Buckinghamshire Health Overview and Scrutiny Committee

Response to NHS Buckinghamshire's Better Healthcare in Bucks consultation proposals

13 April 2012

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Executive Summary

On 16 January 2012, NHS Buckinghamshire and Oxfordshire Cluster launched a three month public consultation on a set of proposals to develop health services in Buckinghamshire. The proposals, outlined in the Better Healthcare in Buckinghamshire (BHiB) consultation document, were developed by hospital doctors, GPs, nurses and other clinical colleagues and are based on clinical evidence. The proposals aim to continue to provide access to high quality, safe and accessible services for local people, whilst making the most of developments in healthcare and meeting future challenges.

The Buckinghamshire Health Overview and Scrutiny Committee (HOSC)[1], a statutory committee made up of elected members of Buckinghamshire County Council and the county's four District Councils, set up a working group to look in detail at the proposals and to hear the views of the public and partner organisations. Our findings and recommendations are outlined in this document.

In summary, whilst we agree to the need for change in order to provide a sustainable and safe service for patients into the future, there are a number of issues that we have identified as needing urgent action, before we are able to agree to the proposals in anything other than **in principle**.

These include:
The provision of outstanding information, as indicated throughout this document, including

- A Benefits Realisation Plan;
- An Implementation Plan, including key milestones, outlining how agreed changes will be implemented safely without gaps appearing in services during the interim period;
- A full Financial Business Plan, including risk assessment;
- An integrated plan detailing the future role of community hospitals;
- A Transport Impact Assessment.

We would also wish to see:

- A statement on how the outcomes of the changes (if implemented) will be monitored;
- A clear model of what the urgent care service at Wycombe Hospital will look like, if proposals go ahead, as well as receive assurances that local GPs have capacity to support the new ways of working.

In addition, we recognise:

- The need for a major awareness and re-education exercise, particularly in and around Wycombe, of when it is appropriate to attend A&E and urgent care services, backed by better access to GP services;

[1] See Appendix 4 for full membership

- Community services will need to be well-resourced and able to meet expected increases in demand, so that higher costs will not be incurred, without agreement, on partner organisations;
- The impact of any proposals implemented will need close and rigorous monitoring, with the NHS prepared to make changes and improvements where expected outcomes are not achieved.

Finally, we welcome the efforts of NHS Buckinghamshire and BHT to secure long term sustainability of both hospital sites.

We have outlined a number of recommendations in our report, which we believe will help to improve the proposals and these are summarised below:

Recommendations

- In relation to Urgent Care (Section 5.1)

The NHS should
1. Give a strong, clear statement to staff and the public about the proposed future of urgent care and critical care services at Wycombe Hospital;

2. Make public the work that has been done on producing a model for the reconfigured urgent care service at Wycombe Hospital, including evidence-based reasons for hours of operation;

3. Provide clarity to the public around:
- ***what is meant by urgent care,***
- ***what service will be available at Wycombe Hospital, including opening times,***
- ***how this information will be communicated, to ensure the public are aware of where to go in an emergency;***

4. Provide written assurance that local GPs are aware of these proposals and agree that they would be in a position to contribute to the reduction in numbers of people self-referring to A&E.

- In relation to the proposals (Section 5.2, 5.3 and 5.4)

We recommend:
5. That clear and widely circulated information is made available to help the public understand any changes to services once they have been agreed. Where services remain the same, this should also be made clear;

6. That prior to any future centralisation of services, e.g. vascular services, the NHS ensure that pre-op assessments can be carried out at local locations, including GP surgeries and community hospitals, to provide ease of access for patients;

7. That the impact of any service changes on patients is carefully and regularly monitored and results, including where things are going well and where improvements need to be made, are made available annually to the HOSC and to the public, and in a format that can be understood;

8. Where services are centralised, existing outpatient services, follow-up appointments and post-operative care will continue to be held at a patient's local hospital, to reduce the need for extra travel;

9. NHS Buckinghamshire provides written assurance to the HOSC that moving complex vascular surgery away from Wycombe Hospital will not destabilise existing services, in particular the new Stroke services.

- In relation to Community Health Services (Section 6.1)

The NHS should:
10. Urgently provide information on anticipated workload changes, estimated costs and ability to meet these pressures;

11. Explore ways to improve the recruitment and retention of Community Health team staff and keep the issue under close review.

- In relation to travel and parking (Section 6.2)

The NHS should:
12. Give reassurance that parking at Stoke Mandeville site will continue to be a BHT Board priority and that additional parking for staff will be made available by 2013/14;

13. Explore the option for all buses to drop off passengers within the Stoke Mandeville Hospital site.

- In relation to the impact on partners (Section 6.2)

We recommend that:
14. The potential impact of the proposals on patient time with the ambulance service, and possible costs if job cycle times are extended, are analysed fully by BHT, NHS Buckinghamshire and SCAS, and the results made public;

15. BHT engages with Oxford Health NHS Foundation Trust to explore opportunities to work together on the identification of patients with mental illness, skills development of staff and the provision of expert telephone advice to the emergency services, Community Health teams and GPs.

- In relation to proposals in general

We recommend that:
16. The following information should be provided urgently to the HOSC, prior to any proposals being fully agreed to by the HOSC in anything other than in principle:
    - ***Benefits Realisation Plan;***
    - ***Implementation Plan, including key milestones;***
    - ***Full Financial Business Plan;***
    - ***Transport Impact Assessment;***
    - ***An integrated plan detailing the future role of community hospitals;***
    - ***A statement on how and when the outcomes of changes (if implemented) will be monitored.***

1. Introduction

1. On 16 January 2012, NHS Buckinghamshire and Oxfordshire Cluster launched a three month public consultation on a set of proposals to develop health services in Buckinghamshire. The proposals, outlined in the Better Healthcare in Buckinghamshire (BHiB) consultation document, were developed by hospital doctors, GPs, nurses and other clinical colleagues and are based on clinical evidence. They aim to continue to provide access to high quality, safe and accessible services for local people, whilst making the most of developments in healthcare and meeting future challenges.

2. The consultation period, which lasted for three months, gave patients and the public a variety of opportunities to contribute views and ideas on the proposals.

