**Appendix 4**

## Creating and NHS Fit for the Future – assessment of alternative options

### 1. Background:

The East Sussex Primary Care Trusts formal consultation 'Creating an NHS Fit for the future' ran from 27 March to 27 July 2007. In the consultation document the boards of East Sussex Downs and Weald Primary Care Trust and Hastings and Rother Primary Care Trust stated as a specific objective that they wanted… "to see if there are any realistic, cost-effective and preferred alternatives to those outlined in this document." As a result of this a further nine options were put forward during the consultation by local clinicians, campaign groups, members of the public and the Maternity Services Liaison Committee.

In order to assess the various new options the PCT firstly established a New Options Assessment Panel – chaired by Professor Stephen Field (the former Dean of the NHS West Midlands Workforce Deanery) – to review emerging alternative proposals and to establish whether there was any common ground between clinicians, health service managers and the proposers or sponsors of any emerging options. They panel recommended that seven of the alternative options should go forward for further consideration, and two (Options 8 and 9) should not. The report of the New Options Assessment Panel was submitted to HOSC for their meeting on 10 October 2007.

### 2. HOSC recommendation:

The HOSC provided their response to the consultation in October 2007. Recommendation 1 was that '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. '

The PCT Boards fully accepted this recommendation, and undertook a number of actions in order to ensure a full assessment was completed. It was felt important to ensure that all the options – including those put forward by the PCTs – were assessed using the same methodology. It had previously been agreed that should the Boards decide to implement an option that had not been consulted on, further public consultation would be undertaken. This was reported to HOSC at their meeting on 21 September 2007.

### 3. Means of assessing alternative options:

#### 3.1 Presentations to the Boards

Proponents of alternative options were invited to give a presentation of their proposal at a meeting held in public on 5 November 2007. Each proposer was asked to give a ten minute presentation outlining the key

points of their model, and Board members then had the opportunity to question them on key aspects. For consistency, a number of identical questions were asked of those proposing a single site option, and those proposing a two site option. Additionally, time for 'free' questions was allowed. The invitation letter is attached at **annex one;** some of the presentations (those that we have) are available on request. The unconfirmed minutes of that meeting are attached at **annex two**. The proposer of options 10 and 11 was unable to attend but replied to the questions in writing. This response is attached at **annex three**.

### 3.2 Appraisal of Midwife Led Units

The Boards commissioned work to look at midwife led units elsewhere in the UK and also work on small obstetric units, some of which included links with midwife led units or provided a form of integrated midwife led care. New midwife roles were also examined as part of this work. The papers describing these projects are attached for information at **annex four and annex five**. During their deliberations the Boards also took the expert advice of practising midwives.

The Boards were able to consider a wide range of alternative locations and models for midwife led care through their consideration of the alternative options before them. These included alternatives with no additional provision of midwife led care beyond that available at Crowborough, a midwife led unit in the town without the consultant led unit, a midwife led unit in a location between the two main towns but serving the town without the consultant led unit, integrated midwife led care within a consultant led unit, and a number of permutations of these alternatives.

The importance of the role of the midwife has been strongly affirmed by the Boards, not least in their decision to adopt as a separate resolution the determination that: "Through our powers as commissioners we shall strengthen the provision of ante and post natal care and in particular develop further community outreach services, which will include health visiting and community midwifery, and ensure that these services are staffed accordingly." As PCTs we have also indicated that our commissioning specifications will require that providers ensure that there is 1:1 care during labour, an important commitment to the provision of midwifery care.

Work on the roles of midwives and the way in which midwife led care will be delivered will continue to be developed through the Maternity Strategy Group. The group will commence its work in January 2008 with a remit to make recommendations to the Boards in summer 2008 on a strategy for East Sussex across the whole maternity pathway of care (pre-conceptual, antenatal and postnatal care as well as birth) and specifically to review community midwifery services, particularly the provision of ante and post-natal care in more deprived areas and the provision to support home births.

