

1. Executive Summary

- 1.1 This report sets out the results of the work of the Joint Health Overview and Scrutiny Committee (Joint HOSC) on West Sussex and Brighton and Hove City Teaching Primary Care Trusts' consultation on 'Fit for the Future'. The Committee was set up in 2007 to examine the proposals from the Primary Care Trusts (PCTs) for major reconfiguration of hospital services in West Sussex.
- 1.2 The PCTs developed three options on which they carried out public consultation under the banner of 'Fit for the Future'. Under all three options, one of the three District General Hospitals (DGHs) in West Sussex would be developed into what the PCTs termed a 'Major General Hospital' (MGH). This would offer a significantly greater range of services than would be available at the other two hospitals. The PCT proposals also introduced the concept of a 'Local General Hospital' (LGH). There was much discussion of the exact definitions of these concepts in the course of the consultation process. A key feature of the PCTs' original proposals was that acute medicine, accident and emergency services, inpatient paediatrics, emergency surgery and consultant-led obstetrics would be available at the MGH but not at the LGH.
- 1.3 The three District General Hospitals in West Sussex are:
- St Richard's Hospital, Chichester (Royal West Sussex NHS Trust)
 - Worthing Hospital (Worthing and Southlands Hospitals NHS Trust)
 - Princess Royal Hospital (PRH), Haywards Heath (part of Brighton and Sussex University Hospitals NHS Trust).
- 1.4 Under two of the options (A and C) which went out for public consultation, there was to be one MGH (either Worthing or St Richard's) with PRH becoming a Community Hospital. The third option (B) envisaged one MGH and two Local General Hospitals (LGHs) in the county. Under this option, St Richard's was to become the MGH.
- 1.5 The proposals had the potential to impact on hospitals in neighbouring areas – specifically on Queen Alexandra Hospital (part of Portsmouth Hospitals NHS Trust), East Surrey Hospital (part of Surrey and Sussex Healthcare NHS Trust) and Royal Surrey County Hospital NHS Trust at Guildford.
- 1.6 The PCTs published their proposals and launched a public consultation on Tuesday, 26th June 2007. The consultation was originally scheduled to run for an 18 week period to Tuesday, 30th October 2007, but this was later extended to Wednesday, 14th November 2007. The PCTs also contacted the Health Overview and Scrutiny Committees of Brighton and Hove City Council, East Sussex County Council, Hampshire County Council, Portsmouth City Council, Surrey County Council and West

Sussex County Council. Given that the proposals could potentially impact on residents within their area of responsibility, all the Councils agreed to form a Joint Health Overview and Scrutiny Committee (Joint HOSC) to examine the proposals. The membership of the Committee is given in Appendix 1.

- 1.7 The Joint HOSC held a total of 17 formal meetings between July 2007 and May 2008, receiving oral and written evidence from senior staff of the PCTs, PCT chairmen, acute trust chief executives and finance directors, hospital consultants, midwives, nurses, GPs and other medical staff and from a wide variety of other stakeholders including Patient and Public Involvement Forums, MPs, local councils and campaign groups. In addition to these meetings, members of the Committee carried out visits to hospitals potentially affected by the changes (including those outside West Sussex), to a midwife-led birthing unit in East Sussex and to an Urgent Care Centre, a Community Hospital and the Royal College of Obstetricians and Gynaecologists. A full list of witnesses/presenters and of papers considered by the Committee is given in Appendix 2.
- 1.8 The Committee considered the PCTs' decision-making (chapter 3) and consultation processes (chapter 4) and the financial aspects of the proposals (chapter 5). These chapters cover all stages of developing and evaluating the Fit for the Future proposals, from the pre-consultation phase through the process of short-listing options for public consultation to the criteria to be used in the PCTs' final decision-making. Chapter 3 also contains information about the referral made by the Committee to the Secretary of State for Health regarding the PCT consultation process, and a copy of the referral and response from the Secretary of State is contained in Appendix 3.
- 1.9 Key issues examined by the Committee included the clinical and financial sustainability of the proposals. The Committee also considered their likely impact on patient safety, patient choice, accessibility and journey times, health improvement and health inequalities. Particular areas of inquiry related to-
- Urgent care and acute medicine, especially the proposal to retain only one full scale Accident and Emergency Department in West Sussex (chapter 6)
 - The implications of having one consultant-led maternity unit in the county (instead of the current three) (chapter 7)
 - The likely demand for an entirely new stand-alone midwife-led birthing unit and the clinical safety of such units (chapter 7)
 - The proposals for paediatric care, especially the arguments for and against a single inpatient unit in West Sussex (chapter 7)
 - The West Sussex PCT's plans for new primary and community services including their effectiveness in reducing demand for acute services (chapter 8).
- 1.10 The Committee investigated the potential impact of the changes within the county and their effects on hospitals and populations in neighbouring areas. The provision of adequate resources, protocols