3. The Buckinghamshire Health Overview and Scrutiny Committee (HOSC) is a statutory committee made up of elected members of Buckinghamshire County Council and the four District Councils within the county. Its role is to act as a lever to improve the health of local people with a specific role in scrutinising proposed changes to local health services.

4. The Committee appointed a small working group to look in detail at the proposals, to find out the reasons behind the proposals and to listen to the views of patients and other stakeholders, in order to provide an informed response to the NHS.

Membership of the working group included:

- Miss Lin Hazell, County Councillor and Chairman of the HOSC
- Mr Richard Pushman, County Councillor and Vice-chairman of the HOSC
- Mr Bruce Allen, County Councillor
- Mr Noel Brown, County Councillor
- Mr Alan Oxley, South Bucks District Councillor
- Mrs Freda Roberts, Aylesbury Vale District Councillor
- Mr Nigel Shepherd, Chiltern District Councillor
- Mrs Jennifer Woolveridge, South Bucks District Councillor and co-opted member

5. In addition to Scrutiny Team and Democratic Services support, the working group was supported by an external advisor, Mr Roger Edwards, who has a wealth of experience in Health scrutiny at both Buckinghamshire and Oxfordshire County Councils.

2. Why is change necessary?

6. We understand there are a number of challenges in Buckinghamshire which have led to the need for changes within Health services, in order to ensure longer term sustainability. These include:

- Maintaining and improving safety, clinical quality and patient outcomes;
- Rising demand for services, particularly as a result of our growing ageing population and new, more complex treatments that are now available;

- The existing duplication of specialist services across two hospitals – Wycombe Hospital (WH) and Stoke Mandeville hospital (SMH) – is not sustainable over the longer term from a safety and financial viewpoint;
- The European Working Time Directive which requires more doctors than previously to be employed to ensure safe 24/7 cover;
- Financial constraints and the need to do more for less.

7. The aims of the proposals are:
- To manage care closer to, and within, patients' homes, where possible;
- To centralise specialist acute services in dedicated centres, either at Stoke Mandeville Hospital or Wycombe Hospital, to ensure high quality care and the best outcomes for patients;
- To continue to deliver a full range of general acute services (e.g. outpatient clinics, day case procedures and diagnostic testing) at both Wycombe and Stoke Mandeville Hospitals;
- To address the management of long term conditions.

8. In a nutshell, the proposals recommend:
- Urgent care for minor injuries or illnesses to be provided at Wycombe Hospital, with A&E provided at Stoke Mandeville and Wexham Park Hospitals;
- General medical inpatient care, including gastroenterology (gut), diabetes, respiratory and medicine for older people services, to be provided at Stoke Mandeville Hospital;
- Specialist stroke and cardiac services to be based at Wycombe Hospital;
- A day assessment unit for older people, which will help to avoid admission to hospital, and a step-down ward for elderly and medical patients, to be based at Wycombe Hospital;
- A specialist breast care centre to be developed at Wycombe Hospital, providing initial assessment and first outpatient appointments for people with breast problems;
- Specialist 'networked' vascular services, with complex vascular surgery taking place at the John Radcliffe Hospital in Oxford;
- The development of community teams and the breadth of services they are able to provide.

All other services (e.g. surgery, orthopaedic, spinal, maternity, children) are unaffected by the proposed changes.

9. To help prevent unnecessary hospital admissions, a consultant-led telephone and email advice service for GPs and ambulance crews is proposed. In addition, urgent next-day outpatient appointments and full specialist diagnostic support for GPs will also be available.

10. We learned that, if the proposed changes take place, the vast majority of people would continue to go to the same hospital as they do now. The proposals will affect 3% of those patients who use Wycombe Hospital (approximately 7,600 patients per year) and 0.5% of those who use Stoke Mandeville Hospital (approximately 1,700 people per year). The group of patients most likely to be affected by the changes are those who require an

emergency admission to hospital under a physician, as the location of their care may change.

3. How the consultation was carried out

11. NHS Buckinghamshire led a programme of involvement and engagement events during September and October 2011. During this phase, people indicated that they had confidence in community services and were prepared to travel to get specialist hospital care, if it led to better outcomes. However, there were concerns expressed around:

- travel to hospital sites and parking;
- the information provided about where patients should go to for NHS services;
- the need for better co-ordination between different areas of the NHS.

During this period, NHS Buckinghamshire regularly attended the HOSC to keep members updated on developments.

12. The consultation period included several public meetings held around the county at various times of the day. Members of the HOSC visited each of these events to help to identify areas of concern. A road show visited libraries and shopping centres, and discussions took place with a range of organisations, including local government bodies, and community and patient groups.

13. Members of the working group visited both Wycombe Hospital and Stoke Mandeville Hospital, to discuss the proposals affecting each site with Dr Graz Luzzi, Dr Geoff Payne and a number of clinical representatives. In addition, we held three evidence gathering sessions in public to discuss the impact of proposals on other providers and the public. We are very grateful to all of our contributors who kindly gave their time to share their views. (A full list of contributors is attached as Appendix 1) These views have helped to inform our response, although they are not directly attributed to individuals in this document.

14. Views and feedback to the proposals were also invited from a number of other organisations and sectors, some of whom responded, and we thank them for their time and effort in sharing their views with us. We also encouraged individual organisations to send their independent responses to the NHS.

4. Overview of our response

15. Below we have outlined our areas of agreement to the proposals, where we have concerns that we would like addressed by NHS Buckinghamshire, and our recommendations. Some information, although requested, has not been available in the timescale for the consultation, such as full costings of the proposals, other than high level financial indication provided to the HOSC, the implementation plan and the benefits realisation plan. The NHS has stated that this information will be provided once the consultation has been completed as they did not wish to be seen to pre-empt the outcome.

