Agenda Item:

Committee:	**Health Overview and Scrutiny Committee**
Date:	**18 March 2005**
Title:	**Response of Joint Committee on NHS consultation on Best Care, Best Place**
By:	**Members of the Joint Committee**
Purpose of Report:	**To update members on the conclusions of the Joint Committee**

RECOMMENDATION - to receive and note the report of the Joint Committee

1. Introduction

1.1 In response to the consultation paper on Best Care, Best Place the local authorities of Brighton & Hove City Council and East and West Sussex County Councils established a Joint Health Overview and Scrutiny Committee to consider the details of the consultation under the guidance set out by the Secretary of State.

1.2 The members of the Joint Committee appointed from East Sussex in September 2005 were Councillor Rogers, Councillor Webber and Mr Ralph Chapman.

1.3 The Joint Committee met on 5 occasions and also carried out site visits to a number of NHS establishments. Members of the Joint Committee attended as many of the public meetings as possible and also consulted and have taken into consideration the views expressed by the relevant Patient and Public Involvement Forums.

1.4 Throughout the process the Joint Committee received support and advice from Mr Mike Wood, Chief Executive of the Mid Sussex PCT and Lisa Compton, Associate Director of Clinical Governance and Development at Mid Sussex PCT.

2. The final consultation report

2.1 The Joint Committee completed its report which is attached at Appendix one. In its deliberations the Joint Committee also had sight of responses from the Brighton and Hove City Council, the Patients and Public Involvement Forums affected by the proposals and from Mid Sussex District Council.

3. Recommendation

3.1 Members are asked to receive and note the response of the Joint Committee.

Councillor David Rogers, Councillor John Webber, Mr Ralph Chapman

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APPENDIX 1

RESPONSE OF JOINT COMMITTEE ON NHS CONSULTATION ON BEST CARE, BEST PLACE

1. The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 require NHS bodies considering proposals for substantial developments or variations in health services in the area of a local authority to consult health overview and scrutiny committees of that authority about those proposals.

2. Health overview and scrutiny committees are required under a Direction from the Secretary of State issued in July 2003 to establish a joint health overview and scrutiny committees to consider and respond to proposals for developments or variations in health services that affect more than one local authority area and that are considered to be "substantial" by the health overview and scrutiny committees for the areas affected by the proposals.

3. In response to the consultation paper on Best Care, Best Place the local authorities of Brighton & Hove City Council and East and West Sussex County Councils established a Joint Health Overview and Scrutiny Committee to consider the details of the consultation under the guidance set out by the Secretary of State.

4. The Joint Committee has met on 5 occasions and also carried out site visits to a number of NHS establishments. Members of the Joint Committee attended as many of the public meetings as possible and also consulted and have taken into consideration the views expressed by the relevant Patient and Public Involvement Forums.

5. Throughout the process the Joint Committee has received support and advice from Mr Mike Wood, Chief Executive of the Mid Sussex PCT and Lisa Compton, Associate Director of Clinical Governance and Development at Mid Sussex PCT. The Joint Committee wishes to place on record its thanks to them for their help and assistance.

6. The Joint Committee has noted the proposed response from the Brighton and Hove City Council and has also noted the proposed responses from the Patients and Public Involvement Forums affected by the proposals. The Joint Committee has also noted the Mid Sussex District Council Position Statements in relation to paediatric and maternity services and neurosurgery and neurosciences and these are appended to this response as background information.

7. In relation to the specific proposals the Joint Committee comments as follows:

Proposals for Emergency Surgery including Orthopaedics

8. The Joint Committee accepts that one of the overriding principles of the proposals is to separate routine from emergency work. The Joint Committee supports this move, as it will overcome the need to delay routine operations when emergency cases are admitted. The Joint Committee also accepts that the proposals provide for the continuation of two Accident and Emergency (A&E) Departments, one at the Princes Royal Hospital (PRH) and one at the Royal Sussex County Hospital (RSCH). The Joint Committee has noted that at present the A&E at the PRH has a throughput of approximately 30,000 patients a year and that national guidance states that a 24 hour department needs to see more than 50,000 and even as many as 100,000 patients a year. In the circumstances the Joint Committee accepts that the current throughput of patients justifies the shift of surgery as proposed and the A&E facilities at the PRH will continue working in partnership with the RSCH.

9. In addition the Joint Committee has noted that the large majority of patients that attend A&E go home without the need for an overnight stay, and that of those who do stay, the large majority need medical and not surgical treatment.

