

# *Creating an NHS fit for the future*



West Sussex Primary Care Trust (PCT) carried out a major public consultation on the future of health services during the summer and autumn of last year.

This leaflet explains in brief the main issues following the consultation, and how we will be taking the *Fit for the Future* programme forward over the coming months.

## What you told us during the public consultation

West Sussex PCT received 38,925 responses from people in West Sussex and the surrounding areas - both individual responses and bulk responses including petitions, fliers, letters, postcards or forms that people signed - representing the views of the local population.

Every single one of your comments was read by an independent analyst who has put together all the views in a report. The report summarised your views and concerns about our proposals for change. For example, the report reveals that travel times to hospitals, the ability of services to cope with a growing population and the impact of change on staff morale were three of the key issues for residents of West Sussex.

This feedback has helped us to decide what the important things are that we should consider when making our decisions. These include: accessibility - how easy it is to get to health services; deliverability - ensuring there is the capacity to meet the needs of the population and that services are managed well; and workforce implications - ensuring that high quality staff continue to be recruited and the best use is made of their skills.

If you would like a full copy of the independent analyst's report please visit the website [www.southeastcoastfff.nhs.uk/home/west-sussex.aspx](http://www.southeastcoastfff.nhs.uk/home/west-sussex.aspx) - Public Consultation section. Hard copies of the report and summary version are also available on request by phoning 0800 707 6975 or e-mailing [fitforthefuture@westsussexpct.nhs.uk](mailto:fitforthefuture@westsussexpct.nhs.uk)

"I want to thank the many thousands of people who made the effort to respond and contribute to the consultation. We made it clear that we would listen to what local people were telling us and that this would play a part in shaping the decision-making process."

West Sussex PCT Chief Executive, John Wilderspin

## The options to be considered

Our original consultation proposed three options for reshaping health services in the future. The consultation also provided an opportunity for alternative options to be put forward. At our Board meeting on 14 February 2008 we received a report from Sir Graeme Catto, independent chair of the Independent Assessment Panel, making recommendations about the options we should consider further.

These included Options A, B and C (the original options from the consultation) plus Sir Graeme Catto's recommendation to include a revised option proposed by local clinicians through the Clinical Reference Advisory Group. This option would mean accident and emergency (A&E) services stayed at Princess Royal, St Richard's and Worthing Hospitals, along with acute medicine (for example, a disorder or symptom that comes on suddenly and needs urgent treatment, such as a serious asthma attack), intensive care and planned surgery (for example, when a patient has an appointment to go into hospital on a specific day for a specific operation such as a hip replacement). We have grouped the options into three service models (see page 5).

Consultant-led maternity, inpatient children's beds and emergency surgery would be centralised at either St Richard's or Worthing Hospital along the south coast, and consultant-led maternity would be centralised in Brighton and Redhill for Central Sussex.

## How the proposed changes will improve healthcare

Medicine does not stand still. We must take into account the changes in medical practice, training for doctors and advances in technology, and we must adapt our health service accordingly. Our driving factors are to provide healthcare services which are clinically safe, sustainable and affordable, not just now but in the future.

The three district general hospitals (DGHs) we currently have in West Sussex are not big enough to continue to provide high quality and safe services into the future. Princess Royal, St Richard's and Worthing Hospitals currently provide a range of services. The proposed changes will make sure these services continue to be good and that many get even better.

Having a major general hospital (MGH) in West Sussex will provide more access to specialist staff and equipment and will allow us to keep more services in West Sussex than if we continued as we are. We will also be able to extend services to more patients and provide more services in West Sussex.

The proposed changes will take 3-5 years to put in place, and we will make sure that services will only be moved once safe alternatives are in place. We are planning that more services will be in the community or closer to people's homes, for example, some patients may be able to have an x-ray at a health facility closer to home such as a local community hospital.

## Major general hospital and local general hospitals

A lot of people have been asking questions about the differences between the revised service model put forward by the local clinicians (members of the Clinical Reference Advisory Group) and the service models that were in the original options.

Under the revised model there will be A&E services on all three sites and some planned operations.

This is just one of the models that will go forward, but clearly there are more services at the local general hospital (LGH) under this model than under the original options.

Some of the final details around what other services will be sited at the LGH and MGH are still being discussed by clinicians. We intend to publish more details of what services can be found on which sites when a decision on the service model and location has been made.

## Accident and emergency services (A&E)

The LGHs proposed within the revised service model would have a consultant-led A&E department (linked to that of the MGH) and would be able to deal with the vast majority of cases currently seen at a DGH A&E department, except for emergency surgery, orthopaedic and paediatric (children) cases where inpatient admission was required.

Most simple injuries, such as cuts, sprains and broken bones, would still be treated at the LGH, although more serious fractures requiring an operation and inpatient admission would be treated at the MGH.

Many children's cases could still be treated at the LGH, either in the A&E department, or if a short period of observation or an opinion by a paediatrician (specialist in children's care) is needed, in a specialist children's unit. Such a unit is likely to operate extended working hours but is not for overnight stays which would be on the MGH site.

Multiple serious life threatening injuries, such as injuries to the head and chest following a road traffic accident, would be taken to a critical care centre, for example Brighton and Sussex University Hospitals NHS Trust (The Royal Sussex County Hospital) or Portsmouth Hospitals NHS Trust (Queen Alexandra Hospital).

