

Agenda

BETTER HEALTHCARE IN BUCKS HOSC WORKING GROUP

Date: Tuesday 20 March 2012
Time: 2.30 pm
Venue: Mezzanine Room 1, County Hall, Aylesbury

2.15 pm Pre-meeting discussion

This session is for members of the committee only. It is to allow discussion of matters such as what line of questioning should be pursued and by whom, which areas of discussion should be covered, and what members wish to achieve from the meeting.

Agenda Item	Time	Page No
1 APOLOGIES FOR ABSENCE/CHANGES IN MEMBERSHIP		
2 MINUTES To confirm the minutes of the meeting held on 21 February 2012.		1 - 6
3 WYCOMBE LABOUR GROUP RESPONSE TO BHIB The Wycombe Labour Group has submitted a response to the NHS consultation and has asked for the opportunity to express to members its views on the proposals.	2.30pm	7 - 16
Contributors: Councillor Victoria Groulef, Labour Group Leader, Wycombe District Council, Disraeli Ward Dr Linda Derrick, Chair of the Constituency Labour Party Health Policy Group		
Paper: Better Healthcare in Bucks: Response by Wycombe Labour Party		
4 LOCAL INVOLVEMENT NETWORK (LINK) RESPONSE TO BHIB The Local Involvement Network, or LINK, represents the public	3.15pm	



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voice in Buckinghamshire. Members will hear of views and responses of the public picked up by the LINK during the consultation period.

Contributors:

Mr Ron Newall, LINK Steering Group member

Mr Brian Gilbert, LINK Steering Group member

5 CLOSE

4.00pm

The full Better Healthcare in Bucks consultation document can be found via the following link:

www.buckinghamshire.nhs.uk/bhib/ or telephone 01494 552256.

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

For further information please contact: Liz Wheaton on 01296 383856

Fax No 01296 382538, email: ewheaton@buckscc.gov.uk

Members

Mr B Allen

Mr N Brown

Lin Hazell

Mr A Oxley

Mr R Pushman

Mrs F Roberts MBE

Mr N Shepherd

Co-optees

Mrs J Woolveridge

Minutes

BETTER HEALTHCARE IN BUCKS HOSC WORKING GROUP

MINUTES OF THE BETTER HEALTHCARE IN BUCKS HOSC WORKING GROUP HELD ON TUESDAY 21 FEBRUARY 2012, IN MEZZANINE ROOM 3, COUNTY HALL, AYLESBURY, COMMENCING AT 10.33 AM AND CONCLUDING AT 12.50 PM.

MEMBERS PRESENT

Mr B Allen, Mr N Brown, Lin Hazell, Mr A Oxley, Mr R Pushman and Mrs F Roberts MBE

CO-OPTEEES PRESENT

Mrs J Woolveridge

OFFICERS PRESENT

Mrs J Burke and Mrs E Wheaton

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Nigel Shepherd.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 OXFORD HEALTH NHS FOUNDATION TRUST RESPONSE

The Chairman introduced Julie Waldron, Chief Executive, Oxford Health NHS Foundation Trust and Ros Alstead, Director of Nursing and Clinical Standards, Oxford Health NHS Foundation Trust. Ms Waldron started by explaining that due to the Government's Competition Policy, the Trust had to rename itself and is now known as the Oxford Health NHS Foundation Trust and offers a range of mental health services over a large geographical area, encompassing Wiltshire, Berkshire as well as in Buckinghamshire. In Bucks, children's mental health services also includes speech and language services.

The Chairman asked what involvement the Trust has had in the Better Healthcare in Bucks consultation document (BHiB). Ms Waldron explained that the Trust has had no involvement in the BHiB document. At the Healthy Leaders Group meetings, there has been talk about the work being carried out in relation to the re-configuration of services. Ms Waldron expressed



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disappointment over potential missed opportunities as a result of not involving the Trust in the development of the proposals outlined in the consultation document.

