

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

Date: **16th September 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.**

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## RECOMMENDATIONS

**HOSC is recommended to:**

**1. Note the progress of the Joint HOSC and its decision to make a referral to the Secretary of State for Health.**

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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.southeastcoastff.nhs.uk](http://www.southeastcoastff.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).

1.5 Having undertaken an extensive programme of evidence gathering, the Joint HOSC agreed its report and recommendations to the PCTs unanimously on 2<sup>nd</sup> May 2008. The executive summary of the report has previously been circulated to HOSC members and can be accessed via the HOSC website [www.eastsussexhealth.org](http://www.eastsussexhealth.org).

1.6 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.

#### **4. Joint HOSC progress update**

4.1 The Joint HOSC met on 25<sup>th</sup> June 2008 to review West Sussex PCT's decisions. At the meeting, evidence was presented by the PCT on their decision making process and their response to the Joint HOSC report. Local authorities in the affected areas were also invited to give their views on the decision making process. The outcome of the meeting was agreement on a number of areas where the Joint HOSC required further assurance from West Sussex PCT. A list of these areas was subsequently forwarded to the PCT for their response.

4.2 The PCT Board met again in July to consider the Joint HOSC's position and to determine its response to the issues identified by the committee. The PCT also confirmed its decisions, both on the model of care and on the location of the major general hospital. This followed receipt of independent appraisals of the PCT's decision making process which had deemed it to be satisfactory.

4.3 The Joint HOSC held a further meeting on 23<sup>rd</sup> July in order to receive the PCT's response to the list of outstanding issues. Further stakeholders were also invited to give evidence on the decision making process including MPs, campaign groups and the affected NHS Trusts.

4.4 At the meeting, the Committee heard evidence of a number of outstanding concerns about the proposals, including issues raised by local clinicians. The committee also found the PCT's response to the committee's outstanding concerns to be unsatisfactory in some areas. As a result, the joint HOSC voted unanimously to refer the PCT's proposals to the Secretary of State on the basis that they are not in the best interests of health services for residents of the affected areas.

4.5 The Committee made this decision for the following reasons:

1. There remains insufficient clarity about the way in which the service model of one Major General and two Local General Hospitals (LGH) within West Sussex will be implemented, in particular exactly which services will be provided at each hospital and the impact on services provided at hospitals outside West Sussex.
2. There is a lack of clinical consensus for the proposals, which makes it impossible for the Committee to be assured that the proposals are clinically safe and sustainable – key objectives identified by the PCT at the outset of its consultation on the changes.
3. The decision leaves the Royal West Sussex NHS Trust (St Richard's Hospital) in a position which the PCT considers may not be financially sustainable and unlikely to meet the standards required of a Foundation Trust, in breach of government policy. This would also have applied to Worthing and Southlands NHS Trust had Worthing Hospital been chosen as the LGH.
4. The PCT has failed to satisfy the Committee that it has fully explored alternative options for the retention of consultant led maternity services at Princess Royal and St. Richard's Hospitals. The PCT has not taken into full account recent evidence regarding the potential clinical and financial sustainability of smaller consultant-led obstetric (maternity) units (CLU) which could make CLUs at St Richard's, Worthing and Princess Royal Hospitals viable.'

4.6 The Joint HOSC has written to the Secretary of State for Health confirming that a referral is being made and supplying detailed evidence to support the grounds for the referral as outlined above. The Secretary of State has confirmed that he plans to seek advice from the Independent Reconfiguration Panel and will ask the Panel to undertake an initial assessment to determine whether a full review is necessary.

4.6 Implementation of the PCT's plans is therefore on hold pending the outcome of the referral and any other challenges which may be made to their decisions. The Joint HOSC has not scheduled any further meetings at this stage, but will meet again as and when required during the referral process.