16. We have not therefore been able to take this information into account in our response and our feedback is based on the information that ***has*** been provided to us. We have no wish to delay those changes that could be beneficial to patient care and so have decided to respond even though we have not seen these important documents. That means that this report should be read with that in mind and the HOSC ***reserves the right to add to or change its view once that information is made available.***

17. We accept that Buckinghamshire has an unusual hospital set up, with two medium sized acute hospitals set 15 miles apart, both of which need to be able to provide an income stream as well as having sufficient workload to enable medical staff to maintain their skills levels. In effect, it is one hospital split over two sites. This has led to some of the decisions that have been taken in the past such as those relating to the maternity service, A&E and the stroke and cardiology services. The latest proposals continue that trend in order to reduce duplication over the two sites, the aim being, we are told, to ensure the sustainability and safety of services at the two hospitals.

18. We picked up on concerns from some areas that the proposals are the continuation of a covert policy aimed at closing the Wycombe Hospital. However, the management of the hospital has stated to us on several occasions that there are ***no*** plans to close the hospital.

4.1 Our comments on the options

19. Seven potential options were identified for how services could develop in the future:

- Option 1 – Do nothing – leave acute services as they are
- Option 2 – Duplicate full acute services on both sites and staff services to required levels for safety
- Option 3 – Reconfigure acute services in one network between the two Buckinghamshire acute hospitals (with links to Wexham Park Hospital in Slough and for vascular services to the Oxford University Hospitals)
- Option 4 – Centralise acute services on the Stoke Mandeville Hospital site
- Option 5 – Centralise acute services on the Wycombe Hospital site
- Option 6 – provide limited acute services in Buckinghamshire with all specialised care provided from outside Buckinghamshire
- Option 7 – Develop a new hospital to service the Buckinghamshire population

20. We agree that the only viable option for further consideration from the above list is Option 3. In saying that, we accept the Trust's arguments that this option will:

- enable the retention of services at both Wycombe and Aylesbury,
- improve patient safety and quality,
- maximise staff skills,
- utilise current buildings and services at both hospitals
- will ensure that both hospitals have realistic and sustainable futures.

With little detailed financial information, we are unable to comment on the affordability of this option, although the information we have so far been provided with shows that the option is '**cost neutral**.'

21. There was a consensus of opinion that Option 3 was the only option that the NHS was seriously wishing to pursue. However, we consider that within the present constraints referred to previously, the proposals contained in the option are the best way forward to achieve the aims of preserving safe, sustainable and cost effective services.

22. That is not to say that we are happy with all that is being proposed nor that we believe that the proposals could not be improved upon. This report contains a number of recommendations that, we believe, will improve the proposals.

23. There has been opposition to the proposed changes, in particular in and around Wycombe. In part, we believe this opposition is because the consultation document did not give sufficient prominence to the list of services that ***would not be changing*** and there were ***significant gaps*** in the information provided, including financial information, the benefits expected from changes proposed, a transport impact assessment and details of how the impact of any changes will be monitored. The list of services that would or would not be changing is included in this report at Appendix 2.

24. However we accept that there are also major concerns in the Wycombe area that these changes could result in a gradual decline and lack of sustainability for the Wycombe hospital, resulting in its possible closure. In particular the proposals around urgent care worry people immensely. These issues are referred to later in this report.

5. Our response to the proposals in more detail

5.1 Urgent Care

25. There are currently two emergency departments in Buckinghamshire, including a full A&E with a trauma unit at Stoke Mandeville Hospital and an Emergency Medical Centre (EMC) at Wycombe Hospital with no trauma unit. These departments see patients who are transported by ambulance and also a number of self-referring patients with minor injuries and illnesses. A GP service is offered as well at both sites.

26. We learned that the two emergency departments do not meet recommended levels of consultant staffing. To meet national requirements the two centres would need to have 12 consultants and they have only six. We were also told that recruitment is an issue.

27. We heard that, individually, consultants at the two centres do not see a sufficient number of patients to maintain their skills, putting services and patients at risk. The proposal is therefore to develop a specialist emergency

unit at Stoke Mandeville Hospital, building upon the existing A&E service. This would provide for the most seriously ill and injured patients.

28. In response to concerns that we had regarding a reduction in hospital beds at Wycombe Hospital, and the capacity of Stoke Mandeville Hospital to cope with extra patients, we were told that the plans are based on:

- Activity figures from the previous year
- Reducing length of stay
- Travel time analysis and patient choice
- Improved productivity

BHT believes that it would require an additional two wards at Stoke Mandeville (typically around 24 beds), and there is an estates plan in place which will provide the space to accommodate this and help create better clinical adjacencies between wards.

29. BHT is in the process of significantly redesigning and updating the A&E department at Stoke Mandeville Hospital. This work was in progress independently of the Better Healthcare in Bucks consultation. The redesign of the new A&E unit will improve the overall environment and patient flow, and provide increased capacity for both resuscitation and assessment / treatment areas.

30. It is proposed that the EMC at Wycombe Hospital will be 'refocused':

- Cardiac and stroke emergency patients will continue to be admitted directly to the specialist units at Wycombe Hospital;
- GPs and the public will continue to have local access to urgent care services, with a range of services to help GPs keep patients out of hospitals, including expert advice available on a 24/7 basis;
- A minor injury and illness service will be based at Wycombe Hospital. This would be staffed by ***GPs and emergency nurse practitioners***, who would treat and discharge the high proportion of patients who do not require admission to hospital;
- Wycombe Hospital will not be in a position to accept patients brought by ambulance, other than for stroke and cardiac emergencies and minor injuries diagnosed by the ambulance service. Patients with serious disorders who self-present at Wycombe Hospital will be transferred by emergency ambulance to Stoke Mandeville Hospital.

31. This was the most heavily contested of the proposals in the consultation document. A range of people and organisations from the Wycombe area expressed concern as did the Buckinghamshire Local Involvement Network (LINk). Fears were expressed that patients would be confused by the proposals and that the changes, if implemented, would disadvantage people from the more deprived communities who tend to use A&E as a surrogate GP service.

32. Two important points should be made here. First, it has to be remembered that Wycombe has not had a full emergency medical service for some time and this has been provided at Stoke Mandeville. So the consultation proposals are an extension of what happens now. Secondly, the

ability of patients to “walk in” and be seen for minor injuries (simple fractures, for example) or minor illness would continue, as would day assessments for patients, mainly elderly, who are referred by their GP.

