

**EAST SUSSEX DOWNS & WEALD PRIMARY CARE TRUST
AND
HASTINGS & ROTHER PRIMARY CARE TRUST
JOINT COMMITTEE MEETING**

Date: 20th December 2007

ITEM NO: 9

Title of report:

East Sussex Health Overview and Scrutiny Committee Response to East Sussex Primary Care Trusts On 'Creating an NHS Fit for the Future'

Recommendation

The Joint Committee are asked to note the recommendations suggested by the East Sussex HOSC, and agree the PCT response.

Summary

During the period of the consultation the East Sussex HOSC undertook a series of evidence gathering meetings to hear a range of views on the proposals. The HOSC final report addresses the consultation process and the proposals, and makes a series of recommendations. The PCTs have responded to the recommendations, and the response is appended to the report.

Health Impact

n/a

Financial Implications

n/a

Legal Implications

n/a

Link to report on Assurance Framework - yes / no

n/a

Equality Impact Assessment Completed: (ONLY REQUIRED FOR POLICIES or SERVICE SPECIFICATIONS, THIS MUST BE COMPLETE FOR THESE DOCUMENTS TO BE RATIFIED BY THE BOARDS)

n/a

Patient and Public Engagement

Members of community and voluntary organisations, and members of the public were involved in the HOSc evidence gathering meetings.

Further information from

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East Sussex PCTs response to HOSC recommendations

Creating and NHS Fit for the future: PCTs response to the East Sussex Health Overview and Scrutiny Committee (HOSC) recommendations.

1. Introduction

The East Sussex HOSC published their response to the East Sussex PCTs Fit for the future consultation in October 2007. This annex outlines the East Sussex PCTs response to the HOSC recommendations.

2. Background

Health Overview and Scrutiny committees were established under the Health and Social Care Act 2001. They may review and scrutinise any matter relating to the planning, provision and operation of health services in the area of its local authority. In accordance with Section 7 of the Health and Social Care Act 2001, the East Sussex PCTs were required to consult the East Sussex HOSC prior to the launch of the Fit for the future consultation on changes to maternity, gynaecology and special care baby services. The HOSC has a statutory duty to give a response to the PCT on the following two key questions:

- Is the Committee satisfied with the content of the NHS consultation process and that sufficient time has been allowed?
- Is the NHS's preferred way forward in the best interests of the health services for people in the area affected?

In order to answer these questions, the East Sussex HOSC held a series of evidence gathering meetings to collect views from the local NHS, representatives of local people and service users, and independent experts. Four main sessions were held during May, June and July, with additional sessions in September and October following the close of the formal consultation period. Following this, the HOSC produced their response to the East Sussex PCTs proposals, which are set out in the accompanying document, and includes 24 formal recommendations.

3. PCT response to the HOSC recommendations

R1 The PCT Boards should undertake a full assessment of the additional proposals put forward through the New Options Assessment Panel, and discuss these with hospital clinicians, before making any decision on the configuration of obstetric, special baby care and inpatient gynaecology services.

PCT response:

This recommendation is accepted. The PCT has been advised throughout its consultation by senior hospital clinicians including both the Clinical Director and Deputy Clinical Director for Obstetrics and Gynaecology. This has

naturally included their advice on all the options put forward during consultation. The PCTs took further evidence on all the additional options on 5 November, at a special evidence gathering session in public, to support full assessment. Each option was then assessed as part of an option appraisal process which took place on 13 November (see attached annex 1). Further discussion with the hospital clinicians regarding the additional options is ongoing, including discussions with the clinical leaders with the East Sussex Hospitals Trust Clinical Leaders' Group, most recently on November 27th 2007.

R2 Any option chosen by the PCT Boards should improve access to midwifery-led care. However, the Boards should consider alternative locations for a midwife-led unit (beyond those specified in options 3 and 4) and potential alternative ways to offer access to midwife-led care within obstetric units before taking a decision on preferred configuration of services.

