



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,

Councillor Victoria Groulef
Labour Group Leader at WDC

Dr Linda Derrick
Wycombe Labour Health Policy Group