and training to enable the ambulance services to cope with the changes was a further area of concern.

- 1.11 In autumn 2007 the West Sussex PCT established an Options Assessment Panel (OAP) under the independent chairmanship of Sir Graeme Catto, President of the General Medical Council, to review the process of short-listing by which the consultation options had been selected. The OAP also considered alternative proposals as they emerged through the consultation process.
- 1.12 The report notes the results of the Panel's work, including the three additional reconfiguration options which it put forward for further consideration by the PCT. Two of these options embodied an enhanced Local General Hospital model which had been developed with clinical support and incorporates some form of Accident and Emergency service. This enhanced LGH is referred to in the report as 'LGH+'. The third option (Worthing- MGH, St Richard's- LGH and PRH- LGH) was a reinstatement of one which had earlier been rejected in the PCTs' short-listing process as it had at that time failed to meet the criterion of financial sustainability.
- 1.13 The OAP also recommended that a review of health services in the north east of West Sussex should be carried out. In response, the PCT appointed Sir Graeme Catto to chair such a review. The terms of reference are listed in chapter 3 but it is made clear that the results will not be available when the PCTs make their decisions on the Fit for the Future proposals.
- 1.14 This report sets out the views of the Committee based on the evidence received up to its meeting on 16th April 2008. At that point the Committee agreed that any further evidence would be considered in June 2008 in the light of the decisions made by the PCTs. This has enabled the Committee to make recommendations to inform the PCTs' Board members as they make their decisions on both the preferred service model and the location of the MGH, in May and early June.
- 1.15 When the Committee has reviewed the decisions of the PCTs and any further evidence it considers relevant, it may wish to make further recommendations to the PCTs.

1.16 Conclusions and recommendations

(Cross references to the relevant parts of the report are in square brackets.)

The Committee recommends that the PCT Boards take into account the following issues and concerns when they make their decisions.

General

In reviewing all the evidence it has considered, the Committee-

1. Advises the PCTs that it would be very concerned if the PCTs were to opt for service models 1 or 2 (i.e. those service models which do not incorporate the LGH+ model), and is disappointed that in the light of the information contained within the Equality Impact Assessment and the implications for access, these two models are still being considered seriously by the PCTs.
[details of models in 2.4.5, see also 3.10, 3.11.2, 6.6.5, 6.19.4]
2. Is of the view that the LGH+ model as presented to the Committee on 16th April 2008 may meet the needs of health services in West Sussex and the surrounding areas. However, the PCTs should undertake further work with clinicians to assure the sustainability of the LGH+ model, including the issue of access to surgical opinion out of hours. The Committee requires clarification of the exact nature and sustainability of the A&E services to be provided at each site.
[details of LGH+ model in 2.4.3, 6.5.5 and 6.5.6, see also 6.5.4, 6.19.3]
3. Requires more evidence from the West Sussex PCT, including that relating to accessibility to services, socio-economic factors and potential improvements to health outcomes, before it would be in a position to comment on the appropriate location for the MGH.
[3.10.2]
4. Is concerned about the capacity of hospitals outside West Sussex to absorb the additional patient flows under any of the proposed options. The Committee has particular concerns about the availability of the capital required and about the different timelines for delivering the necessary capacity improvements and the consequential impact this would have on implementation. The Committee recommends that the PCTs provide evidence to demonstrate that the plans are deliverable both in terms of capital requirements and timescales. This evidence will assist the Committee in reviewing the PCTs' decisions.
[5.3.4-5.3.6, 5.4.8-5.4.12, 6.7, 6.19.5, 7.4.39-7.4.49, 7.8.6]
5. Emphasises the importance of resourcing, developing and maintaining effective clinical networks, including emergency care and maternity, both between different parts of the acute sector and between the acute sector, primary/community services and social care. Such networks should, where appropriate, involve cross-boundary working between West Sussex and neighbouring areas. The effectiveness of