Ms Alstead went on to say that, on the positive side, the proposals appear to focus on specialist services in Acute Hospitals and the proposals for this and the management of beds appear to be rational. Ms Alstead provided Members with some statistical information. The population of Buckinghamshire is around 550,000 people of which around 100,000 will experience some mental health issue (from a mild form to more severe forms). Around 90% of these people will require primary care services. There is no mention of mental health wellbeing in the consultation document. The vision is to improve health for the residents of Buckinghamshire and Ms Alstead explained that she would have expected to see a strategy which focused on Integrated Care as the way forward but the focus appears to be on Hospital beds.

Ms Alstead explained that there is a lot of evidence which points towards the right model of care where service gaps have been identified and new service arrangements delivered. She went on to say that City Hospital in Birmingham has introduced a RAID (Rapid Assessment Interface and Discharge) service which has recently won a prestigious Health Service Journal award for best innovation in mental health. It has not only resulted in better patient care but it has avoided unnecessary admissions onto already busy medical wards.

Ms Alstead said that she would have liked to have seen this sort of service delivery outlined in the consultation document and felt that the document was light on integrated services information.

During discussion, Members asked the following questions and made the following comments.

- A Member said that at a recent meeting they were informed that community services are now integrated and provide care around the clock. The Member asked for further clarification in relation to the interface between Buckinghamshire Hospitals and Wexham Hospital. Ms Waldron explained that the Trust took over the community mental health services in the south of the County and further services have been developed in Burnham for patients in the south of the County. She went on to explain that the Trust works closely with the A&E department at Wexham Hospital. Around 1,800 patients are in-patients with a further 30,000 patients also receiving mental health services. Ms Waldron said that most patients are seen in their home.
- A Member said that psychiatric services in the Acute Hospitals are very good but the Member asked whether there are enough psychiatrists in the Community to follow-up with patients in their own homes. The Member asked what the objections are for setting up Psychiatric Liaison Services in Bucks. Ms Alstead explained that this is an issue for commissioning services. Ms Waldron went on to say that there used to be a liaison services team at the John Radcliffe in Oxford but the PCT ceased funding this service.
- Ms Alstead mentioned the Darcy review and emphasised the importance of integrated services.
- Ms Waldron said that Dr Alan Cohen carried out some research and found that 40-60% of unexplained patient cases had underlying mental health issues.
- A Member asked whether the John Hampden Unit offers Liaison Psychiatric Services. Ms Waldron responded by saying that Cambridge House currently offers psychiatric services but these will be moving to the new Manor Hospital site.
- A Member asked for an update on the Manor House and Tindal Centre sites. Ms Alstead started by saying that it would have been an ideal opportunity to refer to the new plans at the Manor House site in the consultation document.
- A Member asked what the official route is into the mental health services. Ms Alstead explained that 90% of patients are referred by their GP but some patients arrive at crisis

point at A&E and are then referred to the mental health services. Patients could also be referred via the new non-emergency number (111).

[Richard Pushman re-joins the meeting at 11.05am]

- A Member asked that, with the closure of Amersham Hospital, where have all the patients been referred to. Ms Alstead said that if there are well resourced, integrated community services then fewer beds are required in the Community Hospital setting.
- Roger Edwards, consultant providing policy support, asked what the impact would be on the mental health service if more patients are cared for in the community as he would expect the demand for mental health services to increase in the Community. Ms Waldron responded by saying that she would expect to see an increase in mental health issues and the Trust would like to engage with Bucks Healthcare on this issue. She went on to say that the Trust has not been involved in any of the preliminary discussions with GPs.
- Mr Edwards went on to ask what happens if people self-present at A&E. Ms Alstead explained that the crisis team would be called for their advice. She went on to say that, in Bucks, the gap in service delivery is outside the A&E setting. In other Hospitals, the Liaison Psychiatric Services (LPS) team would be the point of contact. Another major benefit of the LPS is that nurses build up areas of expertise and are able to deal with more patients as a result.
- Mr Edwards asked whether there is a sufficient resource available to keep people out of A&E. Ms Alstead said that on the current resourcing levels, there are not enough resources available. Those involved in crisis intervention require a different skill set. Those working in A&E need to be able to diagnose mental health issues. The Trust does provide reciprocal training with Bucks Healthcare.
- The Chairman asked whether the Trust had lost ground as a result of not being involved in the development of the consultation document or is it just a missed opportunity. Ms Waldron said that she does not believe that the Trust has lost ground but she did feel that it is a missed opportunity.
- The Chairman asked that if there was a move towards the enhanced service model which has been implemented in Birmingham, would Bucks Healthcare and the Trust have the capacity to offer a similar service. Ms Waldron explained that there is no funding available to provide an enhanced service model in the same way as the Birmingham Hospital. It would be an issue for the Commissioning team to consider. She went on to say that the Trust currently provides a good level of care but it cannot provide top quality care based on the current funding available.
- Ms Alstead explained that the Trust wants to challenge the consultation document as it feels that mental health services should be included and it would have provided a more balanced message to the public if information had been included in the document. Ms Alstead went on to say that Bucks Healthcare view the Trust as a complex service area to integrate with but there is a need to work together.
- A Member asked for more details surrounding the brief for the consultation document as they felt that perhaps the brief should have been much wider. The Chairman agreed to ask Bucks Healthcare for more information about what the main driver for the consultation document is.