33. The HOSC understands the thinking behind the proposed changes and can see the merits behind the ideas. However, we are worried that the proposals remain unclear and have been told that the finer detail is still being developed. For example, we understand that decisions are yet to be made around the opening hours of the proposed Urgent Care centre at Wycombe Hospital and the extent to which an ‘out of hours’ service will support the proposal. If the decision is made not to maintain a 24/7 urgent care service at Wycombe, it is important that evidence-based reasons are made public to explain how this decision was reached. This is particularly important given the population of High Wycombe and the proximity to the M40, with its risks of incidents.

34. We understand that the success of the proposal depends on GPs taking on a major part of the urgent care workload currently carried out at hospital. We have heard concerns expressed that, particularly in the Wycombe area, there are difficulties accessing GPs, and attendance at A&E is often as a result of ease of access and not being able to get a GP appointment at the patient’s convenience.

35. In the proposal, we understand that the GP-led health centre practice at Wycombe Hospital, which currently has 600 registered patients, will cease. These patients will need to transfer to surrounding GP practices. We have been given verbal assurance that nine local GP practices in Wycombe will have the capacity to absorb these 600 patients.

36. The consultation document suggests that, of the 34,000 patients who attended the Emergency Medical Centre at Wycombe Hospital in 2010 with minor injuries or illnesses, approximately 30% were admitted to hospital. The remaining patients needed GP follow up or no follow up treatment. So, it is argued, these patients could have gone to a GP practice in the first place.

37. Questions remain about the capacity of GPs within local practices to take on the extra work required to support this proposal if, as suggested, two thirds of patients currently being seen at the hospital would be seen by local GPs.

38. Although we recognise that the leaders of both emerging Clinical Commissioning Groups helped to develop and are fully supportive of the proposals, we have been unable to establish first hand whether GPs out in the field are supportive of or even aware of the proposals and the possible impact on their workload. Further to this, we have not seen a clear model of what this new service would look like. We believe such a model is being developed and it would be helpful for us to see the plans as a matter of urgency, as well as receive assurances that local GPs would be able to support the new ways of working.

39. As well as concerns regarding access to GPs, we recognise the need for considerable awareness-raising of the public around when to attend A&E and urgent care services, in order to reduce the considerable number of people who attend A&E and urgent care services inappropriately.

40. Finally, we have heard that rumours are circulating about the complete closure of the Emergency care services at Wycombe Hospital. While the rumours may be unfounded, they need to be dealt with and a clear statement made about the future of the unit.

41. In summary of our response to the proposals on Urgent Care, we have the following recommendations:

Recommendations

The NHS should

1. Give a strong, clear statement to staff and the public about the proposed future of urgent care and critical care services at Wycombe Hospital;

2. Make public the work that has been done on producing a model for the reconfigured urgent care service at Wycombe Hospital, including evidence-based reasons for hours of operation;

3. Provide clarity to the public around:

- ***what is meant by urgent care,***
- ***what service will be available at Wycombe Hospital, including opening times,***
- ***how this information will be communicated, to ensure the public are aware of where to go in an emergency;***

4. Provide written assurance that local GPs are aware of these proposals and agree that they would be in a position to contribute to the reduction in numbers of people self-referring to A&E.

Until those statements are made and assurances received, support from the HOSC for this proposal can be given ***in principle only***.

5.2 Emergency inpatient admission for medical specialities

42. We support the proposal to provide emergency inpatient admission for medical specialities, including for general medicine, gastroenterology, respiratory and medicine for older people, on the one site (Stoke Mandeville). The HOSC is particularly keen to support proposals such as this that are aimed at reducing the length of stay for people in hospital. This is particularly important for older people whose health can decline the longer they stay in hospital.

43. However, the HOSC's support is not unconditional. We have concerns about the ability of the community health teams and social services to support these changes and these concerns are referred to later in this report (See section 6.1).

44. We also consider that there would need to be clear and widely circulated information to help the public to understand the changes and how these could affect them. There would also be a need to highlight where services will be ***staying the same***.

45. These changes will lead to some patients having to travel further. To mitigate this it was suggested by the public that pre-op assessments could be provided locally to prevent the need for extra travel. The HOSC supports this proposal for all planned operations carried out by BHT. **However, it is important to note that changes to surgical sites are not being proposed, other than complex vascular surgery, which, it is proposed, will take place at the John Radcliffe Hospital in Oxford.**

46. For all services, we are anxious that the impact of any service changes on patients is carefully monitored, including:

- Outcomes
- Quality of patient experience
- Costs (to the NHS and to key stakeholders)
- Capacity of teams providing services

Recommendations

We therefore recommend:
5. That clear and widely circulated information is made available to help the public understand any changes to services once they have been agreed. Where services remain the same, this should also be made clear;

6. That prior to any future centralisation of services, e.g. vascular services, the NHS ensure that pre-op assessments can be carried out at local locations, including GP surgeries and community hospitals, to provide ease of access for patients;

7. That the impact of any service changes on patients is carefully and regularly monitored and results, including where things are going well and where improvements need to be made, are made available annually to the HOSC and to the public in a format that can be understood.

In conclusion, the HOSC supports the proposal for Emergency In-patient Admission for medical specialties. However, in connection with this proposal, we do have concerns around the capacity of community health teams, and these are outlined in section 6.1.

5. 3 Breast Services

47. During the course of the consultation, we have heard no adverse comments on the proposal to develop a Centre of Excellence at Wycombe Hospital for breast services. The implication for this proposal to patients is that the initial assessment, which currently takes place at both hospitals, will be provided at Wycombe Hospital only. The argument that it is better for patients to be seen by specialist staff who are able to use their skills on a regular basis has been accepted. It must also be better and less stressful for patients to be able to receive their initial assessment more quickly and effectively using services that are concentrated on the one site.

48. We understand that some patients would have to travel further for this first assessment. However, we feel that this is outweighed by the clinical and quality benefits.

49. We support choice being made available for those patients who might prefer to be referred to other breast services outside of the county, for example, Milton Keynes or Luton.