10. The Joint Committee has noted the implications of the opening of the new Independent Treatment Centre at the PRH in 2006. The Joint Committee has also noted that this will be used for routine orthopaedic surgery but that most emergency surgery would be carried out at the RSCH but some at the PRH including simple surgery such as fracture work.

11. Overall, the Joint Committee accepts the need to make changes to emergency and orthopaedic services. The Joint Committee accepts the proposals put forward in the consultation paper of continuing to have two A&E departments – one at the Royal Sussex County Hospital at Brighton and the other at the Princes Royal Hospital in Haywards Heath. The Joint Committee also notes that to achieve the best outcome for patients that most emergency surgery, including orthopaedics, should be carried out at the Royal Sussex County Hospital.

Proposals for children's' services

12. The Joint Committee has considered and accepted the case put forward for children's services and that all medical inpatient services for children, including neurology and neurosurgery, continue to be developed at the Royal Alexandra Hospital and that paediatric trauma, where a general anaesthetic is needed, is provided at the RSCH.

Maternity Services

13. The Joint Committee has noted that the preferred option as set out in the consultation paper is for the special baby care unit at the PRH to be supported by advanced neonatal nurse practitioners. Therefore the proposal would involve the retention of the obstetric services at the PRH by employing advanced neonatal nurse practitioners. However, the consultation also referred to a second option that was a midwife led unit at the PRH with high-risk births at the RSCH. The Joint Committee does not support the second option.

14. The Joint Committee has heard that a key issue for the future of paediatric and maternity services at the PRH was the change from a paediatrician-led service to the proposed advanced neonatal nurse practitioner led service. The Joint Committee noted that the Royal College of Paediatrics and Child Health had withdrawn accreditation for paediatric training at the PRH site, so it was proposed that specialist services were maintained by the recruitment of advanced neonatal nurse practitioners as a feasible, long-term option. A representative from the Royal College had agreed to attend the public consultation meeting to be held in Burgess Hill on 8th February 2005.

15. The Joint Committee welcomes the preferred option but is concerned at the possibility of recruitment difficulties. The Joint Committee has noted that reassurances have been given that recruitment is well under way and that it was anticipated that there was not likely to be a problem. However, the Joint Committee is concerned about the implications if recruitment does cause difficulties. At what point, for example, does the preferred option not become viable and the second option needs to be pursued? The Joint Committee is concerned that the consultation paper seems to acknowledge that there may well be difficulties in recruiting and retaining advanced neonatal nurses which is why the fall back position of a mid wife led unit at the PRH, with high risk births at the RSCH was being explored. If the preferred option does not proceed, the Joint Committee would want to be consulted on the detailed proposals that were being considered as an alternative.

16. Therefore the Joint Committee supports the proposals and requests assurances that every effort will be undertaken to ensure that the recruitment drive is successful. Notwithstanding this Joint Committee is concerned at the implications on patients, families, the RSCH site capacity and the transport infrastructure if the second option is pursued. The Joint Committee is not convinced that sufficient research has been carried out about the full implications of the second option and reiterates its wish to be formally consulted on this proposal.

Proposals for Neurology and Neurosurgery

17. The Joint Committee has noted the proposals for neurology and neurosurgery. The Joint Committee has noted and accepted that Hurstwood Park Hospital is no longer suitable for the purpose. The Joint Committee has also noted that a review of these services by an expert group covering Kent, Surrey and Sussex confirmed the findings of an earlier investigation that decided that these key specialities should be retained in Sussex, but within modern purpose built facilities and at a new location with the support of a full range of other specialities.

18. The Joint Committee accepts the proposal to keep neurosciences in Sussex and the Joint Committee also accepts that there are sound clinical reasons (including the treatment of children) for the new department to be based at the RSCH site. However, the Joint Committee is not convinced that the possibility of a new department on the PRH site has been investigated thoroughly. Therefore the Joint Committee asks that when the business case for the future of neurosciences is developed, that a financial appraisal on the possible location of the new department on the Hurstwood Park site should also be carried out and included as part of the case. The reason for this is that whilst the Joint Committee accepts that sound clinical reasons would normally prevail, if the cost of developing the new department was significantly higher at the RSCH than at the PRH then at least it can be demonstrated that proper consideration had been given to all the options before a final decision was taken.