Action: Lin Hazell/Jane Burke

- Roger Edwards asked whether more patients will slip through the net if there is a move to reduce the number of people going to A&E. Ms Alstead responded by saying that staff can be too risk averse and a lack of experience can mean people make the wrong choices.

- A Member said that there is still space available at the Chesham Health zone which could be used to provide more local services and wanted to raise this issue whilst the re-configuration of services is being discussed.

The Chairman thanked Ms Waldron and Ms Alstead for their very useful presentation and said that Ms Alstead will be attending the HOSC meeting on 9 March.

4 SAVE OUR HOSPITAL SERVICES GROUP RESPONSE

The Chairman welcomed Mr John Barlow, representing Save Our Hospital Services, to the meeting. Mr Barlow was joined by Mr Steve Cohen (Chairman of the SOHS Group), Ms Sue Hynard (attending on behalf of Steve Baker MP) and Ms Frances Alexander.

Mr Barlow started by explaining that SOHS is a non-political cross party group. He took Members through his presentation and made the following main points.

- SOHS is not against change but it wants to halt the dilution of local services and improve the hospital facilities at Wycombe.
- SOHS wants to hold the health authority to account and wants to ensure the public is fully engaged in the consultation process and the final outcomes reflect public demands.
- SOHS views the County Councillors as the best route to holding the health authority to account and the new health Bill will give local authorities the opportunity to increase their powers.
- SOHS wants Wycombe to remain as an Acute Hospital which will treat patients with a wide range of ailments (from a broken finger to more serious stroke conditions).
- Representatives from SOHS met members of the PCT and were left feeling that the current consultation is a sales pitch rather than a public consultation. SOHS believes this is a breach of the Health and Social Care Act 2008.
- Wycombe Hospital's A&E department has been downgraded once and it is about to be downgraded again.
- 30,000 patients who attend A&E are signposted elsewhere - 20,000 of these are expected to be seen by their local GP (66%). SOHS is concerned about GP capacity to see these extra patients as it amounts to an additional 40 GP sessions per week to see 20,000 patients.
- The PCT submits its figures to the National Clinical Assessment Team. The NCAT does not check the figures and accepts them as local knowledge.
- BHiB does nothing to reduce Health Inequalities.
- Waiting times have increased by 169% and if there is a reduction of beds at Wycombe Hospital, this will only make the situation worse.
- The vision is to treat more people in the community but there needs to be a cost/benefit analysis to ascertain the viability of this.
- Quantifiable improvements are not included in the document and SOHS want the HOSC to monitor the improvements in future.
- There is a lack of sound logic that has been applied to the consultation document.
- SOHS feels that BHiB is well meaning but it fails to analyse the affects on public, patients and County Council budgets.
- Whilst the consultation document outlines 7 options, 6 of them can be dismissed very quickly which leaves only one viable option. SOHS believes that some options have not been explained in enough detail.

During discussion, the following comments were made and questions asked.