PCT response:

This recommendation is accepted. The PCT Boards will seek to ensure improved access to midwifery-led care whatever option is chosen. A range of alternative locations for a midwife-led unit (beyond those specified in Options 3 and 4) and potential alternative ways to offer midwife-led care within Obstetrics Units have been explored in consideration of the alternative options that have been put forward (Options 6, 7, 10, 11 and 12). Ensuring that home birth is a real choice for all East Sussex women where appropriate will be part of the work of developing our maternity strategy, and the implementation of Maternity Matters.

R3 The PCT Boards should discuss with HOSC an appropriate level of further engagement with the public on any additional options which they consider to be viable.

PCT response:

This recommendation is accepted. Discussions have taken place with HOSC regarding the potential need for further consultation with the public in the light of the additional options that came forward in response to consultation. It has been agreed that there may need to be further public consultation should the PCT Boards recommend the adoption of one of the additional options, and that the nature of this further consultation would be agreed between the PCTs and HOSC should it prove necessary. In any event the PCT has confirmed that a six week period of post consultation engagement will be implemented. Planning for this is well advanced.

R4 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.

PCT response:

This recommendation is accepted. External consultants have assisted the PCTs and ESHT in ensuring that the capital and revenue costings for all

options are robust. This financial assessment will be reflected in the Board papers for the decision making meeting. The impact of any changes on other services will be taken into account by the Boards in their decision making.

R5 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.

PCT response:

This recommendation is accepted. The PCTs have reviewed other configurations of maternity services nationally and visits to other providers of maternity services have taken place (see attached annex 2). Advice from the Department of Health has been received both prior to the commencement of the consultation and at other stages to ensure that there is the most up to date understanding of national policy. Advice issued by the Independent Reconfiguration Panel to other organisations planning changes to the configuration of maternity services has been reviewed. The lessons learned from other reconfigurations (including Northwick Park) were discussed with HOSC, and will be incorporated in local implementation planning.

R6 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.

PCT response:

This recommendation is accepted. A set of audit measures to assess outcomes and quality of care have been developed with the SHA and is being agreed with local clinicians through the clinical leaders group. Monitoring arrangements are also being put into place.

R7 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.

PCT response:

This recommendation is accepted and is part of an ongoing work programme with the East Sussex Hospitals Trust and the County Council. In addition the PCT intends to engage an independent transport consultant to consider all aspects of transport arising from the agreed option, including exploration of an intersite bus service, development of a transport communications plan and production and implementation of a transport action plan.

R8 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.

PCT response:

This recommendation is accepted. The PCTs and Hospital Trust will be in ongoing discussions with the Maternity Services Liaison Committee. A Maternity Services Strategy Group is also being launched in January to further take this work forward.

R9 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.

PCT response:

This recommendation is accepted. This is part of an ongoing work programme. The East Sussex PCTs are assured that Brighton and Sussex University Hospitals Trust has in place plans to ensure that sufficient capacity will be available for the residents of East Sussex whatever decisions are taken in East or West Sussex.

R 10 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.

PCT response:

This recommendation is accepted. The implementation plan is currently being developed by the East Sussex PCTs working closely with partners in East Sussex Hospitals and South East Coast Ambulance to address such issues. South East Coast SHA will provide quality assurance advice on this plan.

R11 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 that aim to maintain CNST level 3 status.

PCT response:

HOSC's recommendation will be taken into account by the PCT Boards in their decision making. The PCTs agree with HOSC that achieving a higher level of consultant presence on labour ward is crucial for ensuring safer high quality services for the women of East Sussex. Not all of the options before the Boards propose 60 hours of consultant presence. If the option finally selected is for a single obstetric unit in East Sussex, the PCT Boards and East Sussex Hospitals are committed to ensuring that the Royal College standard of 60 hours of consultant presence by 2009 will be met.