50. We noted the level of work that is planned to improve the hospital environment for this service at Wycombe Hospital, which will sit alongside other services primarily aimed at women and children. Whilst we appreciate that the vast majority of breast service users are women, we ask the NHS to ensure that the physical environment for breast services is sensitively managed for both male and female patients.

51. It will be important for the NHS to emphasise to the public that, under the proposals, breast screening (mammograms) would still take place locally from the mobile units operating from 15 sites around the county. Chemotherapy treatment would still be available at both hospitals.

In conclusion, the HOSC supports the proposal for Breast Services.

5.4 Vascular services

52. We note the proposal to change the delivery of vascular surgery services in order to:

- Provide the best possible care for patients, where research shows that there is evidence of improved outcomes for patients when treated in large centres by a highly trained specialist team caring for a high volume of patients;
- Ensure specialist doctors are available at all times;
- Meet the standards set by doctors;
- Make sure everyone has equal access to innovative procedures, such as keyhole surgery.

53. We agree the importance of patients having access to round the clock complex vascular surgery at one specialist vascular surgery centre.

54. Having looked at the evidence, we would support the proposal Option B that 'the John Radcliffe Hospital in Oxfordshire would provide all emergency and elective complex inpatient vascular surgery to patients in Buckinghamshire, Berkshire and Oxfordshire. However, operations to prevent strokes caused by carotid artery disease (carotid endarterectomy) would continue to be provided at Wycombe Hospital for Buckinghamshire patients.'

55. This, we understand, would support the work of the Hyper Acute Stroke Unit at Wycombe, as vascular surgeons would be on hand to carry out operations, as necessary, to prevent further strokes. We note and agree with the recommendation to review this option in three years, to ensure the service remains safe, and does not adversely affect the running of the shared emergency rota planned for the John Radcliffe Hospital.

56. We recognise the concerns of people regarding longer travel times to this centre. To help minimise the impact of extra travel for patients and relatives, we believe it is imperative that existing outpatient services, follow-up appointments and post-operative care continue to be held at a patient's local hospital.

57. On a further note, a review of the BHiB changes by the National Clinical Advisory Team report[2] states 'if vascular surgery does not continue at Wycombe, this may have an impact on the activity and thereby sustainability of critical care services at Wycombe'. NHS Buckinghamshire states, in response, that the solutions being proposed will help to stabilise and maintain services into the future, as they cannot be sustained in the way they are currently provided.

58. Furthermore, the consultation document states that the critical care service is much wider that just major elective vascular surgery and that carotid endarterectomy, a surgical procedure used to prevent strokes, would continue to be performed at Wycombe.

Recommendations

We recommend that:
8. Where services are centralised, existing outpatient services, follow-up appointments and post-operative care continue to be held at a patient's local hospital, to reduce the need for extra travel;

9. NHS Buckinghamshire provides written assurance to the HOSC that moving complex vascular surgery away from Wycombe Hospital will not destabilise existing services, and in particular the new Stroke services.

In conclusion, we support Option B of the proposal provided we receive written assurance as requested above.

[2]National Clinical Advisory Team (NCAT) report October 2011

6. Other issues highlighted during the consultation

6.1 Community Care

59. We recognise that people would rather be cared for in their own homes or close to their homes, than be admitted to hospital. We are told that at least 25% of patients in hospital could be looked after at home. Resources should therefore be concentrated on reducing hospital stays by developing community services which also promote early intervention and self care.

60. The proposals in the consultation depend heavily on the need for high quality, community-based services to support prevention of admission of patients to hospital, and also care for patients in their home, or close to home, when discharged from hospital.

61. We welcome the fact that multi-disciplinary community teams involving nurses, therapists and others, providing round the clock care, are being developed to meet this need, and we have heard that this service is very highly regarded by patients.

62. However, although we heard that there is commitment from BHT to resource an expected increase in demand for this service, we have concerns regarding the capacity of the Adult Community Health Teams (ACHT), in particular:

- These teams are not yet fully staffed and, we were informed, may never be given the 24/7 nature of the work;
- Recruitment and retention is difficult in this field;
- The work will be more complex and we question whether the teams will be able to undertake this work and to respond swiftly to calls from ambulance personnel for assistance (e.g. in the event of falls) to keep people out of hospital;
- We have not seen estimates of how many extra patients will be cared for in the community if the plans are implemented and just what the actual cost implications are;
- Information on anticipated workload changes and associated costs has not been made publicly available. It is therefore difficult to reach a conclusion on the future ability of the community health services to cope if the proposals are implemented.

63. We are concerned that, if the ACHTs cannot respond to expected growths in demand, this may impact on partner organisations, such as the County Council's Adult Social Care team (ASC) and South Central Ambulance Service (SCAS), resulting in unanticipated financial pressures being incurred by partners.

Recommendations

The NHS should:
10. Urgently provide information on anticipated workload changes, estimated costs and ability to meet these pressures;

11. Explore ways to improve the recruitment and retention of Community Health team staff and keep the issue under close review.

64. We welcome the work already under way between ASC and the Community Health Service to identify opportunities for closer, integrated working practices, particularly around long term conditions, care for the elderly, re-ablement and a single point of access to community health services. We acknowledge the benefits of aligning budgets where possible and practicable to do so, and where it is likely to produce the best outcomes for service users. It is our intention that the HOSC will continue to monitor progress on this important piece of work.

6.2 Transport, including emergency ambulances

65. We recognise that parking, and travelling to and between Wycombe and Stoke Mandeville Hospitals, are areas of **major concern** for the public. We learned that almost 200 organisations in Bucks support local people with alternative transport options (both free and paid for). However there is no central place for the public to find out all the relevant information. In the Chiltern District, Community Impact Bucks has been running a pilot hub, providing a central contact point for people enquiring about transport support.