- The Chairman asked whether SOHS had looked at other parts of the Country to see what they were doing. Mr Barlow responded by saying that the organisation has

looked at guidance produced by the independent proposal review which highlights where reviews fall down. Some of the common issues refer to transport and monetary considerations.

- Steve Cohen explained that SOHS was set-up in 2004. Health authorities are required to consult on changes to health services but SOHS feels that the decision has already been made as the consultation document steers people towards one option out of the seven proposed.
- A Member commented that at Wexham Hospital, there is a GP surgery aligned to A&E. Mr Barlow explained that there is a GP unit at Wycombe Hospital but it is not used and only 600 people have registered so it is due to close.
- A Member asked for clarification in relation to health inequalities. Mr Barlow explained that he did not have the specific information to hand but his impression is that health inequalities are getting worse across the County. The Chairman added that health inequalities did not relate to the way healthcare is delivered but it is more about lifestyle inequalities, including alcohol abuse, lack of exercise, poor diet and the fact that people are living longer.

[Alan Oxley left the meeting at 12.20pm]

- A Member stated that the main complaint appears to be with regards to the consultation document and the way the information has been presented. Mr Barlow agreed and added that it is also about the dilution of services at Wycombe Hospital.
- A Member commented that Wycombe Hospital currently provides very good specialist services and the Hospital will be instrumental in delivering future services. Ms Alexander added that Wycombe Hospital has already lost its children's facility which has resulted in increased visiting times. She went on to provide an example of a patient with a broken arm being transferred from Wycombe Hospital to Stoke Mandeville to then be released at 2am.
- Mr Cohen expressed concern regarding the lack of democracy in the consultation document and the way it has been presented as a fait accompli. He went on to say that Bucks Healthcare do not have to act on public opinion. He has many real stories of people who have been let down by the NHS.
- Mr Barlow mentioned the Shaping Health Services consultation which took place in 2004 and commented on how flawed the consultation was. Local people have not forgiven the NHS for moving the maternity services to Stoke Mandeville. He asked that the consultation process is correct this time.
- A Member asked whether people accept the advancements that have occurred in surgery and the fact that people do not have to spend so much time in Hospital as this is one of the main drivers for change. Mr Barlow responded by saying that people did acknowledge the advancements and stressed that SOHS is not averse to change but it wants better patient outcomes in future.

The Chairman thanked everyone for their contributions.

5 DATE OF THE NEXT MEETING

The next meeting is due to take place on Friday 16 March at 9.30am in Mezzanine Room 3, County Hall, Aylesbury.

Future meetings

Tuesday 20 March at 2.30pm

Tuesday 27 March at 2pm

CHAIRMAN



Wycombe Constituency Labour Party

Better Healthcare in Bucks

NHS Buckinghamshire
3rd Floor Rapid House
40 Oxford Road
High Wycombe
BUCKS
HP11 2EE

Councillor Victoria Groulef

The Ridings
Riversdale
Bourne End
Bucks
SL8 5EB

27th January 2012

Dear Sir/Madam,

Better Healthcare in Bucks; Response by Wycombe Labour Party

Summary

1. Wycombe Labour Party believes the credibility of the Better Healthcare report is seriously undermined because it ignores other major changes which are likely to be implemented at the same time as those proposed in the report. These major changes include those proposed in the Health and Social Care Bill and the £20 billion “efficiency savings” to be made to the NHS by 2014/5.
2. The report fails to address existing inequalities in the provision of health services and in health outcomes in Bucks and in particular within the Town Wards of High Wycombe. These will be made worse by the proposals in the report.
3. The report also fails to look at improvements which should be made to existing services to improve their performance. For example, waiting times should be cut and more help should be given to patients so they can go home sooner. Better healthcare is not all about relocating services; it requires better management across the boundaries of hospital, community and social care.
4. The report does not appear to be based on a fully worked- out cost benefit analysis. A cost benefit analysis would have assessed the costs and benefits of each option, not only for the hospitals in Bucks, but also for other interested parties including the local authorities and, most

importantly, for the patients. We simply do not know whether the recommendations in the report are the most cost effective.

