



Council SPECIAL MEETING

Thu 2 Mar
2017
7.00 pm

Council Chamber
Town Hall
Redditch

REDDITCH BOROUGH COUNCIL

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Council

Thursday, 2nd March, 2017

7.00 pm

Council Chamber Town Hall

Agenda

Membership:

Cllrs:	Joe Baker (Mayor)	Bill Hartnett
	Jennifer Wheeler	Pattie Hill
	(Deputy Mayor)	Gay Hopkins
	Tom Baker-Price	Wanda King
	Roger Bennett	Jane Potter
	Natalie Brookes	Gareth Prosser
	Juliet Brunner	Antonia Pulsford
	David Bush	Mark Shurmer
	Michael Chalk	Rachael Smith
	Debbie Chance	Yvonne Smith
	Greg Chance	Paul Swansborough
	Anita Clayton	David Thain
	Brandon Clayton	Pat Witherspoon
	Matthew Dormer	Nina Wood-Ford
	John Fisher	
	Andrew Fry	

<p>1. Welcome</p>	<p>The Mayor will open the meeting and welcome all present.</p>
<p>2. Apologies</p>	<p>To receive any apologies for absence on behalf of Council members.</p>
<p>3. Declarations of Interest</p>	<p>To invite Councillors to declare any Disclosable Pecuniary Interests or Other Disclosable Interests they may have in items on the agenda, and to confirm the nature of those interests.</p>
<p>4. Health Commission - Minutes (Pages 1 - 44)</p>	<p>To receive and confirm as a correct record the minutes of meetings of the Redditch Health Commission held on the following dates:</p> <ul style="list-style-type: none"> • 12th January 2017. • 14th January 2017. • 19th January 2017. <p>(Minutes attached)</p> <p>All Wards</p>

**5. Health Commission -
Final Report**

(Pages 45 - 202)

Councillor Bill Hartnett,
Leader of the Council

To consider and agree the Health Commission's response to the Worcestershire Clinical Commissioning Groups' consultation on the Future of Acute Hospital Services in Worcestershire.

(Report and appendices attached)

All Wards



Health Commission

Thursday, 12 January 2017

MINUTES

Present:

Councillor Bill Hartnett (Chair), Councillor Greg Chance (Vice-Chair) and Councillors Debbie Chance, Juliet Brunner, Brandon Clayton, John Fisher, Yvonne Smith and Pat Witherspoon

Also Present:

Dr R Davies and S Trickett, (Redditch and Bromsgrove Clinical Commissioning Group)
R Cooper, C Merrick, G Robinson and Dr A Short (Worcestershire Acute Hospitals NHS Trust)

Officers:

Kevin Dicks

Democratic Services Officers:

Jess Bayley and A Scarce

1. WELCOME FROM THE CHAIR AND HOUSEKEEPING

The Chair welcomed everyone present to the meeting. The commissioners were advised that the meeting would be recorded and would be available to listen to on the Council's website in due course. Before commencing discussions the Chair asked for all those present to respect other attendees' views and to refrain from interrupting each other.

2. APOLOGIES AND INTRODUCTIONS

An apology for absence was received on behalf of Councillor Mark Shurmer.

3. CHAIR'S ANNOUNCEMENTS

The Chair advised that the overarching purpose of the Health Commission was to provide the public with an opportunity to outline their views about the changes that had been proposed by the

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Chair

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Clinical Commissioning Groups (CCGs) in the county to Worcestershire Acute Hospitals NHS Trust's (WAHT's) services.

The first meeting of the Health Commission provided elected Members with an opportunity to hear from the Redditch and Bromsgrove CCG and WAHT about the proposed changes. During this meeting only Members of the Commission would be able to ask representatives from the CCG and WAHT points of clarification about the information they had provided. Residents would have an opportunity to outline their views about the proposed changes to hospital services at the subsequent two meetings of the commission on Saturday 14th January and Thursday 19th January 2017.

4. **REDDITCH AND BROMSGROVE CLINICAL COMMISSIONING GROUP (CCG)**

The Chair explained that the Redditch and Bromsgrove CCG and WAHT had asked to deliver a joint presentation on the subject of the proposed changes to acute hospital services. This presentation was delivered jointly by the Interim Chief Officer of the Redditch and Bromsgrove CCG and the Acting Chief Medical Officer from WAHT. (The presentation is attached to the background papers that have been published separately for this meeting).