Proposals for Brighton General Hospital

19. The Joint Committee has considered the proposals for the future of the Brighton General Hospital. The Joint Committee accepts that the existing provision of acute inpatient services at the Brighton General are no longer appropriate and these facilities should be transferred to the RSCH. The Joint Committee also accepts that a number of inpatients remain in hospital much longer than is necessary because there is not sufficient suitable alternative accommodation or support available.

20. The Joint Committee also accepts the principle that inpatient stays should be as short as possible taking into consideration the best clinical advice that is available. This would inevitably reduce the demand for inpatient facilities. However, the Joint Committee is concerned that before the provision of inpatient services are transferred to the RSCH that there is sufficient alternative provision within the community at intermediate centres or other facilities. The Joint Committee acknowledges that the timing of these changes is critical and that they will also be dependent on sufficient resources being available. The Joint Committee require a detailed breakdown of alternative arrangements in place before inpatient services are closed at the Brighton General Hospital and that the interests of individual patients are independently assessed and advocated before closure. The issue concerning resources will be addressed later in this document.

21. The Joint Committee would like to be formally consulted on a detailed breakdown of the alternative uses that are being proposed for the remainder of the hospital site.

Investment

22. The Joint Committee has considered the information supplied by the NHS in the Working Paper issued in January 2005 in response to issues raised throughout the consultation period.

23. The Joint Committee notes that that Primary Care Trusts are planning to spend approximately £573m in the financial year that begins on 1 April 2005 and that £266m (47%) will be spent on acute services, and £71m (12%) will be spent on community services. The Joint Committee further notes that according to the information supplied the Primary Care Trusts could be investing £1.2billion locally in the financial year 2015/16. With the redistribution of funds this could result in £449m (38%) being spent on acute services and £207m (17%) on community services. The Joint Committee notes that this represents a significant change in emphasis from the existing provision and that the increase in investment in community services from £71m in 2005/06 to £207m in 2015/16 is substantial by any standards. However, these figures rely on the assumption of an increase in investment of 9% next year and 9.3% the following year, and then 7.5% for each year after that.

24. The Joint Committee is concerned that whilst it is acknowledged that there will always be an element of uncertainty over long term resources and planning, too much emphasis is placed on assumptions about funding. If this funding does not materialise the NHS will not be able to implement the proposals as proposed. This is acknowledged in the Working Paper. The Joint Committee is concerned therefore how this will impact on the provision of community care and if the funding is not forthcoming how the differences will be reconciled.

25. The Joint Committee has noted that the share of investment in primary and community care has increased by 6% and investment in acute services will be reduced by 9% to reflect the change in emphasis as set out in the consultation paper. The Joint Committee is not convinced that after taking into account inflation and other service pressures that the increased provision of resources for primary and community services that there will be sufficient to deliver the proposals. The NHS has not provided evidence about the cost of increasing the provision of community services. No information has been provided on how this £136m will be spent and whether this will be sufficient to meet the demands of the proposals.

26. The Joint Committee notes that if the proposals are accepted then detailed business cases with full financial appraisals will be developed to support the capital investment and revenue commitment required. The Joint Committee expects to be consulted on these issues.

Transport

27. The Joint Committee has noted that of all the aspects of the consultation, transport and the implications of the proposals seems to have generated the most interest and reaction. The Joint Committee is grateful for the paper that was submitted to its last meeting that seeks to address the issues raised by the Patient and Public Involvement Forums, the general public and the stakeholders that have responded.

28. The Joint Committee notes that the overall philosophy of the consultation paper is that patients will receive more care in their communities closer to home. According to the NHS this will involve fewer journeys overall to hospital services than would otherwise be the case. The NHS suggest that by and large, GP surgeries, local health centres and patients' homes are more accessible and less problematic for patients.

29. The NHS has sought to explain that the changes directly arising form these proposals. The Joint Committee has considered these issues in some detail.

Shift of inpatient elective activity from Brighton to Haywards Heath

30. The Joint Committee has noted that there will be day case surgery available in both Brighton and Haywards Heath and that patients will not travel further for day surgery than they do at present unless they choose to do so.

31. The NHS has stated that the working document estimates that about 3720 inpatient procedures will transfer from the RSCH. Of this number, about 31% (1153) will come from areas which are, broadly speaking, as accessible if not more accessible to the PRH as to the RSCH.