Occasionally, patients may present themselves to the A&E at the LGH for treatment when it would be more appropriate for them to be treated at the MGH. Patients would be treated by trained staff until being transferred to the MGH for more specialist treatment.

## Service model one

**One major general hospital (MGH), one local general hospital (LGH) and one community hospital (CH)**

The LGH will not have A&E and related services

**Option 1:** Worthing is MGH, St Richard's is LGH and Princess Royal is CH  
(The original option A)

**Option 2:** St Richard's is MGH, Worthing is LGH and Princess Royal is CH  
(The original option C)

## Service model two

**One major general hospital (MGH) and two local general hospitals (LGH)**

The LGH will not have A&E and related services

**Option 3:** St Richard's is MGH and Princess Royal and Worthing are both LGH  
(The original option B)

**Option 4:** Worthing is MGH and Princess Royal and St Richard's are both LGH  
(This option was originally ruled out as it did not meet the criteria of financial sustainability. On re-assessment, and taking into account changes to financial sustainability, Sir Graeme Catto recommended this option go forward to the final shortlist).

## Service model three (proposed by clinicians)

**One major general hospital (MGH) and two local general hospitals (LGH)**

The LGH will have A&E and related services

**Option 5:** St Richard's is MGH and Princess Royal and Worthing are both LGH

**Option 6:** Worthing is MGH and Princess Royal and St Richard's are both LGH

This model has been put forward by local clinicians, members of the Clinical Reference Advisory Group.

Further information about the shortlist of six options and the original three options is available at: [www.southeastcoastfff.nhs.uk/home/west-sussex.aspx](http://www.southeastcoastfff.nhs.uk/home/west-sussex.aspx) - 'The story so far' section. Alternatively you can email [fitforthefuture@westsussexpct.nhs.uk](mailto:fitforthefuture@westsussexpct.nhs.uk) or telephone 0800 707 6975.

## Maternity services

We want to make sure that we provide the full range of birthing options within the county, and that we provide the best and safest services for pregnant women and their babies.

All of the options being considered by the PCT would mean that maternity services are centralised on to the major hospital site in West Sussex. Maternity services at Princess Royal Hospital would be centralised at the Royal Sussex County Hospital, Brighton. There are proposals to put up to two midwife-led units at other locations in West Sussex. This would ensure a good, high quality and safe maternity service for women and babies across the county, and the opportunity for women to give birth in a midwife-led unit in the county, which they do not currently have.

The care before and after giving birth would continue to be delivered locally. The change would apply to the actual birthing stage for those women who need to use the consultant-led maternity service because they are higher risk, or those women who choose to use this service rather than having a home birth, or using a midwife-led unit.

We have had informal discussion with groups of women and parents asking for their views on this type of maternity service and inviting them to describe what matters the most to them when giving birth, for example, safety for themselves and their baby. They also gave their views on travelling to a midwife-led unit if it were in a place that was further away for them to get to, and what differences they felt there would be between this type of maternity service and that which may be based at the major general hospital site.

If you wish to express your views on the points mentioned above please contact the *Fit for the Future* Programme Administrator by email [fitforthefuture@westsussexpct.nhs.uk](mailto:fitforthefuture@westsussexpct.nhs.uk) or phone 0800 707 6975. Your comments will be considered as we continue to develop our plans for maternity services.

## The process for making decisions

When we shortlisted the options before going out to consultation we used three criteria - that options must be clinically and financially sustainable and were deliverable.

We have always intended to use a broader set of criteria to make our final decisions, and have taken into consideration the comments received by the public when developing the final set of criteria.

The eight criteria we will be using when the PCT Board makes its decision are:

- Accessibility - how easy it is to get to health services
- Clinical sustainability - making sure that services are safe and of high quality now and in the future
- Financial sustainability - making sure we can afford our services now and in the future
- Deliverability - ensuring there is the capacity to meet the needs of the population and that services are managed well
- Workforce implications - ensuring that high quality staff continue to be recruited and the best use made of their skills
- Health outcomes - meeting the needs of the population, improving health and well-being and addressing inequalities in health
- Wider strategic fit - planning to fit with other strategic issues such as emergency planning, economic and environmental issues
- Acceptability - reflecting the views of stakeholders and the public

## Timetable for making decisions

This is the current planned timetable but may be subject to change.

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<b>Wednesday, 7 May 2008</b>	PCT Board decides model (overall configuration) for future health services (Service model 1, 2 or 3)
<b>Wednesday, 4 June 2008</b>	PCT Board decides the location for the centralised services (the major general hospital)
<b>Wednesday, 25 June 2008</b>	The Joint Health Overview and Scrutiny Committee (JHOSC) comment on the outcome of our decisions taken in May and June
<b>Thursday, 10 July 2008</b>	The PCT Board considers the JHOSC comments and the decisions made in May and June

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The final timetable will be published on our website when it is agreed - [www.southeastcoastfff.nhs.uk](http://www.southeastcoastfff.nhs.uk)

This leaflet, the full report and summary version of the independent analyst's report, are available in a range of formats, eg large print and translated into other languages. Please contact the *Fit for the Future* Programme Administrator by email [fitforthefuture@westsussexpct.nhs.uk](mailto:fitforthefuture@westsussexpct.nhs.uk) or telephone 0800 707 6975.

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