

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

Date: **16th June 2008**

By: **Director of Law and Personnel**

Title of report: **Fit for the Future in West Sussex**

Purpose of report: **To update the Committee on the work of the Joint HOSC established to scrutinise the Fit for the Future proposals in West Sussex and Brighton and Hove.**

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## **RECOMMENDATIONS**

**HOSC is recommended to:**

- 1. Note the progress of the Joint HOSC and the decisions of the Primary Care Trusts.**
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### **1. Background**

1.1 A public consultation on 'Fit for the Future' proposals in West Sussex was undertaken by West Sussex Primary Care Trust (PCT), in conjunction with Brighton and Hove City PCT from June to November 2007. The consultation document has previously been circulated to HOSC members for information and is available from the website [www.southeastcoastfff.nhs.uk](http://www.southeastcoastfff.nhs.uk).

1.2 The proposals focussed on the pattern of acute hospital services across West Sussex, currently provided at St Richard's Hospital in Chichester, Worthing Hospital and the Princess Royal Hospital in Haywards Heath. The proposals involved either St Richard's or Worthing becoming a Major General Hospital, the other becoming a Local General Hospital (LGH) and the Princess Royal Hospital becoming either a Local General Hospital or Community Hospital. The proposals sit within a context of the Royal Sussex County Hospital in Brighton further developing as a Critical Care Centre and a strategy of further development of services in community settings.

1.3 Following consultation, a new model of care, developed and supported by local clinicians, was added to the PCTs' shortlist, alongside their original options. This new model (known as the LGH+ model) still envisaged some centralisation of more specialist services at one hospital site in West Sussex (either Worthing or Chichester – the Major General Hospital). However, it retained a wider range of services than originally proposed at the two other sites (Local General Hospitals + (LGH+)) including the majority of A&E services, intensive care and acute medical services.

1.4 Because the proposals have the potential to impact on residents in a wide area covering several local authorities, it was necessary to form a Joint HOSC to undertake the detailed scrutiny of the proposals. Cllr Rogers and Cllr Phillips are the East Sussex HOSC representatives with Cllr Tidy as the nominated substitute. The Joint HOSC also includes representatives from West Sussex, Brighton and Hove, Surrey, Hampshire and Portsmouth HOSCs. Further details and minutes of the Joint HOSC are available via the HOSC website [www.eastsussexhealth.org](http://www.eastsussexhealth.org).

### **2. Joint HOSC programme of work**

2.1 The Joint HOSC concluded its extensive process of evidence gathering in April 2008. The Committee then set about reviewing the evidence submitted and compiling its report to the PCTs. On 2<sup>nd</sup> May 2008 the Joint HOSC agreed its report and recommendations to the PCTs unanimously.

2.2 Attached, at appendix 1, is the executive summary of the Joint HOSC report. The full report is available via the HOSC website [www.eastsussexhealth.org](http://www.eastsussexhealth.org).

2.3 The key recommendations made by the Joint HOSC in relation to the service model were:

- The Committee would be very concerned if the PCT were to opt for one of the service models they originally proposed.
- The LGH+ model (the new model developed by clinicians) may meet the needs of health services in West Sussex and the surrounding areas.
- The committee requires more evidence from the PCT before it would be in a position to comment on the appropriate location for the Major General Hospital.
- For the south coast area of West Sussex a single consultant-led maternity unit (CLU) is acceptable. However, the Committee is not convinced that the closure of the CLU at the Princess Royal Hospital will meet the needs of the population in central and north West Sussex and the western part of East Sussex. The Committee recommends that the PCT undertake further work to examine alternative ways to sustain the CLU at Princess Royal.
- The Committee recognises the PCT has no realistic option other than to proceed with the centralisation of inpatient paediatric services in West Sussex on a single site.

### **3. PCT decisions**

3.1 On 5<sup>th</sup> May 2008 Brighton and Hove City PCT's Board endorsed the new LGH+ model, developed by clinicians, as their preferred model.

3.2 On 6<sup>th</sup> May 2008 West Sussex PCT's Board took a decision about their preferred service model. The Board opted for the LGH+ model developed by clinicians. On the 4<sup>th</sup> June 2008 the West Sussex PCT Board met again to decide on whether Worthing or Chichester would be designated as the Major General Hospital. They decided that Worthing would be the major hospital.

3.3 These decisions mean that Worthing Hospital will develop as the Major General Hospital for West Sussex with full A&E (including emergency surgery), inpatient paediatrics and consultant-led maternity services. St Richard's Hospital in Chichester will operate as an LGH+ with the majority of A&E services, but not emergency surgery, inpatient paediatrics or consultant-led maternity. The Princess Royal Hospital will also be an LGH+, retaining A&E as it currently is, but without a consultant-led maternity unit. The West Sussex PCT also decided at its meeting on 4<sup>th</sup> June that there would be a co-located midwife-led maternity unit at Worthing and a stand-alone midwife-led unit at St Richard's. There will be a further stand-alone midwife-led unit in the north of West Sussex, but further consultation will be undertaken before a decision is made on the location of this unit. Locations being considered include Crawley and Haywards Heath.

3.4 In response to the JHOSC's recommendation that the PCT should explore ways to sustain the consultant-led maternity unit at the Princess Royal Hospital, the PCT Board agreed to discuss this with Brighton and Sussex University Hospitals NHS Trust to see if they could envisage any new models which would achieve this. However, the Trust has previously stated that they regard the maternity unit at the Princess Royal as unsustainable and prefer to centralise consultant-led maternity care in Brighton.

### **4. Joint HOSC next steps**

4.1 The Joint HOSC will meet again on 25<sup>th</sup> June 2008 to review the West Sussex PCT's decisions, take additional evidence on the decision making process and to consider the PCT's response to the Joint HOSC report. The future of the consultant-led maternity unit at the Princess Royal Hospital is likely to be a key point of discussion. The Joint HOSC may decide to make further recommendations to the PCT at this meeting and may discuss whether it will consider making a referral to the Secretary of State for Health on any aspects of the PCT's decision.

4.2 The PCT Board will meet again in July to respond to the Joint HOSC's position and to decide whether to confirm or amend its decisions. The Joint HOSC will then hold a further meeting on 23<sup>rd</sup> July at which it is likely to decide whether to accept the PCTs' decisions or whether it believes a referral to the Secretary of State is necessary.

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