The fact that we currently have CNST level 3 accreditation should not encourage complacency or a feeling that the local health community does not

need to plan for the future. The PCTs believe that part of the reason that these services have achieved accreditation is that they look ahead in striving to constantly improve patient outcomes. The need to assure the safest service for women and their babies is at the heart of this consultation, and achieving CNST standards both now and in the future form an important part of that. The recommendation that policies and procedures should be in place which aim to maintain CNST level 3 status is therefore accepted. Although no announcement has been made about what future changes to CNST standards will be, **Maternity Matters** indicates that *'there is a strong possibility the CNST will increase the standard to 60 hours'* (of consultant presence). Maintaining CNST level 3 accreditation may therefore require 60 hours of consultant presence.

R12 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.

PCT response:

This recommendation is accepted. This will be incorporated into the Service Level Agreement with East Sussex Hospitals Trust, and the designs for the redeveloped obstetric unit.

R13 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.

PCT response:

This recommendation is accepted. The Service Level Agreement with the Ambulance Trust is linked to the number of journeys taken by residents of the PCTs, and will ensure that any additional journeys are properly funded.

R14 Additional training must be made available to paramedics working in East Sussex on handling obstetric cases and the cost of this provided for.

PCT response:

This recommendation is accepted. The PCTs have agreed a programme of workforce development with South East Coast Ambulance to ensure that paramedics are appropriately trained. The PCTs will support this programme with pump priming money.

R15 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.

PCT response:

This recommendation is accepted, though it is anticipated that 5 years would be the maximum period that would need to be allowed for the midwifery-led unit to become established and reach its planned level of activity. The PCTs will agree appropriate transitional funding with East Sussex Hospitals in line with national guidance.

R16 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.

PCT response:

This recommendation is accepted. The PCTs will work closely with East Sussex Hospitals Trust and the Maternity Services Liaison Committee to ensure that clear appropriate information is made available. Feedback from service users will form part of the monitoring programme discussed above.

R17 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.

PCT response:

This recommendation is accepted. Protocols are already in place for Crowborough Birthing Centre. The PCTs will work closely with East Sussex Hospitals Trust and South East Coast Ambulance to ensure that appropriate agreed protocols and practice are in place, and that these take account of the latest guidance.

R18 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.

PCT response:

This recommendation is accepted. A workforce plan has been prepared, and as part of this a training needs assessment will be undertaken to take this forward so that appropriate training programmes can be developed. This will build on the experience of the very successful local Crowborough Birthing Centre, and the work of our existing community midwives.

R19 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.

PCT response:

We are determined that as many women as possible living in East Sussex will be able to have choice of place of birth within East Sussex. This will include provision for hospital birth, midwifery led birthing centre and home birth. This will help to minimise the number of women who chose to give birth outside the county by providing a full range of choice locally. The choice to give birth in hospitals surrounding East Sussex will of course be maintained and any woman wishing to exercise this choice will of course be able to do so.

R20 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.

PCT response:

If the option finally selected is for a single SCBU in East Sussex, the PCT Boards and East Sussex Hospitals will work to provide suitable family facilities.

R21 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.

PCT response:

This recommendation is accepted. Early Pregnancy Clinics will run on both sites for women who require same day consultation. The PCTs are working with the Hospitals Trust to ensure appropriate that the hours of working for this service are appropriate, and that arrangements outside these hours are clear to women and their healthcare professionals.

R22 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.

PCT response:

This recommendation is accepted as a desirable direction of travel for the PCTs in line with our overall strategic direction. The feasibility of this is being explored through our Practice Based Commissioning Groups.

R23 A plan for working towards 'Birthrate Plus' staffing standards should be agreed between the Hospital Trust and PCTs.

PCT response:

This recommendation is accepted. Workforce plans will be developed following the decision. The PCTs commissioning specifications will require that providers ensure that there is 1:1 care during labour. Our wider maternity strategy and the implementation of Maternity Matters will seek to ensure that enhanced community antenatal and postnatal care are provided.

R24 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.

PCT response:

This recommendation is accepted. Work is being set in train as part of the development of the Maternity Strategy which commences in January.

4. Conclusion

As stated above, the PCT accept the recommendations of the East Sussex HOSC. It is recognised that implementation of some of the recommendations will be affected by the option chosen by the PCTs.