66. We welcome the fact that BHT is working with partners, including the County Council, Arriva and voluntary organisations, to find solutions where possible. These include:

- A transport information hub, jointly funded by the NHS and the County Council, is to be provided for the <u>whole</u> of the county, to co-ordinate information about all of the various transport groups, which can then be provided to patients;
- From June, all non-urgent patient transport will be organised by South Central Ambulance Service (SCAS);
- Information on the free Arriva shuttle bus service and other means of getting to and from hospital will be included with patients' appointment notification letters, as well as in GP surgeries and other appropriate venues;
- The main bus route between High Wycombe and Aylesbury has recently been increased to run every 20 minutes and BHT has funded additional journeys between the three hospital sites, including Amersham Hospital, providing free access onto buses for staff, patients and visitors;
- A green transport plan is being developed to encourage different modes of transport for staff and patients;
- A Transport group has been established to look at transport and access related to the proposals. BHT has contacted the Highways Agency to

improve road signage directing people to hospital sites and when travelling between sites.

67. We acknowledge that unfortunately there will be some patients and their visitors who will have longer and more difficult journeys in order to access their health care, and this is likely to have more impact on the elderly. It is important that patients are helped (through the transport information hub) to find the most convenient and cost effective way of getting to the hospital and that ***travel expenses, available to people on benefits, will be easy to access***.

68. We are reassured to learn that step up and step down facilities proposed at Wycombe Hospital will be used to minimise patient stays at Stoke Mandeville Hospital so that, as soon as the acute care phase is over, patients from south of the county will be transferred back to Wycombe Hospital. This should help to mitigate some of the travel issues for visitors.

69. We heard from the public that the bus service from Wycombe does not have stops on the Stoke Mandeville Hospital site. This is particularly inconvenient as it requires alighting passengers to cross the busy road outside the hospital. It would be helpful for BHT, with Arriva, to explore the possibility of dropping passengers off within the hospital site.

70. We welcome the work that is being carried out by BHT on signage to services, to help patients and visitors navigate their way round the hospital sites.

6.2.1 Car parking

71. Car parking at both hospital sites is seen to be an issue by the public, in particular at Stoke Mandeville Hospital, which will be increasing its footfall if the proposals are implemented. We are pleased therefore to hear that work to improve car parking across both sites is underway, with new car park barriers and site management introduced in 2011.

72. At Wycombe Hospital, we learned that there used to be a problem with town centre users exploiting cheaper parking. The barriers and new management improvements now prevent this from happening, and public parking spaces at the hospital work well most of the time.

73. At Stoke Mandeville Hospital, planning permission has been granted to extend the car parking capacity. Almost £4m will be invested between 2012 – 2014 on parking improvements, including a new car park to the front of the site by the main entrance and a multi-storey car park for staff at the back of the site. This will free up existing spaces for patients and visitors and help to ease the problems for local residents of hospital users parking in surrounding streets. However, we are concerned that parking improvements at the hospital have been proposed over the years and we would like reassurance that this extra provision will be made available by 2013/14.

Recommendations

We recommend that the NHS should:
12. Give reassurance that parking at Stoke Mandeville site will continue to be a BHT Board priority and that additional parking for staff will be made available by 2013/14;

13. Explore the option for all buses to drop off passengers within the Stoke Mandeville Hospital site.

6.2.2. Emergency ambulance service

74. We were told that SCAS clinically supports the BHiB proposals from a patient's perspective, as they believe that patients will have a better chance of getting to the right hospital in the right timescale, as the route into the emergency system will be simplified.

75. However, we have identified ambiguity around whether the proposals are likely or not to lead to extended ambulance job cycle times, of potentially up to 30 minutes for each patient. This is an area that needs urgent clarification, alongside the potential impact of this increased ambulance time and costs on both SCAS and BHT.

Recommendation

We recommend that:
14. The potential impact of the proposals on patient time with the ambulance service, and possible costs if job cycle times are extended, are analysed fully by BHT, NHS Buckinghamshire and SCAS, and the results made public.

76. If proposals are implemented, it is expected that more emergency patients south of the county will be admitted to Wexham Park Hospital's A&E. We were concerned to hear that SCAS lost almost 300 hours at Wexham Park Hospital during January and February, through ambulance queuing when admitting patients. This will undoubtedly impact on job cycle times and solutions will need to be explored.

77. We are pleased to hear that there is an active capital programme with regards to the upgrading of ambulance vehicles.

78. The HOSC will continue to monitor, through its formal meetings, the performance of SCAS in meeting its response time targets, in particular in rural areas, where for some time there has been concern around these targets not being met.

6.3 Cross-boundary health services

79. An area we touched on was cross-boundary working, i.e. working with health authorities outside of Buckinghamshire. We know that a number of

patients in Buckinghamshire use hospitals across the borders. We have been given verbal assurance that liaison and discussion on the proposals has taken place with the surrounding hospitals, at senior level.

80. We heard that there can be difficulties for ACHTs in providing a seamless service to patients who are being discharged from bordering hospitals and would encourage these teams to continue to build relationships with the hospitals in order to provide a consistent and seamless service for patients.

6.4 Mental Health services

81. We learned that the incidence of mental illness, across the spectrum, is one in four people at any one time. 90% of these patients are looked after in primary care services. Given the strong link between physical health and mental wellbeing, we were surprised to learn that Oxford Health NHS Foundation Trust, which provides mental health services in Buckinghamshire, had no direct involvement in developing the proposals.

82. We believe this to be a missed opportunity to secure close working arrangements between mental health teams, the acute services and community health teams.

83. We were told of the gap in mental health liaison psychiatric services in the acute sector and would encourage the commissioning of these services in order to help reduce A&E attendance and hospital stays.

Recommendation

We recommend that:
15. BHT engages with Oxford Health NHS Foundation Trust to explore opportunities to work together on the identification of patients with mental illness, skills development of staff and the provision of expert telephone advice to the emergency services, CHTs and GPs.

6.5 Workforce implications

84. Concerns were expressed to us of the potential negative impact on local employment in Wycombe, should services be lost there. However, it is possible that centres of excellence are more likely to attract staff and provide development opportunities. Although there may be a reduction in staff requirements in acute care, this is likely to be balanced by increased need for staff in the Community teams. We were told that there is an active recruitment campaign in place for emergency care staff.