32. In addition the NHS view is that 2567 patients and visitors would be 'inconvenienced' by the proposals. All these patients would be 'short stay' for their operations and if they required a period of recuperation, these facilities would be provided where they are now or possibly even more locally. The NHS also states that for car drivers, parking at the PRH is generally better than in Brighton and increased car parking (130 spaces) is proposed as part of the orthopaedic treatment centre. For patients on limited incomes, free transport is available. The NHS organisations have also indicated a willingness to provide 'shuttle' services if there were genuinely no other option.

Shift of emergency surgery from Haywards Heath to Brighton

33. The Joint Committee notes that according to the NHS the above changes would relieve the current pressure on the Royal Sussex County site by an estimated factor of 3720 patients and their visitors.

34. The Joint Committee also notes that the working document estimates that about 1600 procedures (including children) will transfer from Haywards Heath to Brighton. Of this number about 28% (448) would, in distance terms, find Brighton as convenient if not more convenient than Haywards Heath.

35. The NHS has stated that these are potentially life threatening or very serious conditions and the journeys would be in ambulances. The issue of ambulance travel times has been discussed at many public meetings and the NHS organisations are saying that the benefits of clinical quality derived from the further concentration of specialist surgery outweigh the 'inconvenience factor' for visitors. That said, provision could be made to prioritise parking for visitors to critical care patients, thus reducing the inconvenience factor. Furthermore, once patients are through the critical phase of their condition they could recuperate closer to home.

Brighton General

36. The NHS position is that the considerable disadvantages of the current situation, where patients are ambulanced between the BGH and RSCH site, would be removed. This would free up the equivalent of one ambulance.

Maternity

37. The NHS has stated that if the emerging preferred option were supported, there would be no change in transport arrangements.

38. If the preferred option is not possible, then clinical considerations would take precedence and significant numbers of women (about 1000) would travel to Brighton

under contingency plans. This would probably wipe out any 'gain' at the RSCH and the pressure would be about the same as it is now.

Neurology and neurosurgery

39. The NHS has stated that these are longer-term proposals and would require significant capital development – the Business Case and the usual planning controls (including car parking) would apply. Outline plans include the provision of additional underground car parking. Direct helicopter access would also be part of these proposals. As with emergency surgery, the clinical factors, we feel, take precedence over other issues.

Conclusions of the NHS

40. The NHS view is that in the short term, the RSCH will either be slightly less busy, or considerably less busy than is currently the case, and the PRH will be considerably more busy, but there will be 130 extra car park spaces and the current situation for parking is less problematic than in Brighton.

41. Public transport links are adequate to both sites, but the NHS organisations will consider 'shuttle services' if necessary.

42. In the longer term, transport and parking issues will be included in detailed business plans which need to go through the usual planning processes. These have already been anticipated in Brighton and Sussex University NHS Trust's development control plan.

43. For emergency care, the NHS organisations are arguing that access to the right specialist services takes precedence over travel times and convenience for visitors (although the impact of both can be reduced).

44. Transport and parking issues are a very significant issue now in health and health care services. The NHS is already working hard with partner organisations to find strategic solutions. However, it is important to stress that these issues are not significantly changed (and if anything a little improved) by the BCBP proposals.

Summary of practical steps already underway

- A dedicated inter site Shuttle service initially for staff but once up and running offering it out to patients (non-ambulance transport requirements).
- A park and ride on the Race Course in Brighton to alleviate congestion on the RSCH Site.
- A new permit system with far stricter criteria for obtaining a permit linked in with the park and ride.
- The demand response around the PRH site to help bring staff in to work and take them home again without having to come in by car. Also using the service instead of the Taxi services that we currently use for transporting allsorts of documents, samples, staff etc.
- A well-advertised car share scheme with incentives such as free parking.
- Subsidised bus tickets for staff working on all sites to encourage bus usage.
- Build more cycle and motorcycle parking on all sites to promote usage.
- Set up a website with all information need to travel to, from and between the trusts sites.
- Put in real time information displays on the county site for the buses stopping outside.

45. The Joint Committee has listened very carefully to the issues raised at the public meetings and also the noted the responses from the various Patient and Public Involvement Forums and also to the information and explanations given by the NHS. The Joint Committee accepts that the NHS cannot be accountable and responsible for finding solutions to the problems within the existing transport infrastructure. However, the implications arising from the proposals cannot be overlooked.

46. The Joint Committee is also aware that in respect of any major developments requiring planning permission the NHS will be required to produce transport impact studies and these will be taken into consideration by the relevant planning authorities. However, a significant proportion of the proposed reconfiguration may well be achieved without the necessity of planning consent and therefore the implications on the transport infrastructure need to be carefully assessed.