5. As far as the proposals in the report are concerned, Wycombe Labour Party believes there can be health benefits if services are concentrated in centres of excellence. There can also be benefits in moving more cases to the community.
6. However, it believes the report largely ignores the costs this would put on patients and families. This is particularly true where ill, or disabled, or poorer patients and families have to travel to Stoke Mandeville for services.
7. Wycombe Labour Party is opposed to further concentrating emergency services at Stoke Mandeville. Unless a proper cost benefit analysis demonstrates otherwise, Wycombe Labour Party believes a full A&E service should be restored at Wycombe Hospital.

Introduction

8. Wycombe Labour Party has discussed the report fully at a number of meetings and this is their considered response.
9. Before we come to the proposals in the report, we have to comment on critical issues which are, very surprisingly, omitted from report.

Health and Social Care Bill

10. The Health and Social Care Bill is still going through Parliament. If made law, the NHS will undergo the biggest top-down re-organisation since it was set up in 1948. We are frankly astonished that these changes are not mentioned in the report as they form the back-drop against which the proposals in the report have to be considered.
11. Changes proposed in the Bill mean that £80 billion of NHS funding, i.e. taxpayers money, will be transferred to private-sector GP commissioning consortia. In Bucks, the Government is not waiting for the Bill to be passed. Instead, Bucks is piloting the transfer from April this year, presumably to the 3 private sector consortia already set up in the County. These private sector consortia will then be responsible for commissioning all healthcare services in Bucks and the PCT will be abolished.
12. The Labour Party is totally opposed to these changes and is doing everything it can to stop the Bill. It is opposed because we believe it is irresponsible to inflict far reaching structural reform at the same time as asking the NHS to implement £20bn efficiency savings.
13. We also have grave concerns about Central Government's aim to push through legislation against the advice of both health professionals and

the public. The Health and Social Care Bill is opposed by the British Medical Association, the Royal College of GPs, the Royal College of Nursing, the Royal College of Midwives and the Chartered Society of Physiotherapy and many other organisations. Very recently the cross party Select Committee on Health chaired by Stephen Dorrell, a former Conservative health secretary, heavily criticised the proposals in the Bill.

14. The Labour Party is also opposed to the Government's premature and chaotic implementation of the proposals in the Bill. The banks are to be allowed at least 5 years to reform their structures to help make sure they do not again cause a financial collapse to the country - but Government are implementing the Bill's changes before the Bill has even got consent.
15. The report refers to a risk assessment, available on the Better Healthcare in Bucks website, showing the proposals will have an overall positive benefit on the local population. We were unable to find this risk assessment on the website.
16. In those circumstances, we are very concerned about the changes proposed in the Better Healthcare report. Over the next few years we believe the NHS will barely be able to cope with the changes inflicted by this Government - if it copes at all. We cannot see how the changes in the report can be implemented safely at the same time, particularly as the PCT is to be abolished and all the changes will have to be managed by new, more fragmentary, organisations struggling to establish themselves.

Cuts to the NHS

17. There is no information about budgets in the report. It says the "PCT and the Bucks Healthcare Trust will come under significant financial restraints" - and that's all. Apart from the fact that the PCT will no longer exist if the Bill is passed, there is no information as to how the restraint will fall, nor when, nor by how much.
18. Nor does the report mention that the "restraints" are already being felt. The budget of the NHS is already being cut. The NHS has to find £20 billion in "efficiency savings" by 2014/5. £3 billion nationally has been set aside for the privatisation of the NHS; £27 million has been set aside in Bucks.
19. The further changes in the report mean further costs. This means even more money set aside for changes in structure rather than spent on healthcare.
20. Wycombe Labour Party cannot support major structural changes to the NHS in Bucks without being certain that the changes are properly funded and are not putting services at risk.

Better healthcare by improving existing services

21. The report deals almost exclusively with the re- location of hospital services, either to move them to the community or to concentrate them in centres of excellence. There is no mention in the report of providing better healthcare by improving existing services wherever they are located.
22. However, there are some serious problems for healthcare in Bucks that should be tackled irrespective of the location of the service. We have set out two of these in some detail below to illustrate where improvements should be made.

