

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **10 October 2007**

By: **Director of Law and Personnel**

Title of report: **Fit for the Future – HOSC recommendations to the PCTs**

Purpose of report: **To agree HOSC's recommendations to the Boards of the East Sussex PCTs in response to the Fit for the Future consultation.**

RECOMMENDATIONS

HOSC is recommended to:

- 1. Consider and agree the specific recommendations listed in appendix 1.**
 - 2. Consider and agree the Committee's response to the PCTs on the specific options for change outlined in the consultation document.**
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1. HOSC's role

1.1 HOSC has a duty to respond to consultations by the local NHS on proposals for 'substantial variation or development' of services based on the evidence available.

1.2 In the case of the current Fit for the Future consultation, HOSC is required to respond to the PCTs' proposals for the configuration of maternity, inpatient gynaecology and special baby care services and the four potential options for change outlined in the the PCTs' consultation document.

1.3 HOSC has undertaken an extensive process of evidence gathering in order to formulate a response which is based on a wide range of information and views, including consideration of alternative proposals put forward by other stakeholders.

2. HOSC's recommendations

2.1 During the evidence gathering process HOSC has noted a number of issues which will be important for the PCT Boards to consider when making a decision on their preferred way forward. The Committee has also heard a number of suggestions as to how the services could be improved and developed, either within their current configuration across two sites or if the services were provided from a single site in the future. In addition, HOSC has noted areas where the related community based services could be developed alongside any changes to the operation of the hospital based services.

2.2 Through analysing the evidence gathered, a series of potential recommendations have emerged and these are listed in appendix 1. These recommendations are designed to inform the PCT Boards' consideration of the full range of options they have agreed to evaluate and do not favour any particular configuration of services.

2.3 In addition to these specific recommendations, the Committee will wish to consider its view, based on the evidence available, in relation to the overall configuration of services as proposed in options 1-4 within the PCTs' consultation document. In doing this, the Committee will be aware that the PCT Boards now plan to consider further options within their decision making process as outlined in agenda item 6.

3. Next steps

3.1 The PCT Boards intend to take a decision on their preferred way forward at a joint meeting expected to be held in November. The PCTs have indicated their intention to consider HOSC's recommendations as part of the decision making process and will have the opportunity to respond to the recommendations in the light of their decision.

3.2 HOSC will then have the opportunity to consider the PCTs' response to HOSC's recommendations, and the decision made by the PCT Boards at a later date. The timescale for this is dependent on the progress of the PCTs' decision making process.

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Proposed specific recommendations

Recommendations relating to implementation of any changes

If the PCT Boards decide to redesign maternity, special baby care and inpatient gynaecology services, whether on one site or across the current two sites, HOSC makes the following recommendations:

1. Before any decision is taken to implement changes to services, the PCT Boards should ensure robust capital and revenue costings are in place and local health economy sources of funding clearly identified. Sources of funding should minimise the impact on other services as far as possible.
2. The PCTs and Hospitals Trust should review other reconfigurations of maternity services nationally in order to build the lessons learnt into any East Sussex implementation plans.
3. The Director of Public Health should, in consultation with clinical staff and service users, agree a set of audit measures to assess outcomes and quality of care which will be regularly monitored before, during and after implementation. These should demonstrate at least stability and preferably, improvement in quality of care and patient experience.
4. The PCTs should work with the Hospitals Trust and local transport providers to specify what improvements to transport between the two sites can be made and to develop a travel action plan which includes consideration of car parking. Specifically, the feasibility of an inter-site bus for staff, visitors and patients should be examined.
5. The PCTs and Hospital Trusts should establish mechanisms to effectively involve service users and staff in design and implementation of any reconfigured maternity, special baby care and gynaecology services to ensure that the concerns of service users and staff are identified and addressed as far as possible.
6. The PCTs should work closely with PCTs and Trusts in neighbouring areas to ensure the effect of any changes in these areas on services for East Sussex residents is fully considered. In particular, the PCTs should work with Brighton and Sussex University Hospitals NHS Trust to ensure the Trust puts in place appropriate capacity to safely manage additional demand and ensure quality.

Recommendations relating to consultant-led obstetric services

When considering the potential provision of consultant-led obstetric services from a single site within East Sussex, HOSC makes the following recommendations to the PCT Boards:

7. A robust implementation plan should be developed, including assurance that sufficient capacity would in place at the single obstetric unit before closing the second unit to obstetric admissions.
8. The PCTs and Hospitals Trust should make a clear commitment to meet the Royal College standard of 60 hours of consultant presence per week by 2009 and to put policies and procedure in place which aim to maintain CNST level 3 status.
9. Appropriate facilities for the assessment and care of women early in labour must be included in the obstetric unit, recognising that women may arrive earlier if travelling further. The Unit's advice to women arriving early in labour must also be amended to recognise the potential increased distance to their homes.
10. The PCTs must work with the Ambulance Trust to agree and fund the extra capacity required to support a reconfigured service, particularly bearing in mind potential pressures from changes in other areas. These calculations and Ambulance Trust protocols must recognise that more women will require ambulance transport to hospital in labour if they are travelling further. There must be a commitment to providing this service where women need it.
11. Additional training must be made available to paramedics working in East Sussex on handling obstetric cases and the cost of this provided for.

Recommendations relating to midwife-led unit

When considering establishing an additional stand-alone midwife-led unit in East Sussex, HOSC makes the following recommendations to the PCT Boards:

12. Implementation plans must allow a period of up to five years for a new midwife-led unit to become established and reach its planned level of activity. The costs of this transitional period must be recognised and accounted for within the plans.

13. The PCTs should review the information available to parents-to-be when choosing birth environment, and the way this is provided, in consultation with service users, to ensure the relative risks and benefits of midwife-led units, home births and consultant-led units and the care available in each is described as clearly as possible. The effectiveness of this information should be monitored through feedback from service users.

14. Protocols must be agreed between the midwife-led unit and the ambulance service regarding transfers to a consultant-led unit. Protocols should seek to remove any barriers to rapid transfer when required. A midwife should be available to travel with women requiring transfer.

15. Only suitably experienced and qualified midwives who wish to work in such an environment should be recruited to work in the midwife-led unit. Appropriate training and induction into the ethos and practice of midwife-led units must be completed by these staff.

Recommendations relating to Special Care Baby Unit

When considering the provision of a single special care baby unit in East Sussex, HOSC makes the following recommendations to the PCT Boards:

16. The PCTs should work with the hospitals trust and the regional neonatal care network to determine which higher level services could be safely provided within the unit in order to maximise the care available locally within East Sussex.

17. The PCTs should work with the Hospitals Trust to determine whether facilities for visiting parents can be improved to mitigate the impact of some parents needing to travel longer distances.

Recommendations relating to gynaecology

When considering the provision of inpatient gynaecology from a single site in East Sussex, HOSC makes the following recommendations to the PCT Boards:

18. The PCTs should work with the Hospitals Trust to agree protocols for handling emergency pregnancy cases outside the 9-5 service, avoiding the need for transfer where safely possible.

19. The PCTs should work with local GPs and the Hospitals Trust to ensure gynaecology care is provided in community settings or as day case procedures as far as is safely possible.

Recommendations relating to midwifery staffing

The following recommendations apply regardless of the PCT Boards' decision on the configuration of services:

20. A plan for working towards 'Birthrate Plus' staffing standards should be agreed between the Hospital Trust and PCTs.

21. The PCTs should urgently undertake a review of community midwifery services, particularly the provision of ante and post-natal care in more deprived areas and the provision to support home births. They should produce and publish a plan for developing these services to be implemented alongside any reconfiguration of childbirth services.