at that hospital.**
- **provide midwife-led care at the single obstetric site and elsewhere in East Sussex, including Crowborough.**
- **provide emergency gynaecology treatment or a planned gynaecological operation with one night or longer in hospital at the proposed specialist centre (Eastbourne or Hastings) because the consultants and inpatient facilities would be concentrated there.**
- **continue to provide antenatal and postnatal care locally, close to home.**
- **continue to provide outpatient, day case and investigative gynaecology services, including emergency pregnancy services, at Eastbourne District General and the Conquest hospitals.**

We have looked at the status quo. We are firmly of the view that it does not meet the criteria. We are aware of other options being mooted. Any further options and the evidence supporting them that come forward will be evaluated against the criteria and fully considered.

The two primary care trusts will make their final decision on the proposals only once they have been able to consider all the comments received in the course of the public consultation. They are not then obliged to select one of the short-listed proposals. Based on the comments received, they may develop an adapted proposal.

6.10 The options

Four options have been identified so far, involving:

- basing the consultant-led unit at the Eastbourne District General Hospital OR at the Conquest
- developing a midwife-led birthing centre in the other hospital (that is, the one which does not have a consultant led unit) OR continuing to invest in the existing midwife-led services.

OPTIONS				
Hospital	**Option 1**	**Option 2**	**Option 3**	**Option 4**
Eastbourne	Consultant-led maternity unit	No unit	Consultant-led maternity unit	Midwife-led birthing centre
Hastings	No unit	Consultant-led maternity unit	Midwife-led birthing centre	Consultant-led maternity unit
Crowborough	Midwife-led birthing centre	Midwife-led birthing centre	Midwife-led birthing centre	Midwife-led birthing centre
Gynaecology	Inpatient service Eastbourne	Inpatient service Hastings	Inpatient service Eastbourne	Inpatient service Hastings
Special Baby Care Unit	Eastbourne	Hastings	Eastbourne	Hastings

These options concern the care that women and babies receive during labour and for special care or when admission for gynaecological operations is required that cannot be delivered as outpatient or day case care. Under all options a full range of assessment, outpatient, investigative and day services will remain on both sites (see right).

Following initial discussions at the joint meeting of the primary care trusts' Boards (held in public on 16 March 2007) members expressed a preference for either Option 3 or 4. They also indicated their willingness to consider other options, which would be assessed against the same criteria used to develop the proposed options.

Available at Hastings and Eastbourne

Gynaecology

Outpatient service
Day surgery
Investigative service
Emergency pregnancy service

Maternity

Outpatient service
Antenatal care
Community midwifery

6.11 Comparing the options: travel times

The change to a single site for consultant-led obstetric care would mean longer journeys for some women. However, most maternity care is during the antenatal and postnatal period, which will continue to be provided locally.