Bed Blocking

23. The report admits that elderly patients in Bucks hospitals have an average stay of 22 days compared with an England average of under 13 days. There is no explanation in the report of Buck's poor performance in keeping patients in hospital longer than needed (known as bed blocking) nor is there any suggestion that the PCT proposes to do anything about it.
24. We understand that many patients cannot go home because social care is not available. We also understand that the Government gave Councils some extra money to provide that care. However, the Government did not ring-fence the money and we understand Bucks CC have decided to spend it on other things. Indeed we are also aware that central government has implemented an overall cut of 28% to Local Authority social care budgets.
25. Wycombe Labour Party believes the PCT should be providing better healthcare by ensuring a system of effective integrated care is introduced and there is sufficient help for its elderly patients to leave hospital. Better healthcare is not all about relocating services; it requires better management across the boundaries of hospital, community and social care.

Waiting times

26. Similarly, we know that waiting times in Bucks have deteriorated significantly over the past year. The Labour Government set a target for the NHS of treating patients within 18 weeks of referral from their GPs. This target was dropped by this Tory -led Government because it did not believe in targets. However, it was then compelled to change- its mind when it realised this target was important in driving an improvement in waiting times.
27. A year ago, 92% of patients in Bucks started treatment within 18 weeks of referral, a legacy from the Labour Government. By October 2011, 84% of patients had started treatment within 18 weeks - 8% worse than last

year and more than a doubling of the number of patients who had to wait more than 18 weeks.

28. The biggest category of patients (17%) in Bucks referred for treatment in hospital is "trauma and orthopaedics". In Oct 2011, only 69% of trauma and orthopaedic patients started treatment within 18 weeks. This means over 30% of trauma and orthopaedics patients had to wait longer than the 18-week target.
29. If we look at where many of these patients went, last year 92% of patients going to the Bucks Healthcare NHS Trust started treatment within 18 weeks. In October 2011, that was down to 81%. Nearly 20% of patients had to wait longer than 18 weeks.
30. For trauma and orthopaedics, the deterioration has been even worse. Last year, 80% of trauma and orthopaedic patients started treatment at the Trust within 18 weeks. By October 2011, that figure had crashed to 54%. That means nearly half the trauma and orthopaedic patients going to the Trust had to wait more than 18 weeks.
31. On the other hand, all the patients going to private sector hospitals (mainly the BMI which treat about a third of these patients in Bucks) were able to start treatment within 18 weeks
32. We have asked for an explanation of the deterioration from the PCT and the Trust but have had no response. However, we understand that the reason the Bucks Healthcare Trust's patients have to wait longer is because the BMI creams off the straight-forward (and profitable) cases and leaves the more complicated cases to the NHS.
33. We understand the BMI can get through a simple hip operation in about an hour; the NHS can take 2 or 3 hours to complete a complicated hip operation. The NHS also has to provide more rigorous back-up facilities e.g. cardiac support in case things go wrong unlike the private sector.
34. We also understand the NHS and the BMI are paid the same tariff for the operation, irrespective of its complexity. If this is true, we can understand why the Trust is struggling. This is where strong commissioning performance is essential to ensure that essential NHS services are not strangled through uncompetitive practice.
35. Again, this poor performance has nothing to do with centralising services but is all to do with cuts to the NHS. NHS money is also being diverting from its real business - preventing illness and treating patients - into reorganisations which merely transfer money to the private sector.
36. The Labour Party believes the PCT should get to grips with the deteriorating problem of waiting lists. It also believes it should do this fairly and cost effectively and not by creaming off the simple cases at a profit to the private sector.

37. It is these kinds of issues the PCT should be addressing to provide better healthcare as well as looking at the best location of the services.

Inequalities in health services

38. There is no mention in the report of the existing inequalities of health services provided by PCT and the inequalities in the outcomes.

39. For example, people living in the more affluent wards of Bucks have an average life expectancy over 12 years longer than someone living in a less affluent ward. For example, in Wycombe district, someone living in Booker and Cressex has an average life expectancy of 78.2 years; someone living in Ickneild has an average life expectancy of 88 years.

40. There are no proposals in the report to reduce these inequalities; in fact, we believe the proposals will increase the inequalities (see below).