the networks should be evaluated and reported in accordance with national guidance and best practice. This information should be regularly reported to the PCTs' Boards and shared with the West Sussex HOSC.

[6.9, 6.19.9-6.19.10, 7.2.9, 7.4.29-7.4.30, 7.8.12]

6. Recommends that the PCTs ensure that clear protocols are developed to provide guidance to the ambulance service on what can be accepted at the different hospital sites. Protocols should be as consistent as possible, operate on a 24/7 basis and be regularly audited.
[6.16.2-6.16.3, 6.16.13, 6.17.7, 7.4.53-7.4.54]
7. Recommends that the PCTs, through their commissioning processes, ensure that appropriate training and staff development are provided for all staff affected by the changes, to support both the transitional process and the final working arrangements. Particular attention should be given to the lead time for the training of specialist staff, including ambulance staff, in planning implementation of the changes.
[6.16.3-6.16.4, 6.19.15, 7.4.50, 7.4.53, 7.5.24]
8. Recommends that the West Sussex PCT should seek to rebuild public confidence in hospital services through the development and dissemination of clear information about what will be available at all hospital sites to inform the public about the location of the services and the hours of operation at each site.
[4.6.3, 4.8.7, 8.6.7]
9. Recommends that the West Sussex PCT develops a full suite of clear implementation plans and service performance targets, together with data about baseline performance, against which the impact of the proposals on health improvement can be monitored.
[6.17, 6.19.17, 7.4.24-7.4.28, 8.7, 8.10.2, 8.10.4]
10. Recommends that the West Sussex PCT establishes an agreed process with West Sussex HOSC regarding the monitoring and evaluation of health improvements resulting from implementation of the new service model.

Decision-making and consultation

In respect of West Sussex PCT's decision-making and consultation process the Committee-

11. Welcomes the acknowledgement by the West Sussex PCT at its meeting on 14th February 2008 that it will apply the lessons learned from the consultation process in its future engagement with the community, patients, staff, stakeholders and the media. The West Sussex HOSC will monitor engagement activity undertaken by the PCT as it develops proposals for changes to its services.
[4.4.15]
12. Welcomes the work of the Options Assessment Panel (OAP) led by Sir Graeme Catto, which reviewed the original short-listing process and

refined further options. It endorses the recommendations made by the OAP to the PCT's Board, regarding enhanced LGH (LGH+) facilities. The Committee regrets that the Board felt unable to exclude model one from its final deliberations at that point.
[3.3-3.6, 3.11.2]

