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

Date: **28 January 2008**

By: Director of Law and Personnel

Title of report: Fit for the Future – Assessment of alternative proposals

Purpose of report: To inform HOSC of the views of the proposers of alternative options,

and the views of East Sussex Hospitals Trust, on the PCTs'

assessment process.

RECOMMENDATIONS

HOSC is recommended to:

1. Note the views of the proposers of alternative options, and the views of East Sussex Hospitals Trust, on the assessment of alternative proposals.

1. Background

- 1.1 Nine alternative proposals were put forward in response to the East Sussex Primary Care Trusts' (PCTs') Fit for the Future consultation. These represented different configurations of maternity, special baby care and inpatient gynaecology services to the four options put forward by the PCTs. A list of all the options put forward is attached at appendix 1.
- 1.2 In response to these proposals the PCTs' set up a New Options Assessment Panel, independently chaired by Professor Stephen Field, to carry out an initial assessment of each proposal. HOSC has previously received Professor Field's report. In summary, Professor Field recommended that all the options, with the exception of options 8 and 9, should go forward for further assessment and evaluation.
- 1.3 In its report of October 2007, HOSC considered that it was not possible to determine whether a single site option (as proposed by the PCTs) was the best configuration for consultant-led obstetric, special baby care and inpatient gynaecology services in the absence of a full assessment of alternative staffing models. HOSC, therefore, recommended that the PCTs undertake a full assessment of the additional proposals put forward through the New Options Assessment Panel before making a decision. HOSC also recommended further exploration of different options for midwifery-led care.

2. Views on the assessment process

- 2.1 The PCTs have described the options assessment process they have undertaken in their report under item 5 of this agenda.
- 2.2 In order to obtain a balanced view of this process, HOSC invited each of the proposers of an alternative option to make a short written submission of their views on the assessment of their option. The HOSC Chairman's invitation is attached at appendix 2 and the responses received are attached as follows:
 - Responses from Ms Liz Walke and Ms Margaret Williams on behalf of 'option 5' appendix 3
 - Responses from Mr David Chui and Dr Roger Elias on behalf of 'options 6 and 7' appendix 4
 - Response from Dr Geoff Leece on behalf of 'options 10 and 11' appendix 5
 - Response from Mr Richard Hallett on behalf of 'option 12' appendix 6

- Dr Keith Brent was invited to make a submission on behalf of 'option 13' but has not yet responded.
- 2.3 HOSC's recommendation to the PCTs also stated that the PCTs should discuss the alternative proposals with hospital clinicians to inform the assessment. HOSC has therefore requested a view from East Sussex Hospital Trust on the adequacy of the assessment process. The HOSC Chairman's letter and the Trust's response are attached at appendix 7.

3. Points for HOSC to consider

- 3.1 HOSC may wish to consider the following areas when judging the effectiveness of the assessment process:
 - Whether or not the proposers of the options were given reasonable opportunities to contribute to the assessment process.
 - Whether or not the proposers of alternative options supplied enough information about their options to enable the PCTs to undertake a full assessment.
 - The extent to which alternative options have been assessed in a similar way to the PCTs' original four options.
 - Whether or not there are outstanding issues relating to the alternative options which the assessment has not resolved.
- 3.2 Representatives of many of the alternative options will be present at the HOSC meeting to clarify their views if requested.

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All proposals which emerged during the consultation process

(Adapted extract from the New Options Assessment Panel Report from East Sussex PCTs)

OPTION NUMBER	BRIEF DESCRIPTION (and PROPOSER/SPONSOR)
1	Consultant-led maternity unit at Eastbourne with a midwife-led birthing centre at Crowborough, inpatient gynaecology services at Eastbourne and a Special Care Baby Unit at Eastbourne.
	SPONSOR: PCTs
2	Consultant-led maternity unit at Hastings with a midwife-led birthing centre at Crowborough, inpatient gynaecology services at Hastings and a Special Care Baby Unit at Hastings.
	SPONSOR: PCTs
3	Consultant-led maternity unit at Eastbourne with a midwife-led birthing centre at Crowborough, a further midwife-led birthing centre at Hastings, inpatient gynaecology services at Eastbourne and a Special Care Baby Unit at Eastbourne. SPONSOR: PCTs
4	Consultant lod maternity unit at Hastings with a midwife lod
4	Consultant-led maternity unit at Hastings with a midwife-led birthing centre at Crowborough, a further midwife-led birthing centre at Eastbourne, inpatient gynaecology services at Hastings and a Special Care Baby Unit at Hastings. SPONSOR: PCTs
5	Consultant delivered medium-risk maternity unit at Hastings, consultant delivered medium-risk maternity unit at Eastbourne, midwife-led birthing centre at Crowborough, with very high risk obstetrics, a neonatal intensive care unit and subspecialist gynaecology at Brighton and Pembury. NOTE: Over the course of discussions within the New Options Assessment Panel it became clear that there were two variations of option 5 which were designated 5a and 5b with different medical staffing implications. SPONSOR: Local campaigns

6	Similar to Option 3 but with the midwife-led birthing centre
	based at an intermediate location between Hastings and Eastbourne.
	SPONSORS: Mr David Chui (Consultant Obstetrician and Gynaecologist at East Sussex Hospitals Trust) and Dr Roger Elias (Hastings & Rother GP)
7	Similar to Option 4 but with the midwife-led birthing centre based at an intermediate location between Hastings and Eastbourne.
	SPONSORS: Mr David Chui (Consultant Obstetrician and Gynaecologist at East Sussex Hospitals Trust) and Dr Roger Elias (Hastings & Rother GP)
8	A service model based on the maternity service delivered to people living in and around Barnstaple.
	SPONSOR: This option was proposed by the East Sussex Maternity Services Liaison Committee at a HOSC meeting during the consultation period.
9	A service model based on the maternity service delivered to people living in and around North Lincolnshire.
	SPONSOR: This option was proposed by the East Sussex Maternity Services Liaison Committee at a HOSC meeting during the consultation period.
10	Similar to Option 3 but with the addition of a midwife-led maternity service being provided in or near Eastbourne.
	SPONSOR: Geoff Leece (former NHS employee now retired).
11	Similar to Option 4 but with the addition of a midwife-led maternity service being provided in or near Hastings.
	SPONSOR: Geoff Leece (former NHS employee now retired).
12	Alternative staffing model across two sites incorporating extended midwife role
	SPONSOR: Maternity Services Liaison Committee
13	Alternative staffing model across two sites
	SPONSOR: Dr Keith Brent (Consultant Paediatrician at East Sussex Hospitals Trust)