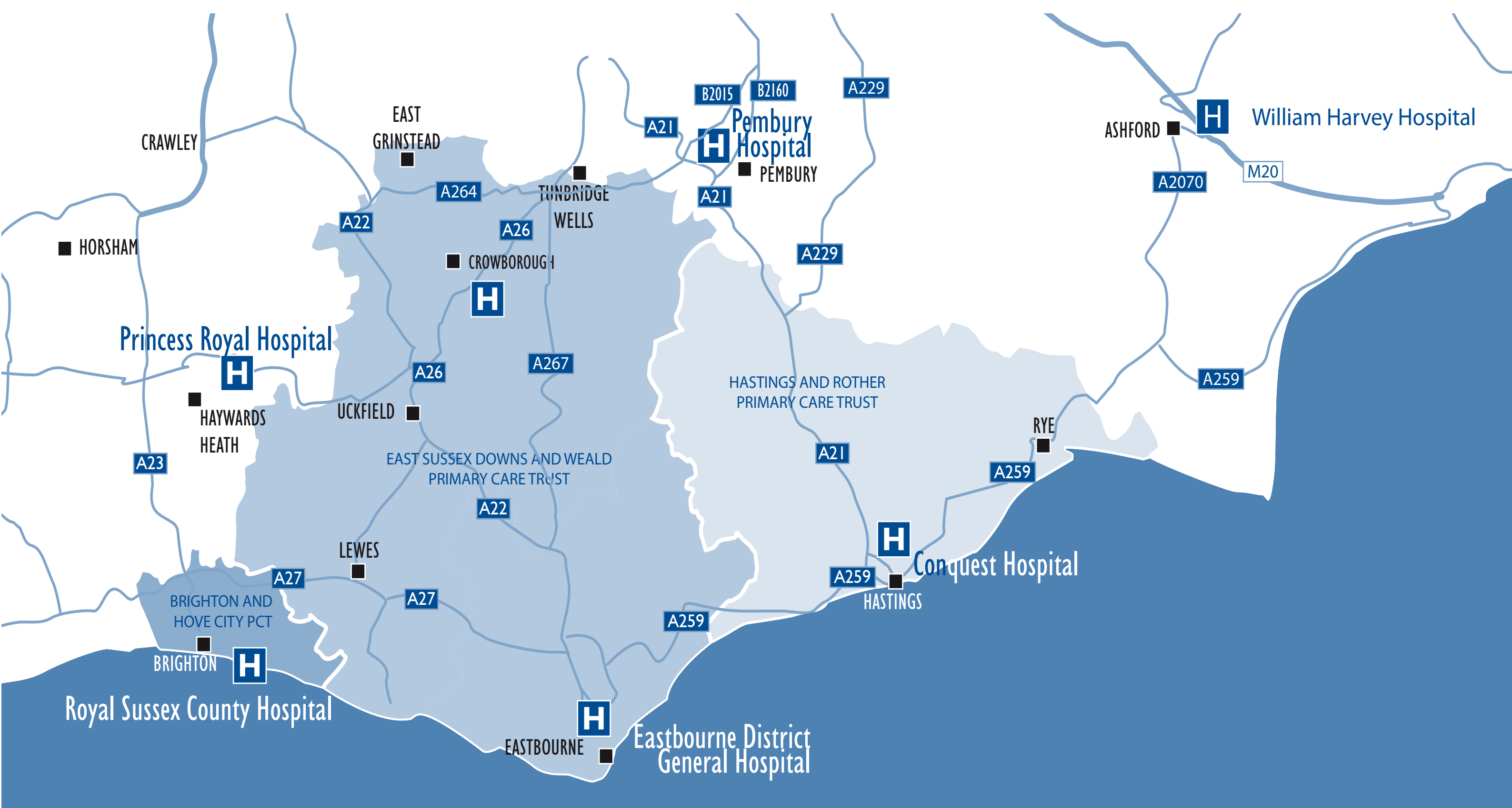
For women living close to Eastbourne or Hastings the availability of a stand alone midwife-led birthing centre under options 3 and 4 would mean that many would still be able to opt to have their baby locally.

JOURNEY TIMES TO CLOSEST OBSTETRIC UNIT FOR EAST SUSSEX WOMEN

	Population within 20 mins	Population within 30 mins	Population within 40 mins	Average journey time
Current	79%	100%	100%	13 minutes
Obstetrics at Hastings	45%	69%	97%	20 minutes
Obstetrics at Eastbourne	51%	77%	98%	19 minutes

Source: In-house analysis based on Steer Davies Gleave model (off-peak travel by private car) for East Sussex women using population weighting to reflect expected births.

Location of maternity units in and around East Sussex



6.12 Comparing the options: practical implications

Under every option, specialist medical staff would provide care to women during childbirth on a single site. This would require some adaptation of facilities at either the Hastings or Eastbourne hospitals and would entail some building costs. Options 3 and 4 would additionally see midwives delivering women at a birthing centre on the other site. All options would mean changes in staffing.

6.13 Comparison of options

Our initial pros and cons, which we will build on as the consultation proceeds are on the next page.

	PROS	CONS
OPTION 1	• Would improve service reliability for women and their babies with staff and resources for obstetric and special baby care concentrated on a single site. • As there are more births at Eastbourne, fewer women would have to travel further.	• Would give reduced access and convenience for women in Hastings and St Leonards, who would have longer journeys in labour for anything other than home births. • Would give less access for women who choose midwife-led care in a homely environment than under options 3 and 4.
OPTION 2	• Would improve service reliability for women and their babies with staff and resources for obstetric and special baby care concentrated on a single site. • As there are more women identified as high-risk in Hastings, fewer women in the higher risk group would have to travel further.	• Would give reduced access and convenience for women in Eastbourne, who would have longer journeys in labour for anything other than home births. • Would give less access for women who choose midwife-led care in a homely environment than under options 3 and 4
OPTION 3	• Would improve service reliability for women and their babies with staff and resources for obstetric and special baby care concentrated on a single site. • Would improve access for women who choose midwife-led care in a homely environment.	• Would give reduced access and convenience for women in Hastings and St Leonards who would have longer journeys for consultant-led care.
OPTION 4	• Would improve service reliability for women and their babies with staff and resources for obstetric and special baby care concentrated on a single site. • Would improve access for women who choose midwife-led care in a homely environment.	• Would give reduced access and convenience for women in Eastbourne who would have longer journeys for consultant-led care.