13. Supports the additional recommendation proposed by Sir Graeme Catto – adopted by West Sussex PCT on 14th February 2008- to review services in the North East of West Sussex. The Committee seeks assurance from the PCT that it will adapt its decision on Fit for the Future in the light of the outcome of the review, as appropriate.
[3.6.5-3.6.11, 3.11.6]
14. Recommends that the relevant PCTs monitor closely the impact of the review of services in the North East of West Sussex to ensure that there are no negative impacts and that there are overall improvements, particularly in terms of reducing health inequalities.
[3.6.5-3.6.11, 3.11.6]
15. Welcomes and supports Sir Graeme Catto's recommendation that access should be a key criterion in the second stage of the PCT's decision-making process and that the Health Impact Assessment should be taken into account in reaching the final decision.
[3.6.2, 3.11.4]
16. Is concerned about the information which remains at this stage to be clarified to inform the PCT Boards in their decision-making. The Committee recommends that the PCTs should provide the Committee with a summary of the key evidence used by the Boards to support each stage of their decision-making. This evidence will assist the Committee in reviewing the PCTs' decisions.
[3.6.12-3.6.17, 3.11.7]
17. Regrets (a) that the weighting being given to the criteria for choosing the service model and alternative locations for centralised services, will not be available to the Committee before the West Sussex PCT Board meets, and (b) that the criteria may be different from those on which the public has been consulted. It recommends that the criteria, their definitions and the weightings should be made available at the earliest opportunity to the Committee (to inform its review of the PCT decisions) and to the public.
[3.6.12-3.6.17, 3.11.5]
18. Supports the proposal by West Sussex PCT and Brighton and Hove City Teaching PCT to hold a Joint Board meeting in the week commencing 12th May 2008 if there is any disagreement on the preferred service model.
[3.7.5-3.7.6]
19. Notes the Health Impact Assessment recommendations from BCA that it is not possible to assess the full effect of the original proposals on the West Sussex population.
[3.9]

20. Whichever model and option the PCTs choose, recommends that they provide evidence to the Committee about how they have had regard to the recommendations in section 9.1 of the Equality Impact Assessment in respect of the mitigation of disbenefits particularly for people in the vulnerable groups identified in that report.
[3.10, 3.11.7]
21. Subject to the above points, does not recommend that further consultation is required or desirable, and supports the view of Sir Graeme Catto at the Joint HOSC meeting on 9th January 2008 that there is now a need to move forward to the decision-making phase.
[4.7.4]
22. Recommends that the South East Coast Strategic Health Authority (SHA) clearly sets out the quality assurance process through which it will evaluate the post decision implementation process to ensure that the changes are clinically and financially sustainable, deliverable and acceptable to local people taking account of existing good practice.
[3.8, 3.11.8]
23. Asks that the SHA undertakes a thorough evaluation of the costs to the NHS of this consultation exercise and provides the Committee with this information in time for its meeting on 25th June 2008.
[4.7]

Finance

In respect of the financial aspects of the Fit for the Future proposals, the Committee-

24. Believes that the uncertainties and sensitivities in the financial projections are still too great to draw conclusions on the financial viability of any of the options presented. It emphasises that in these circumstances it is also difficult to comment on the relative financial merits of one option in comparison with another.
[5.4, 5.5]
25. Notes that further work on the financial projections is ongoing. In particular it expects that the West Sussex PCT Board members, including Non Executive Directors, in making their decisions will need greater assurance about-
- (a) The adequacy and robustness of the projections of capital costs and the feasibility of implementing such a large scale capital programme within the time available at Royal Sussex County Hospital (RSCH), Brighton.
[5.4.2, 5.4.7, 5.5.3, 5.5.6, 5.6.9]
 - (b) The levels of investment required to develop new primary and community services necessary for implementation of the Fit for the Future proposals.
[5.3.11-5.3.15, 5.4.7, 5.5.6, 5.6.5]

- (c) The adequacy and completeness of the estimates of transitional costs, including double running costs to reflect both transfers from acute to acute sites and from acute sites into a community setting.
[5.2.5, 5.4.4, 5.4.7, 5.5.5-5.5.6, 5.6.6]
- (d) The availability and timing of any additional capacity required at hospitals outside West Sussex/Brighton and Hove.
[5.3.3-5.3.6, 5.4.8-5.4.9, 5.4.12, 5.6.10]
- (e) The adequacy of the additional resources to be provided to the ambulance services.
[5.3.7-5.3.10, 5.4.10-5.4.11, 5.6.7]
- (f) The impact of initiatives such as patient choice and Practice Based Commissioning on future activity flows.
[5.4.7, 5.6.8]

The PCT should make this information available in an accessible format so that it can be understood by the public and used by the Committee as part of the process of reviewing the PCT's decisions.
[5.3.2, 5.6.1]

Urgent care and acute medicine

In respect of West Sussex PCT's proposals regarding urgent care and acute medicine, the Committee-