41. There are areas of deprivation in Wycombe which require more intensive community based healthcare services and we are concerned that a move of services to Stoke Mandeville would reduce focus and remove access to those living in these areas of Wycombe.

42. The report refers to impact assessments showing that the proposals would have an overall positive benefit on the local population. It says the assessments were available on the Better Healthcare in Bucks website.

43. The website says that three different initial assessments had been completed “following the engagement phase of the Better Healthcare in Bucks process”. One of the assessments listed was not an assessment but a tool to help carry out an assessment. One was a Strategic Equality Review of vascular surgery across the South Central region; it was not an assessment of the proposals in the report. 2011.

44. The third was an initial Equality Impact Assessment of the proposals in the report. We found it superficial and unconvincing. It merely sets out a mass of statistics on populations and then comes to the conclusion that the proposals would have a neutral impact on the “protected characteristic group “ of race, and a positive impact on “protected characteristic groups” of age and disability. There is no indication as to how the assessment came to that conclusion.

45. Wycombe Labour Party feels this is woefully inadequate. The impact of the proposals on different groups of local population need to be properly assessed.

Options Appraisal/Cost Benefit Analysis

46. The proposals in this report will affect most of the residents of High Wycombe at some point in their lives. They will also have a critical

impact on many thousands of people in Wycombe. The report does not quantify the costs involved but we would suspect they would run into the tens of millions. For proposals of this importance and financial scale, we would have expected the report to be underpinned by a fully worked out options appraisal with a cost benefit analysis.

47. By this we mean that each option considered would have the costs and benefits assessed for each of the interested parties. For example, for each option to relocate hospital services either to another hospital or to the community we would have expected the report to have quantified, as far as it was able, the costs and benefits to

- the Buckinghamshire Healthcare Trust in terms of staffing, premises, and equipment;
- the PCT;
- the ambulance services;
- the local authorities;
- GP commissioning consortia/GPs;
- patients in terms of better (or worse) health outcomes, and in terms of transport costs, and opportunity costs if they have to take time off from work; and
- relatives and support groups.

48. There is an options appraisal of sorts on pages 22 to 25 of the report but it is very superficial. It does not include any quantification; it does not look at the costs and benefits of different interest groups; and is almost entirely drawn from the perspective of NHS providers rather than the customer i.e. the patient.

49. We can see no sign of this cost benefit work having been done, or being made available to the public. Without this work it is difficult for us, and we suspect others consulted, to make a proper judgement on what is the best option. The recommendations made in the report may indeed be the most cost effective option for the NHS hospitals in Bucks. However, they may not be the most cost effective option for patients, and they may not be the most cost effective option for the taxpayer. We have no way of assessing this.

50. If this work has been done, we would very much like to see it. If not, we believe it should be done before the proposals go any further.

51. We make no apology for spending so much time on these omissions from the report; the omissions are glaring and undermine the whole credibility of the report.

The report

52. Turning to the report itself, we believe it argues persuasively for the concept of centres of excellence where this would improve the quality of healthcare for serious conditions needing specialised staff and equipment. We have seen the evidence for this and believe that centres of excellence can improve the quality of healthcare.
53. The report argues, perhaps less persuasively, for more patients to be nursed in the community or at home where that is possible. Again we know this move would have real advantages for patients, their families and the NHS.
54. The report also sets out proposals which would retain hospital services at both Stoke Mandeville and Wycombe and it sets out proposals for investment at both hospitals which would improve facilities. Wycombe Labour Party welcomes the proposals to keep both Stoke Mandeville and Wycombe Hospital as major centres of healthcare and welcomes the investment the report proposes.