6.14 Have your say

To have your say about the maternity, special baby care and inpatient gynaecology options, see page 45, and what criteria are important to you when making decisions, see page 46.

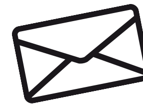
7 HOW TO CONTACT US AND PUBLIC MEETINGS

7.1 The public consultation runs from **26 March to 6 July 2007**. There will be 12 public meetings in East Sussex where everyone is welcome to come along and make their views known.

You can also send us your views either by completing the response section on pages 45 and 46 and returning to the freepost address, emailing fitforthefuture@esdwpct.nhs.uk or filling out the form on line at www.southeastcoastfff.nhs.uk

Need more information?

There is additional information providing a greater level of detail on the website, or you can contact us by email or letter using the freepost address, see top right.



Fit for the Future
Freepost SEA 2474
BN8 2ZZ

If you – or somebody you know - needs help with this document in another language, in large print or Braille, or on audio tape or CD, please contact us (see email and freepost addresses above).

Complaints

If you wish to make a complaint or a comment about anything to do with this consultation you can write to the Complaints Manager, 36-38 Friars Walk, Lewes, East Sussex BN7 2PB. Your complaint will be dealt with promptly.

7.2 Public meetings

Area	Date and Time	Venue
Seaford	26 March, 6.30pm-8pm	Seaford Baptist Church Hall, Belgrave Road, Seaford BN25 2EE
Hastings	27 March, 7pm-9pm	White Rock Theatre, White Rock, Hastings TN34 1JX
Eastbourne	3 April, 7pm-9pm	Gold Room, Winter Garden, Compton Street, Eastbourne BN21 4BP
Crowborough	8 May, 7pm-9pm	Beacon Community College, East Beeches Road, Crowborough TN6 2AS
Newhaven	9 May, 2pm-4pm	Hillcrest Community Centre, Hillcrest Road, Newhaven BN9 9EA
Bexhill	11 May, 2pm-4pm	St Peter's Community Centre, Church Street, Bexhill TN40 2HE
Uckfield	15 May, 11am-1pm	Uckfield Civic Centre, Bell Farm Lane, Uckfield TN22 1AE
Hailsham	22 May, 10.30am-12.30pm	Hailsham Community Hall, Vicarage Lane, Hailsham BN27 2AX
Rural Rother	30 May, 2pm-4pm	Thomas Peacocke Community College, The Grove, Rye TN31 7NQ
Lewes	18 June, 7pm-9pm	Assembly Room, Lewes Town Hall, Fisher Street, Lewes BN7 2DG
Hastings	25 June, 2pm-4pm	White Rock Theatre, White Rock, Hastings TN34 1JX
Eastbourne	2 July, 2pm-4pm	Gold Room, Winter Garden, Compton Street, Eastbourne BN21 4BP

7.3 Equality Impact Assessment

The purpose of an equality impact assessment is to improve our services by ensuring that any changes made promote equality and do not adversely impact on some groups of people.

The NHS has a statutory duty to assess the impact of our work on our local populations with a focus on certain target groups that include: race, disability and gender. The primary care trusts in East Sussex are aware that these groups and others may experience more difficulties in accessing local NHS services.

Because of this, during the period of this consultation, we will be assessing the likely impact of each option in relation to equality and will make public the outcome of these assessments. This will form part of the information that the primary care trusts' Boards will use in making a decision on these proposals once the consultation period closes.

For this reason, we are asking you to tell us your gender, age, ethnic group, and location when you give us your views. We will use the Department of Health and Census categories to help collect information about your ethnic group. We will ask you to select one of the following groups:

White:
British
Irish
Any other White background

Mixed
White and Black Caribbean
White and Black African
White and Asian
Any other Mixed background

Asian or Asian British
Indian
Pakistani
Bangladeshi
Any other Asian background

Black or Black British
Caribbean
African
Any other Black background
All Black groups

Chinese or other ethnic group
Chinese
Any other ethnic group
All Chinese or other ethnic group.

If you would like any more information about the equality impact assessment process, please contact your local Patient Advice and Liaison Service on 01273 403560 or 01424 735629.

