

East Sussex Healthcare (ESHT) Clinical Strategy Review
LINK Report to HOSC, 3 September 2012

Engagement

The Local Involvement Network (LINK) has been represented on the Shaping Our Future Board, by the Chairman, with a number of representatives covering the Primary Access Points (PAPs). The process has been fair and open and we are satisfied that it has been conducted in good faith. Contributions from our representatives have contributed to the decision making process.

We still have some questions outstanding on detailed staffing issues, which are being addressed.

The main weaknesses in engagement have been the long gap in PAP meetings this year, whilst work was proceeding, and the separate meetings that ESHT held with Clinical Commissioning Groups (CCGs). Attendance by GPs at PAPs was 'patchy' and these meetings were required to cover that deficiency but it meant that there was no patient and public representation to hear CCG views and debate issues. That is unsatisfactory and should not occur again.

LINK Position

The nature of the involvement has made it impractical to seek the opinions of a wider audience on every detail. We have sought broad opinions or contributions from participants on a regular basis through our web site but the response has been minimal. We are aware that we have expressed views on an individual basis that we believe to be in the best interests of the public, although those involved have shared and agreed ideas. We also know that some of our participants are opposed to the ESHT proposals but we do not see ourselves as a campaigning organisation, particularly on this particular matter.

In the absence of a mandate we have adopted a position whereby we leave ESHT to make their case and have not sought to influence the public debate with a LINK statement, although we have made clear our involvement and not opposed the proposals.

ESHT Proposals

Those involved in the engagement accept the challenges facing the Trust and support the proposals under consultation. We see them as an inevitable, if unfortunate, response to the current financial pressures and the need to raise standards of care to a high level on a sustainable basis. We accept that staffing

and geographical issues for two relatively small hospitals require some concentration of expertise.

We do not believe there is an intention to ‘down grade’ one of the hospitals and would not support such a proposition, not least because there has never been any engagement on such a proposition.

LINK Concerns

We have always been concerned by ESHT’s financial position and these proposals only go some way to address them, against a background of more tightening by the NHS.

A key factor is the ability to transfer care into the community. We are participating in the review process but see this as a significant area of risk to patients and the overall success of the plan.

Success in implementation will demand commitment from staff. Recent staff surveys have been very disappointing and Management recognise the need to raise morale. It is an urgent issue.

We are also surprised and disappointed to report that many years after the formation of the integrated Trust the two hospitals maintain separate consultants’ committees, despite efforts by Management to offer more influence for consolidation. We remain to be convinced that the opposition from the Eastbourne Consultant Advisory Committee (CAC) is entirely motivated by the clinical best interests of patients across the Trust area. It is time that senior clinicians set a good example to build better teamwork and a more consistent culture across the Trust.

Concentration of stroke care, especially, is likely to cause transport problems for an elderly age group at a time of great stress. We appreciate the intention is to transfer patients closer to home as quickly as possible from the hyper acute unit but we see this as requiring a solution, also to embrace orthopaedics and general surgery.

Alan Keys

Chairman, East Sussex LINK