6.6 Amersham Hospital and other Community Hospitals

85. In response to queries we had regarding the longer term plans for community hospitals in the county, we received the following statement from BHT:

‘Amersham and the other community hospital sites (Buckingham, Chalfonts & Gerrards Cross, Marlow and Thame) are a key part of BHT’s future plans, helping to provide more care in a community setting into the future. The community hospitals offer a range of outpatient clinics, diagnostic support and are also the base for the Adult Community Healthcare Teams. Inpatient beds are available at all of the community hospitals (with the exception of Chalfonts and Gerrards Cross). Over the past 18 months, BHT has significantly increased the numbers available. The community hospital beds provide a useful step-up/down facility for patients, who no longer need medical input but require nursing or therapy care. BHT will be looking to strengthen the role they play in the future. In addition to its extensive community inpatient facilities, Amersham Hospital is also being developed as a specialist rehabilitation centre. The Bucks Neurorehabilitation Centre was opened there in 2010/11, and is the countywide facility for patients requiring specialist rehab after brain injury.’

6.7 Financial implications

86. We are not alone in expressing concern at significant information gaps relating to the costs of the options, particularly the preferred Option 3, and whether the proposed changes will be cost neutral, as we are being advised. It is also not clear to us to what extent agreement to and implementation of the proposals will assist BHT in achieving Foundation Trust status.

87. As we noted in a number of parts of this report, we have therefore had to base our conclusions on the information that ***has*** been provided. We stress that any impact of the proposals over the longer term must be monitored and reviewed against the Benefits Realisation Plan, which we understand is being developed.

Recommendation

We therefore recommend that:
16. The following information should be provided urgently to the HOSC prior to any proposals being fully agreed to by the HOSC in anything other than in principle :

- ***Benefits Realisation Plan;***
- ***Implementation Plan, including key milestones;***
- ***Full Financial Business Plan;***
- ***Transport Impact Assessment;***
- ***An integrated plan detailing the future role of community hospitals;***
- ***A statement on how and when the outcomes of changes (if implemented) will be monitored.***

7. Conclusion

88. On the evidence provided, we conclude that the NHS has put together a set of proposals which aim to give both Stoke Mandeville Hospital and Wycombe Hospital sustainable futures, whilst maintaining specialist and general services for the people of Buckinghamshire.

89. The engagement and consultation process, in our view, has been well publicised and the public in the main appear to have taken a reasonably active role in the process, particularly in the Wycombe area. Transport issues, patient information and access to GPs were prioritised as a direct result of the engagement process.

90. We have been impressed with the level of input and enthusiasm for the proposals shown by senior clinical staff, clearly demonstrating their sign up to the proposed changes.

91. However, there are a number of issues that will need to be addressed urgently before agreement from the HOSC can be said to be anything other than given in principle. These include:

- The provision of outstanding information, as indicated throughout this document, including
    - A Benefits Realisation Plan
    - An Implementation Plan, including key milestones
    - A Financial Business Plan
    - A Transport Impact Assessment
    - An integrated plan detailing the future role of community hospitals
    - A statement on how the outcomes of the changes (if implemented) will be monitored

92. In addition, the HOSC recognises:

- That the issue of the future of Wycombe Hospital will need to be communicated clearly and unequivocally to the public;

- The need for a major awareness exercise, particularly in and around Wycombe, of when it is appropriate to attend A&E and urgent care services, backed by better access to local GP services;

- The need for clarity around what the urgent care service at Wycombe Hospital will look like, as well as assurances that local GPs have the capacity to support the new ways of working;

- Community services will need to be well-resourced and able to meet expected increases in demand, so that higher costs will not be incurred, without agreement, by partner organisations;

- The impact of any changes to services will need close and rigorous monitoring, with the NHS prepared to make changes and improvements where expected outcomes are not achieved.

93. Finally, the HOSC welcomes the efforts of NHS Buckinghamshire and BHT to secure long term sustainability of both hospital sites.

Appendix 1 – Acknowledgements

The HOSC would like to thank all those who took the time to give evidence, information and their views on the Better Healthcare in Bucks consultation proposals to the Working Group. These include:

Buckinghamshire County Council
Trevor Boyd, Interim Strategic Director, Adults and Family Wellbeing
Sean Rooney, Senior Manager – Transport, Place Service
Rachael Rothero, Acting Head of Service - Commissioning and Service Improvement, Adult Social Care
Nigel Sims, Senior Manager – Economic Development, Place Service

Buckinghamshire Healthcare NHS Trust
Juliet Brown, Director of Strategy
Karen Brown, Assistant Director of Operations, Division of Surgery, and Deputy Chief Operating Officer
Rachael Corser, Associate Director of Nursing for Division of Community and Integrated Care
Dr Stephen Gardner, Consultant Physician, clinical lead for diabetes and endocrinology
Ian Garlington, Director of Property Services
Dr Syed Hasan, Consultant Physician, Clinical Lead for Medicine for Older People
Lee Jones, Assistant Director of Communications
Dr Graz Luzzi, Medical Director
Mr Andrew McLaren, Consultant Surgeon, Clinical Director for Division of Surgery
Dr Stewart McMorran, A&E consultant, Clinical Lead for A&E
John Quinn, Assistant Director of Operations, Division of Medicine
Dr Ravi Sekhar, Consultant Physician, Clinical Lead for Gastroenterology
Russell Torrance, Associate Director (capital), Property Services

Buckinghamshire Local Involvement Network (LINk)
Brian Gilbert, LINk Steering Group
Ron Newell, LINk Steering Group

Buckingham Town Council
(Written response)

NHS Buckinghamshire and Oxfordshire Cluster (PCT)
Ronan O'Connor, Cluster Communications and Patient Information Director
Dr Geoff Payne, Medical Director
Helen Peggs, Project Director, Patient Information and Reconfiguration

Oxford Health NHS Foundation Trust
Julie Waldron, Chief Executive,
Ros Alstead, Director of Nursing and Clinical Standards
David Allen, Management Consultant

Save our Hospital Services (SOHS) Group
John Barlow
Steve Cohen (Chairman of the SOHS Group),
Sue Hynard (attending on behalf of Steve Baker MP)
Frances Alexander

South Central Ambulance Service
Maria Langler, Area Manager, Bucks, South Central Ambulance Service
John Black, Medical Director, South Central Ambulance Service

