

Why Worthing is a Major General Hospital

Letter from clinicians (including Consultants at Worthing and Southlands Hospitals, local GPs) and others to the Non-Executive Directors at the West Sussex Primary Care Trust ahead of the Fit for the Future decision-making meeting on 4 June.

Dear Sir/Madam,

The PCT is soon to make a final decision on the location of acute healthcare in West Sussex.

Whilst a conclusion to this very protracted process will be welcomed, we feel passionately that the correct decision is made for the right reasons.

You will know that Worthing and Southlands Hospital (WASH) already provides virtually all the key components expected of a Major General Hospital (MGH). It is the largest and busiest hospital in West Sussex and it provides an invaluable service to the biggest vulnerable (the elderly and the deprived) population in the county.

In addition to having the largest catchment population, WASH is considerably better prepared for fulfilling the role of an MGH in comparison with other hospitals in West Sussex. For example, WASH already provides a 24/7 Consultant delivered acute Gastro-intestinal bleeding service along with a Consultant delivered Interventional Cardiology service with 24/7 on call, in partnership with Brighton and Sussex University Hospitals (BSUH).

These services are regarded as essential components of an MGH and are not available elsewhere in the county. Other examples of services unique to WASH include the highly successful Renal Dialysis and level 2 Haematology units.

To move these and many other established services and to make the largest population travel to another hospital elsewhere in the county really does not seem to make sense. It would certainly be counterproductive to the well-being of the acutely ill patient, most of whom originate in the WASH catchment area.

When considering the impact to the residents of West Sussex if WASH were to be downgraded the following factors/consequences need to be taken into account:

1) Loss of emergency surgery, gynaecology, trauma and Orthopaedics

- Currently 60% (at least half as many again as any other group) of coastal West Sussex residents who require emergency surgery or

trauma/orthopaedic care are managed at WASH. This sick group of patients would all have to travel long distances to receive care when not in a fit state to do so.

- WASH is recognised by the Improving Surgical Outcomes Group as one of only nine centres of surgical excellence in the UK, and the only centre in West Sussex.
- There would be loss of the 24/7 Consultant delivered acute Gastro-intestinal bleeding service to a population with the greatest need. This would result in a large number of frail elderly patients having to travel a significant distance whilst bleeding, with inevitable consequences.
- There would be a considerably reduced Vascular surgical service to support the current Renal Dialysis & Interventional Cardiology services.
- WASH currently has an international reputation in the field of minimally invasive (keyhole) surgery and is currently a tertiary (specialist) referral centre for many of these operations in the South of England. The research quality in developing these services has been recognised by the DoH and WASH has been chosen to host the new Sussex & Surrey Regional Research Network.

Downgrading WASH would result in a significant reduction of minimally invasive surgery for complex bowel, kidney, gynaecology and joint replacement surgery, which requires 24/7 emergency surgical and orthopaedic cover and would also adversely affect research activity.

The loss of emergency surgery, trauma and orthopaedic services from WASH will have the greatest impact on the elderly, disabled and socio-economically deprived populations of West Sussex who are in the greatest need of these services. By far the greatest numbers for these three groups in West Sussex surround WASH and therefore access will be much reduced if WASH is downgraded.

The evidence to support the centralisation of acute surgery is extremely equivocal. It has been suggested that this may be driven by the European Working Time Directive (EWTD).

From August 2008 plans are in place to ensure that acute surgery at WASH will be fully European working time compliant. There has always been a recognised need to maintain acute surgery on the WASH site and the uncertainty surrounding centralisation has resulted in the joint Clinical reference Advisory Group (CRAG) recommending the need for a formal audit of acute surgery (and the consequences of patient transfer) on both hospital sites. The majority of clinicians feel that the audit will demonstrate a very clear need to maintain acute surgery on the WASH site, which is not surprising when one considers our population demographics and current hospital activity. To make a decision to centralise acute surgery without the results from this audit does seem rather premature.

2) Loss of Consultant delivered Obstetrics

- WASH is currently the largest obstetric unit in West Sussex. In 2007 there were 2944 deliveries and this number is increasing rapidly.
- By far the greatest socio-economic deprivation in West Sussex surrounds WASH. As a result the adverse impact on maternal and infant health would be greatest for West Sussex if WASH were to be downgraded for the following reasons:
 - i. The largest proportion of low birth weight babies in West Sussex are delivered at WASH. Evidence shows that these babies experience higher rates of morbidity, including heart disease and diabetes, throughout life.
 - ii. WASH delivers twice the number of low birth weight babies from deprived wards in West Sussex compared to the other two West Sussex obstetric units.
 - iii. Mothers living in deprived wards are most likely to need to travel to a Consultant-led obstetric unit to deliver, and yet these are essentially the group who experience greatest difficulty in accessing these units. If WASH is downgraded and loses Consultant delivered obstetric services, the risk of morbidity and mortality to this deprived group of mothers and babies will be significantly increased.

3) Loss of in patient paediatric services

- Currently 60% of coastal West Sussex inpatient paediatric services are provided at WASH
- WASH is the only unit in Sussex to combine community and acute paediatric services
- WASH is the only unit south of the M25 with a dedicated adolescent ward

4) Impact on A&E

- The loss of all the essential services listed above will adversely impact on A&E, and will effectively create a minor injuries unit.
- Around WASH is the greatest socio-economic deprivation and largest elderly population in West Sussex who have the greatest needs for acute services. These groups will inevitably be significantly disadvantaged if the A&E at WASH were to be downgraded.
- The indirect downgrading of A&E services at WASH is entirely contrary to the views and wishes expressed by the public during the public consultation.

In recent weeks there has been considerable discussion regarding a possible merger between the hospitals in West Sussex. Whilst we accept that this may be inevitable, we believe that this really has to be an integral part of the decision making process and needs to be announced at the time of the final decision if there is to be any chance of productive planning and implementation.

During this entire process many arguments have been made, however the most important factor relates to patient safety and outcome. With this in mind the points raised above demonstrate the unmistakable need to maintain acute services at WASH. As clinicians we fully embrace change for the benefit of healthcare and have repeatedly demonstrated our commitment to this by the constant innovation and advances made at WASH.

We strongly believe in evolution rather than revolution and always have the best interests of our patients at heart. On the basis of the information available we believe that the evidence clearly demonstrates that it is inconceivable to remove acute services from WASH.

To do so would be extremely detrimental and unsafe to the large and in many cases vulnerable catchment population that we serve, with inevitable adverse effects on morbidity and mortality. This is also strongly supported in the recent Health Inequality Assessment Reports written and published by West Sussex Public Health and PCT.

As non-executive directors of the PCT we recognise that you have a uniquely important role to play in the current deliberations on the reconfiguration of hospital services. Patients, staff and their families are looking to you to scrutinise closely the proposals by the executive and to judge their viability and sustainability in the long term interests of the local users of health services rather than the shorter term organisational goals of the Health Service. We wish you well in those endeavours and hope that this contribution will be taken in the positive spirit of concern in which it is intended.

We sincerely hope that the right decision is made based on all the evidence available to ensure continued excellence in acute healthcare at Worthing and Southlands Hospital for the population of West Sussex.

Yours Sincerely

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Mr Ron Noakes, Chairman, League of Friends, Worthing and Southlands Hospital

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Mrs Margaret Calver, Deputy Library Services Manager, Worthing and Southlands

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Mr Peter Bottomley, MP, West Worthing

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Major Tom Wye MBE, Deputy Lieutenant for West Sussex