Transport/Access

55. However, the report gives scant attention to the problems these proposals would give to patients and other members of the public. If services are concentrated at either hospital, this means a longer journey for many patients to get treatment and longer journeys for their families to visit.
56. There is no recognition that for ill or disabled or older patients who cannot drive, a journey to hospital becomes a nightmare on public transport or very expensive by taxi. It fails to recognise the problems for working people who would have to spend half a day going to hospital and back when it currently takes an hour. Or of mothers with young children having to go for long journeys on public transport. Or of patients in hospital many miles from the support of their families and friends and perhaps separated from their young children.
57. The Bucks Free Press has announced that the PCT has now offered free bus passes between hospitals for patients and visitors. Wycombe Labour Party welcomes this. However, it still fails to recognise that it would take someone perhaps an extra 3½ hours for the round trip to Stoke Mandeville from Wycombe compared to going to Wycombe Hospital. And for those who have no car and cannot cope with public transport, a round trip to Stoke Mandeville could cost about £35 extra.
58. We know that many patients faced with a long and tiring journey, or an expensive taxi ride, will simply not go for treatment. And those patients will be the most vulnerable members of our community.
59. The report also fails to recognise the obvious difficulty of accessing Stoke Mandeville during busy periods due to congestion on the main road from High Wycombe to Princess Risborough.

60. The cost of these proposals therefore falls disproportionately on the poor and on the elderly, ill or disabled.
61. We believe the PCT should have been developing proposals for better and more equal access to the services at the same time as it was developing its proposals to relocate its services. Instead it has left all these problems in the air. We find this very disappointing, particularly as this problem was clearly identified in previous consultation with patients.
62. The PCT needs to come up with some concrete and thought- through solutions to the problems of transport and access, particularly for the more vulnerable residents of Wycombe before any decisions are taken on moving the services.

Services in the Community

63. Similarly, the report gives no attention to the costs of moving care to the community. Many patients will require substantial help from social services for this to work - and there are no details of how this would be organised or who would pay for it. We note that healthcare is free at the point of need and social care is means tested. We would not support the transfer of healthcare to the community if that meant the cost of healthcare was shifted to the patient or family.

Accident and Emergency Services

64. We are particularly concerned about the proposals for A&E.
65. Again we have to point out the lack of any cost benefit analysis for the proposals to further concentrate resources at Stoke Mandeville.
66. We would expect to see a range of options for emergency services with the costs and benefits for each option quantified for all the interested parties. We could then see how much money the Trust would save in further concentrating services in Stoke Mandeville and how this might resolve its staffing problems. We could also see how far this option might improve healthcare for patients once they arrived at hospital. We could also see if the longer journey would put them at risk if their condition deteriorated on the way.
67. Without the benefit of this work, we can only take a commonsense view based on what we feel will provide the public with a good quality service.
68. We can see that there may be some sense in patients travelling further if it leads to better care for serious and/or long standing conditions (difficult and expensive though that may be for the patient). However, we feel that, for emergencies, the time taken to get a patient to

hospital is critical and it makes little sense to provide centres of excellence for emergency treatment if they are so far away patients have deteriorated by the time they get there.

69. The report gives no indication of the loss of life and well-being which could be caused by delays that will happen if the emergency services are concentrated at Stoke Mandeville. As we all know, Stoke Mandeville is not well served by roads.

We believe that moving a full A&E service to Stoke Mandeville may also have an impact on other surrounding hospitals primarily, Wexham Park. Indeed patients to the south of Wycombe district are now more likely to select or be transported to Wexham than Stoke Mandeville. The report does not in any way explain how this impact will be addressed by surrounding health authorities.

70. We therefore cannot support the proposals to further concentrate emergency services at Stoke Mandeville. Indeed, unless there is evidence to demonstrate the opposite, we believe there should be a full A&E service restored to Wycombe Hospital.

71. We would support proposals to examine the use of the emergency service by those with seemingly trivial problems. This is obviously wasting NHS money where GPs are already paid to provide that service. We wonder if patients find it difficult to be seen by their GP for emergencies or there are problems with out-of-hours services. On the other hand, there is a place for an emergency service which does not necessarily lead to the patient being admitted, particularly for children where, depending on circumstances, GP's and NHS Direct regularly suggest A&E as the best health provider.

72. We are also concerned that the PCT say the Trust cannot recruit sufficient consultants to meet the levels of consultant staffing recommended by the College of Emergency Medicine (12 for two units). However, the report does not explain whether that is a local or regional or national issue.

Yours sincerely,

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Labour Group Leader at WDC

Dr Linda Derrick
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