47. The Joint Committee appreciates that there will need to be interim arrangements whilst the changes are being implemented and there are issues around how the NHS Trusts manage those changes.

48. In this context the Joint Committee welcomes the various initiatives that are currently being explored by the NHS set out in paragraph 44 above in order to mitigate against the impact of the proposals. The Joint Committee also notes that the NHS claims that the proposals contained in the consultation paper do not in themselves adversely affect transport issues.

49. The Joint Committee acknowledges the claim that the net impact may be negligible but for those patients and visitors that will be directly affected by the changes the same conclusion could not be drawn. In the circumstances therefore the Joint Committee welcomes the offer of the NHS to establish a Transport Committee to consider the impact of the proposals. The Joint Committee notes that there is already a number of transport groups operating at present including a Mid Sussex Group and also one attached to the Local Strategic Partnership. The Joint Committee is concerned about the prospect of duplication and fragmentation with a number of similar groups operating but is satisfied that appropriate arrangements can be put in hand to ensure that the very real concerns of residents about access and public transport are properly taken into consideration.

Routine Surgery

50. The Joint Committee is concerned that proposals for routine surgery have not been thoroughly explained in the consultation paper. The Joint Committee notes that on page 8 of the consultation paper it states under 'which services do we want to change' it covers 7 proposals including routine surgery. There are then 5 sections that relate specifically to the first 5 proposals. There are no sections on developing services outside hospital, closer to people's homes and routine surgery. There is however, a section entitled 'Other plans for the future' and it states at the beginning that 'The proposals we have set out above are for formal consultation and we would welcome your views on them by the close of the consultation period. We also want to share with you our ideas about the overall shape of health services in the future, so that we are as clear as possible about the range of services the local population can expect to receive in the next ten years.' Included in this section is a paragraph which states that 'By separating routine and emergency surgery we will see much **reduced cross-infection rates** in our hospitals and routine operations would no longer be cancelled.'

51. In the circumstances, the view of the Joint Committee is that whilst it is clear that the separation of routine and emergency operations affecting orthopaedics does form part of the formal consultation, the separation of other specialties is included in the section of the paper which talks about sharing ideas for the future. Whilst the Joint Committee accepts the principle of separating routine and emergency operations, the Joint Committee would expect to be formally consulted on detailed proposals for the proposed transfer of other specialties. It is noted that the consultation proposals form the second stage relating to a number of key decisions that need to be made shortly after the consultation period. It was reported that the separation of emergency and routine operations was discussed in the Central Sussex Partnership document in the first phase of the consultation.

Developing services outside hospital, closer to people's homes

52. The Joint Committee's concerns about routine surgery also applies to this provision as well. The Joint Committee would wish to be formally consulted on these proposals as well as other proposed changes to routine surgery. The Joint Committee, however, does support the general direction of increased investment in primary and community services.

The Consultation Process

53. The Joint Committee has received regular updates from the NHS on the way in which the consultation has been conducted. This has been based on the West Sussex Good Practice Checklist.

54. In relation to stakeholder meetings the Joint Committee has noted that these commenced on 23 September 2004 and included 96 meetings finishing on 17 February 2005.

55. In relation to advertisements and media the Joint Committee has noted that there were 49 articles of public notices, editorials and articles published in a variety of publications about the consultation. This also included various radio advertisements as well.

56. The Joint Committee's view on this is that by any standards this does represent a considerable effort on the part of the NHS to publish their proposals. The Joint Committee does not accept the view expressed by a minority of the public at the recent meeting on 17 February 2005 that they were not aware of the consultation and therefore were not able to contribute to it and that the consultation period should be extended.

57. Therefore at the present time the Joint Committee is satisfied that the NHS has fulfilled its statutory responsibility to consult. However, the Joint Committee will need to consider in due course the NHS response to the replies received to the proposals.

Patient and Public Involvement Forums

58. The Joint Committee has considered the responses from the following Patient and Public Involvement Forums:

    Horsham and Chanctonbury
    Sussex Downs and Weald PCT
    Mid Sussex
    Joint response of Brighton and Hove PCT, Brighton & Sussex University Hospitals Trust, South Downs Health and Sussex Ambulance Trust

59. The Joint Committee acknowledges the time taken by the Forums in order to respond to the consultation.

Robin Brown
Chair
For and on behalf of the Joint Overview and Scrutiny Organisation Committee

25 February 2005