## 3.3 Financial Option Appraisal

The PCTs have a duty to use their resources wisely and so commissioned a financial appraisal of all the options. Births in hospital and in a midwife led unit are paid through the Payment by Results system at a nationally determined tariff, and guidance from the SHA and DH has confirmed that the PCT is not at liberty to vary this payment. From a PCT perspective therefore, changing the configuration of services would have no financial impact. Different options would however produce a different financial impact on ESHT. This financial impact, shown below, was used by Board members during the non-financial option appraisal to inform the scores of different options for the "Maintain the viability of two hospitals" criteria.

A firm of external consultants were employed to work with ESHT to prepare the appraisal, making every effort to ensure that the costs of each option were prepared on a consistent basis. It was agreed that to ensure a level playing field for the comparison of all options, the ratio of midwives to births for all options should reflect the ratio proposed in “Safer Childbirth” of 1 midwife to 28 births per year, which both reflects best practice, and also ensures that the number of midwives within the model is flexed appropriately with differing activity level assumptions.

The costs were prepared as rigorously as possible, but it was agreed that in order to avoid the appearance of a level of accuracy beyond that achievable, the options would be ranked in bands of £500k and that options within each band should be considered equal in financial terms. Following banding it was clear that the financial impact would not be a determinant factor in the final selection of the preferred criteria. Indeed eight options were found to be within a range of a little over half a million pounds. The financial review therefore informed the process, but the non-financial criteria determined the final decision.

The table overleaf shows the relative costs of the different options that were considered within the overall option appraisal.

**Financial bandings of all options based on net additional costs with 1:28 midwifery to birth ratio applied across all the options**

| *Band* | *Financial Band* | *Option No* | *Option* | *Net Additional Cost £000s* | *Capital Cost £000s* |
|---|---|---|---|---|---|
| ***1*** | ***up to £500k*** | | | | |
| ***2*** | ***Between £501k and £1,000k*** | *2* | *Consultant led service I/P @ Conquest. No I/P service @ Eastbourne DGH.* | *875* | *1,329* |
| ***3*** | ***Between £1,001k and £1,500k*** | *1* | *Consultant led service I/P @ Eastbourne DGH. No I/P service @ Conquest.* | *1,098* | *2,642* |
| | | *4* | *Consultant led service I/P @ Conquest. Midwifery Led Unit in Eastbourne.* | *1,200* | *2,621* |
| | | *7* | *Consultant led service I/P @ Conquest. Midwifery Led Unit at brownfield site between Eastbourne & Hastings* | *1,280* | *3,970* |
| | | *3* | *Consultant led service I/P @ Eastbourne DGH. Midwifery Led Unit in Hastings.* | *1,307* | *2,742* |
| | | *13* | *Consultant led service I/P @ Eastbourne DGH and @ Conquest and based on the Keith Brent Report* | *1,311* | *-* |
| | | *6* | *Consultant led service I/P @ Eastbourne DGH. Midwifery Led Unit in between Hastings & Eastbourne at Bexhill Hospital* | *1,336* | *3,280* |
| | | *11* | *Consultant led service I/P @ Conquest. Midwifery Led Unit in Eastbourne. Additional Midwifery Led Unit at Hastings.* | *1,377* | *2,721* |
| ***4*** | ***Between £1,501k and £2,000k*** | *10* | *Consultant led service I/P @ Eastbourne DGH. Midwifery Led Unit in Hastings. Additional Midwifery Led Unit at Eastbourne* | *1,578* | *4,034* |
| ***5*** | ***Over £2million*** | *12* | *Use of both Eastbourne DGH and Conquest to provide both a consultant-led and an improved midwife -led service.* | *2,055* | *-* |
| | | *5b* | *Consultant-led maternity units at both Hastings and Eastbourne* | *2,119* | *-* |
| | | *5a* | *Consultant delivered maternity units at both Hastings and Eastbourne* | *2,454* | *-* |

### 3.4 Non-financial option appraisal

A formal non-financial option appraisal was carried out of all the options remaining in the public domain after publication of the report of the New Options Assessment Panel. This included the four options proposed by the PCTs themselves and a total of eight other options proposed by other parties. This option appraisal took place in Lewes on Tuesday 13 November. It was chaired by an external facilitator and voting technology was supplied by an external contractor. The full report of the meeting is attached at **annex 6**.