7.4 What happens next?

In August, after the consultation period has ended, an experienced independent analyst will combine everyone's feedback from meetings, feedback forms, letters, petitions and emails. Members of the Boards of East Sussex Downs Weald and Hastings and Rother primary care trusts will use the independent report to help them decide on the way forward.

The Boards have further developed their criteria as the result of working with clinicians and other stakeholders in the pre-consultation period.

The Boards will use their proposed criteria below and look at how important different criteria are to you to help make a final decision in the autumn. This will take account of the views and wishes of local people alongside patient safety and quality of services, access and affordability.

Our proposed criteria are:

- **clinical effectiveness and quality** – this involves delivering high quality services, based on the best possible clinical evidence

- **access and choice** – this involves making as many services as possible available to the most people and is not solely concerned with transport and travel (although these issues should still be taken into consideration)

- **health gain and demographics** – our plans need to reflect changes in the structure of the population and their health needs, to tackle health inequalities and to improve health outcomes overall

- **financial sustainability** – the ability to provide and maintain an affordable service which makes the best use of resources

- **sustaining two viable hospitals** - this involves ensuring that both Eastbourne District General Hospital and the Conquest Hospital, Hastings, remain as two viable hospitals.

Turn to page 45 for questions about the options, and to page 46 for questions about criteria that are important for you. We also welcome alternative proposals, which will be assessed against the same criteria.

Once the decision has been made, plans to implement any changes will be drawn up. These will ensure changes are implemented systematically in order to provide safe services. We will work with partners, patients and the public on transport issues, including public transport. There will continue to be patient and public involvement throughout the process.

A1 GLOSSARY
ANNEX 1

Acute care/acute hospital: describes care of a disease or illness of rapid onset, severe symptoms and brief duration. Acute is also used to describe hospitals where treatment for such conditions is available.

Births with minimum intervention: births not needing an operation or procedure, such as a Caesarean or forceps, from a doctor or specialist

Community matron: a senior nurse based in the community who has particular responsibility for supporting a number of patients with more complex health and social care needs, usually as the result of one or more long-term conditions.

Community services: these are local services, for example those provided by GPs and other practice staff in surgeries, by district nurses, community matrons, health visitors, school nurses, community midwives, physiotherapists, occupational therapists, speech and language therapists in clinics, health centres and community hospitals, and people's homes.

Day case: a patient who has a surgical or medical procedure without being admitted as an overnight patient.

Diagnostics: a test or image taken of the body to help identify a condition or illness, for example blood tests and x-rays.

Elective care: a planned procedure as opposed to one carried out in an emergency.

Emergency care: unplanned care following an accident or for a condition that develops suddenly or becomes acute.

European Working Time Directive: European law which states the maximum number of hours per week that should be worked.

General Practitioner (GP): a doctor providing primary care services, usually the first point of contact for patients for NHS care and treatment.

Gynaecology: a branch of healthcare concerned with the treatment of conditions affecting the female reproductive system.

Inpatient: a patient admitted to hospital for diagnosis, observation or treatment.

Local Area Agreement: a three-year agreement (2006-09) between East Sussex County Council on behalf of service providers and central government. Entitled All Together Better, it identifies priorities for improvement in East Sussex and how these will be tackled in partnership with others, including health organisations.

Long-term condition: health problems that need ongoing management over a period of years, for example diabetes and asthma.

Maternity services: all care of pregnant women.

Midwife-led unit: a unit where midwives provide all the care for pregnant women with a low risk of complications, including the delivery of their babies; also known as a birthing centre.

Neonatal care: specialist care for babies.

Obstetrics: medical care of women during pregnancy and childbirth, and the period of recovery afterwards. An obstetrician is a doctor who specialises in obstetric care.

Outpatients: people who are seen in a clinic but not admitted to hospital. Outpatient appointments can take place in either the community or a hospital.

Paediatrics: the general medicine of childhood.

Primary care: this is a term used to describe health services that are the first point of contact for a patient, such as GPs, dentists, opticians and pharmacists.

Primary Care Trusts: these are NHS organisations that bring together all primary care practices in an area and are responsible for improving the health of their population, planning and funding secondary (hospital) services. Some also provide community health services.

Sustainable: viable in the long-term.

Special Care Baby Unit: an intensive care unit for babies.