- 26. Remains concerned about the capacity of South East Coast Ambulance Trust to deliver a service which more consistently achieves Category A performance targets across the urban and rural areas of West Sussex. The Committee therefore recommends that the West Sussex PCT ensures that its final service model and associated investment in ambulance services ensures no negative impact on the ambulance service's ability to meet its current and future performance targets.
[6.16, 6.19.15-6.19.16]
- 27. Is concerned about the lack of detail about the transition process and the degree to which there will be double running for specific services. The Committee requests the West Sussex PCT to provide further information about these processes, including how clinicians will be engaged in them, to provide assurance that the PCTs have adequately robust plans before they move on to the implementation of their proposals.
[6.11, 6.19.11]

Maternity and paediatrics

In respect of West Sussex PCT's proposals regarding maternity and paediatrics, the Committee-

28. Believes that, for the south coast area of West Sussex, a single consultant-led maternity unit (CLU) is acceptable. However, the Committee is not convinced, on the evidence provided, that the closure of the CLU at the PRH will meet the needs of the population in central and north West Sussex and the western part of East Sussex, in the light of:
- the potential changes to maternity services in East Sussex,
 - potential population growth,
 - the potential pressures on the CLU in Brighton,
 - opportunities for innovative staffing arrangements given the PRH's links with the RSCH,
 - the existing and innovative service provided by the Advanced Neonatal Nurse Practitioners, which should be retained.

The Committee recommends that the PCTs undertake further work with BSUH to examine alternative ways to sustain the CLU at PRH. [7.4.1-7.4.18, 7.5.2-7.5.4, 7.6.6-7.6.7, 7.8.1-7.8.4]

29. Welcomes the West Sussex PCT's proposals for the establishment of a midwife-led maternity unit (MLU) co-located with a consultant-led unit and for two stand-alone midwife-led units (sMLUs), one to be located in the north of the county. In relation to MLUs, the Committee emphasises the importance of-
- (a) Ensuring continuing stakeholder input to design and implementation including the provision of information to women and GPs to support choices.
 - (b) Continued monitoring of emerging evidence on clinical safety.
 - (c) Development of strict acceptance criteria, risk assessment and referral protocols, in accordance with NICE guidelines.
 - (d) Allowing adequate time for the sMLUs to become established before decisions are made on their viability.

[7.2.8-7.2.9, 7.5.19-7.5.28, 7.7.3]

and recommends that the PCT gives due weight to these considerations in developing the proposals.

30. Welcomes other proposed changes in maternity provision especially-
- (a) additional training for ambulance staff in handling obstetric emergencies and in neonatal life support. [7.4.50]

- (b) increased community midwifery staffing to support increased home births as a meaningful choice.
[7.5.5, 7.5.17]
- (c) improvements to ante- and post-natal care, especially targeted at deprived areas and with links to children's centres and MLUs.
[7.5.5]

31. In the light of the European Working Time Directive (EWTD) and other changes, recognises that the West Sussex PCT has no realistic option other than to proceed with the centralisation of inpatient paediatric services in West Sussex on a single site. However, the Committee's support for such a change is conditional on the West Sussex PCT's ensuring that the necessary developments are also in place, especially in community services, clinical networks and in the ambulance service, to support such centralisation.
[7.4.19-7.4.38, 7.4.47-7.4.49, 7.4.53-7.4.55, 7.4.59-7.4.62, 7.8.9-7.8.16]

Community Services

In respect of the West Sussex PCT's proposals for community services, the Committee -

32. Is pleased that the West Sussex PCT is proposing to provide additional funding to develop primary and community services and recognises that this will bring some health provision nearer to residents.
[Details of proposals in 8.2, see also 8.6]
33. Is concerned about the absence of detail regarding these services and exactly how they will complement the proposals for hospital services, as highlighted in the independent Health Impact Assessment.
[8.3.1-8.3.8, 8.10.4, 8.10.11]
34. Recommends that the West Sussex PCT provides more detailed implementation plans regarding community services for consideration by West Sussex HOSC and discusses with the HOSC appropriate arrangements for consultation and involvement of patients and the public on specific proposed service developments.
[8.5.5, 8.10.2]