The options considered by the option appraisal process were as follows:

| | |
|---|---|
| Option 1 | Consultant led unit at Eastbourne District General hospital (EDGH). Midwife led unit (MLU) at Crowborough. No other MLUs in the area. |
| Option 2 | Consultant led unit at the Conquest Hospital. Midwife led unit (MLU) at Crowborough. No other MLUs in the area. |
| Option 3 | Consultant led unit at EDGH. MLU at Crowborough and at the Conquest Hospital. |
| Option 4 | Consultant led unit at the Conquest Hospital. MLU at Crowborough and at EDGH. |
| Option 5a | 2 Consultants led units, at EDGH and the Conquest Hospital. MLU at Crowborough. All consultant medical staffing model. |
| Option 5b | 2 Consultants led units, at EDGH and the Conquest Hospital. MLU at Crowborough. Six consultants at each site, middle grade tier, no junior doctor tier. |
| Option 6 | Consultant led unit at EDGH. MLU at Crowborough and at a point in-between Hastings and Eastbourne, serving the population of Hastings. |
| Option 7 | Consultant led unit at the Conquest Hospital. MLU at Crowborough and at a point in between Hastings and Eastbourne serving the population of Eastbourne. |
| Option 10 | Consultant led unit at EDGH. MLUs at Crowborough, Eastbourne and Hastings. |
| Option 11 | Consultant led unit at the Conquest Hospital. MLUs at Crowborough, Eastbourne and Hastings. |
| Option 12 | Consultant led units at EDGH and at the Conquest Hospital. Form of MLU at Crowborough and co-located with consultant led units. 5.5 consultants at each site, 7 middle grade staff and a full tier of first on calls. |
| Option 13 | Consultant led unit at EDGH and at the Conquest Hospital. Integrated MLU at each site. Keep Crowborough but assess long term viability in the future. 5 consultants at |

| | |
|---|---|
| | each site, 8 middle grades as each site, 2 trainees at each site. |

In phase one of the non-financial option appraisal board members were asked to score each of the twelve options against four criteria previously agreed by board members. The four criteria are detailed in the full option appraisal report but essentially they involved consideration of 1) clinical effectiveness and quality 2) health gain and demographics 3) sustaining two viable hospitals and 4) questions of access and choice.

Board members were asked to give each option a score of one to ten for each criterion with a high mark being awarded if the option was felt to largely satisfy or deliver the relevant criterion and a low mark being awarded if the option was felt to barely satisfy or deliver the criterion.

Phase two of the non-financial option appraisal involved weighting the various scores in order to achieve a final score. Board members had previously agreed that the four criteria were not of equal importance and that the scores for each of the criteria should be weighted. Prior to the option appraisal all board members had been invited to "weight" each criterion in percentage terms so that the four criteria together added up to a 100% weighting. The 22 individual weightings were then averaged in order to achieve a final weighting figure for each criterion.

The mean average weightings for the four criteria were:

| | |
|---|---|
| CRITERION 1 – (clinical effectiveness and quality) | 33.5% |
| CRITERION 2 – (health gain and demographics) | 26.4% |
| CRITERION 3 – (sustaining two viable hospitals) | 19.6% |
| CRITERION 4 – (access and choice) | 20.5% |

The weighting criteria closely reflected the issues raised in the public consultation, indeed the single most important issue raised by consultation respondents was "safety" which linked very closely with criterion 1 of the weighting exercise. Board members had received a full report on views received during the consultation before they undertook the non-financial option appraisal.

Key points to emerge from the non-financial option appraisal included:

- In the weighted scoring, the top ranked option - option 4 - was over 60 points ahead of the second ranked option – option 3 - (693 points out of 1000 compared with 632 points out of 1000).

- All six of the top ranking positions were held by options proposing consultant led maternity services on a single site.

- Three of the top four ranking positions favoured Hastings as the most appropriate site for consultant led maternity services.

**4. Summary:**

The East Sussex PCTs agreed completely with the HOSC recommendation to undertake a full assessment of the proposals put forward during the 'Fit for the Future' consultation, and the methods used for this are outlined above and in the accompanying appendices. The Boards considered a wide range of information in order to assess these proposals, and in order to ensure fairness and consistency all the options (including the original proposals from the PCTs) were assessed in the same way.

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