Wycombe Labour Party
Dr Linda Derrick, Chair of the Constituency Labour Party Health Policy Group
Councillor Victoria Groulef, Labour Group Leader, Wycombe District Council, Disraeli Ward

With thanks to the members of the HOSC Working Group:

Miss Lin Hazell, County Councillor and Chairman of the HOSC
Mr Richard Pushman, County Councillor and Vice-chairman of the HOSC
Mr Bruce Allen, County Councillor
Mr Noel Brown, County Councillor
Mr Alan Oxley, South Bucks District Councillor
Mrs Freda Roberts, Aylesbury Vale District Councillor
Mr Nigel Shepherd, Chiltern District Councillor
Mrs Jennifer Woolveridge, South Bucks District Councillor and co-opted member

Officers supporting the working group:
Jane Burke, Policy Officer, HOSC
Elizabeth Wheaton, Democratic Services Officer

In addition, the HOSC would like to thank Roger Edwards for his expertise and support given to the Working Group during the consultation period.

Appendix 2: The following tables summarise the proposed changes to both acute hospitals[3]:

Wycombe Hospital	
Outpatient services (adult and children)	No change proposed
Day case procedures (adult and children)	No change proposed
Elective treatment centre (planned surgery)	No change proposed
Midwifery-led birth centre	No change proposed
Antenatal care	No change proposed
Diagnostic services (for example x-ray, endoscopy)	No change proposed
Specialist stroke services (including hyperacute stroke and acute stroke)	No change proposed
Specialist cardiology services	No change proposed
Critical care support	No change proposed
Vascular service	Day surgery, diagnostics, outpatients and surgery to prevent strokes caused by carotid artery disease would remain unchanged. Complex inpatient surgery (including abdominal aortic aneurysms) proposed for John Radcliffe Hospital in Oxfordshire.
Urgent care service	For those who currently attend the EMC at Wycombe without having seen their GP or another clinician first, they will still be able to attend the new urgent care service. If your GP or ambulance service determines that you require urgent hospital attention you will be directed to the most appropriate A&E department (e.g. Stoke Mandeville or Wexham Park hospitals).
Breast care services	Proposal to centralise initial assessments and first outpatient appointments at Wycombe Hospital through the creation of one-stop clinics in a new specialist breast care unit. Chemotherapy for breast cancer will continue in both Stoke Mandeville and Wycombe Hospitals.
Inpatient services	Proposal for emergency respiratory, gastroenterology, diabetes and medicine for older people admissions to be admitted to Stoke Mandeville Hospital. Creation of a step-down / community hospital ward for older people at Wycombe Hospital.
Multidisciplinary assessment service for frail or elderly patients	New service development for Wycombe Hospital. GPs will be able to refer into this service and obtain advice and support for patients to remain out of hospital
System of fast access for diagnostics, assessment and specialist opinion for GPs to help keep patients out of hospital	New service development for Buckinghamshire

[3] Better Healthcare in Buckinghamshire Consultation Summary

Stoke Mandeville Hospital	
Outpatient services (adult and children)	No change proposed
Day case procedures (adult and children)	No change proposed
Accident and Emergency Department (adult and children, including trauma and GP-led centre)	No change proposed
Emergency surgery (adult and children)	No change proposed
Maternity services (including antenatal, inpatient and neonatal care)	No change proposed
Paediatric services (including inpatient care)	No change proposed
Diagnostic services (for example x-ray, endoscopy)	No change proposed
Specialist plastics and burns services	No change proposed
National Spinal Injuries Centre	No change proposed
Specialist ophthalmology service	No change proposed
Critical care support	No change proposed
Cancer care and haematology	No change proposed for the majority of services. Proposal to centralise initial assessments and first outpatient appointments for patients with breast-related symptoms at Wycombe Hospital through the creation of one-stop clinics in a new specialist breast care unit. Chemotherapy for breast cancer will continue in both Stoke Mandeville and Wycombe Hospitals
Inpatient services	Proposal for emergency respiratory, gastroenterology, diabetes and medicine for older people admissions to be admitted to Stoke Mandeville Hospital.
System of fast access for diagnostics, assessment and specialist opinion for GPs to help keep patients out of hospital	New service development for Buckinghamshire

Appendix 3 – Acronyms

A&E	Accident and Emergency
ACHT	Adult Community Health Team
ASC	Buckinghamshire County Council's Adult Social Care
BHiB	Better Healthcare in Bucks
EMC	Emergency Medical Centre
GP	General Practitioners
HOSC	Health Overview and Scrutiny Committee
LINk	Local Involvement Network
NHS	National Health Services
SCAS	South Central Ambulance Service
SMH	Stoke Mandeville Hospital
WH	Wycombe Hospital

Appendix 4 – Health Overview and Scrutiny Committee membership

County Councillors:
Miss Lin Hazell, Chairman
Mr Richard Pushman, Vice-Chairman
Mr Bruce Allen
Mrs Margaret Aston
Mr Noel Brown
Mr Tim Butcher
Mr Hedley Cadd
Mrs Lesley Clarke, Non-voting member
Mrs Avril Davies
Ms Jenny Puddefoot
Mrs Wendy Mallen

District Council Members:
Mr Doug Anson MBE, Wycombe District Council
Mr Alan Oxley, South Bucks District Council
Mrs Freda Roberts MBE, Aylesbury Vale District Council
Mr Nigel Shepherd, Chiltern District Council

Appendix 5 – References and background reading

Better Healthcare in Buckinghamshire - Proposals to change and improve NHS services, Consultation Document - NHS Buckinghamshire *January 16 to April 16 2012*

Better Healthcare in Bucks Listening and Learning – NHS Buckinghamshire *December 2011*

Better Healthcare for Bucks Transport Summit – NHS Buckinghamshire *January 2012*

Better Healthcare for Bucks – National Clinical Advisory Team report *October 2011*

NHS Buckinghamshire website www.buckinghamshire.nhs.uk/bhib/

Avoiding hospital admissions – The King's Fund *December 2010*

Developing safe and sustainable acute services in South Central – NHS South Central *August 2011*

Major trauma care in England - National Audit Office *February 2010*

Reconfiguring hospital services - The King's Fund *September 2011*