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ANNEX 2

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Birth Services in Mid Sussex: What is most important to women?
The National Childbirth Trust, 2004

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Care Services Improvement Partnership, 2005

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NHS South East Coast Strategic Health Authority, 2007

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Tuffnell D, Wilkinson K, Beresford N, British Medical Journal; 322:1330-3

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- *A Guide to Promote a Shared Understanding of the Benefits of Managed Local Networks, 200*5

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Durrow, 2006

*Why we need fewer hospital bed*s
NHS Confederation, 2006

HAVE YOUR SAY

Please complete, cut and post.

Thank you for giving us your views about developing NHS services. We are not proposing any immediate changes to most services, so the main thing we are asking you about is women's services and special baby care. You do not have to tell us your name, but you can write your name at the top of this page if you wish or you can send a letter with more feedback. Unfortunately, we cannot respond to individual letters.

I. Thinking about services for women and sick babies, do you agree…

(leave blank if you 'don't know' or neither agree or disagree)

	Strongly agree	Agree	Disagree	Strongly disagree
I understand the reasons for change described in the consultation document	☐	☐	☐	☐
I agree with the reasons for change described in the consultation document	☐	☐	☐	☐

2. The consultation document sets out different options for change.

The option with the highest number of 'votes' will not necessarily be selected. It is more important for us to know the reasons for your views.

	Strongly agree	Agree	Disagree	Strongly disagree
I support Option I, consultant-led unit at **Eastbourne**, no unit at **Hastings**	☐	☐	☐	☐
I support Option 2, consultant-led unit at **Hastings**, no unit at **Eastbourne**	☐	☐	☐	☐
I support Option 3, consultant-led unit at **Eastbourne**, midwife-led unit at **Hastings**	☐	☐	☐	☐
I support Option 4, consultant-led unit at **Hastings**, midwife-led unit at **Eastbourne**	☐	☐	☐	☐

3. Please tell us what YOU think are the best points and the worst points about each option:

	MAIN ADVANTAGES	MAIN PROBLEMS
Option I: consultant-led unit at **Eastbourne,** no unit at **Hastings**		
Option 2: consultant-led unit at **Hastings**, no unit at **Eastbourne**		
Option 3: consultant-led unit at **Eastbourne**, midwife-led unit at **Hastings**		
Option 4, consultant-led unit at **Hastings**, midwife-led unit at **Eastbourne**		

4. Do you have any other comments about the options or how they will affect you? Or would you like to suggest another option?

Please attach a separate page if needed

5. You can help us weigh up the pros and cons of each option. Please tell us how important these factors should be when making decisions.

Write in a number between 1 and 10, using 1 = not important at all, 3 = a little important, 5 = of medium importance, 8 = very important, 10 = most important

Access

Making sure the largest number of people can get to services easily ☐

Making sure people have a choice of where to get services ☐

Making sure less advantaged groups can use services easily ☐

Making services easy to get to using public transport ☐

Funding

Making best use of resources ☐

Quality

Making sure services are provided in the safest way possible ☐

Being able to recruit enough high quality staff ☐

Keeping training standards high for doctors, nurses and other staff ☐

Forward planning

Planning for increases in the number of people living in the area ☐

Setting up services that we can keep going in the long term ☐

Making sure we can keep two hospitals in future ☐

6. Are there any other things that we need to consider when making decisions?

If you can think of any other factors, please also score their importance from 1 to 10.

.... ☐

.... ☐

.... ☐

.... ☐

About you

Finally, we would like to know a little about you. This will help us make sure we have feedback from a wide range of people.

7. Which area do you live in or closest to?

Eastbourne ☐ Lewes ☐ Hastings ☐

Rother ☐ Wealden ☐ Other ☐

8. Are you responding as an individual or on behalf of a group?

Individual ☐ Group ☐

9. Are you...

- a member of the public / service user / carer? ☐
- a PPI member? ☐
- a member of NHS clinical staff? ☐
- a non clinical NHS staff member? ☐
- a social services staff member? ☐
- a voluntary sector organisation? ☐
- a health organisation? ☐
- Other, *please write in* ☐

10. Are you...

a woman ☐ a man ☐

11. What is your age group?

Under 20 ☐ 21-44 ☐ 45-64 ☐ 65+ ☐

12. From the list on page 40, what is your ethnic group?

....

13. This consultation includes a website, consultation booklet, and meetings. Do you have comments about the consultation process or how you would like to be consulted in future?

....

....

....

....

Thank you for your views. Please post to Fit for the Future, Freepost SEA 2474, BN8 2ZZ.
No stamp is needed. We need your response by **6 July 2007**.

Produced by

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