During delivery of the presentation the following matters were highlighted for the consideration of the commissioners:

- The role of the Redditch and Bromsgrove CCG; the CCG received an NHS budget and was responsible for determining what health care services were needed for the year ahead. Services were primarily commissioned from external providers negotiated through contract arrangements.
- The Joint Services Review (JSR) of acute services started in January 2012. The review process had been complex and contentious and it was acknowledged that this had taken too long to resolve.
- In 2012 a key problem that had been identified was staff shortages in particular service areas and at certain professional levels.
- The review had also found that some services were not providing best quality care, clinical outcomes were not as good as wanted and something better was needed.
- The proposed revised clinical model had been reviewed over the course of the work by three independent bodies,.
- Since January 2016 the proposed clinical model had been reviewed further by the West Midlands Clinical Senate who

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had agreed to support it as the best clinical model available to the local population, taking into account the local context.

- Members were advised that the proposed new clinical model would cost the same to deliver as the existing model of service delivery and there was no financial saving to the CCG.
- There were a number of key points detailed in the clinical model:
 - The principle of centralising services, such as Maternity services, at Worcester Royal Hospital.
 - The move of some services, such as Orthopaedic surgery, to the Alexandra Hospital in Redditch. This recognised capacity issues in Worcester and would help to make the Alexandra Hospital a centre of excellence for planned care services such as surgery and gynaecology.
 - Retaining A&E services at Worcester Royal Hospital and the Alexandra Hospital (for adults).
- Throughout the consultation process the CCG had engaged with the local community who had consistently raised transport, specifically in respect of access to services, as a concern.
- The Independent Transport Group had been consulted and a range of options identified.
- Car parking at Worcester Royal Hospital had also regularly been raised as a concern; as part of the proposed service changes a capital bid would be submitted to include £1.6 million for extra public parking at the site.
- During a three month consultation a trial of demand for a hopper bus would be monitored.
- The temporary emergency changes that had already been introduced were designed to move patients to the locations where the experts were based in order to achieve the best outcomes for patients.
- Whilst acute Maternity and Paediatric services had moved to Worcester Royal Hospital as part of this process outpatient services continued to be provide locally as did anti-natal care to women.
- One benefit of centralising Paediatrics services was that GPs could directly access advice over the phone and there was the potential to reduce the length of time in which children had to remain in hospital.
- A specialist home service and individual travel plans were being used to help children with complex problems who needed to go to hospital regularly.
- In recent months pressure on services meant that WAHT had temporarily had to concentrate on providing lifesaving services, with less life threatening procedures cancelled or postponed.

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- There were national shortages of specialist staff and hospitals in other parts of the country, such as Herefordshire, were equally struggling to recruit staff to some of these specialisms.
- Uncertainty about the future of hospital services had exacerbated the problems in Worcestershire in terms of recruiting specialist staff as this could deter candidates from applying for vacant positions. At present there could be a reliance on locums.
- Following the centralisation of some services, such as neonatal care, staff in those areas had felt valued.
- Alternatives to hospital admission included Ambulatory Emergency Care (AEC) whereby patients could be diverted to be seen via the outpatients department.
- There was increasingly a focus on discharging people from hospital. To assist with these GPs would be working in the emergency department in Worcester Royal Hospital and a “Step Down” ward would be introduced for those patients ready to be discharged who required rehabilitation.
- Under the proposals 95 per cent of patients would continue to be treated at the same hospital as at present.
- It was acknowledged that the temporary changes to services over the past five years had not been an ideal approach to take.
- Capital investment was needed in hospital services but this could not be secured until the proposed clinical model had been approved. For this to occur, the model needed to be subject to public consultation.
- The CCGs’ consultation process would last for 12 weeks, with all feedback received from the public being considered.
- A final decision would be made in early May 2017.

Following the presentation elected Members on the Health Commission raised a number of points for further clarification:

a) Capital investment:

Members questioned the process if capital investment was not secured after the consultation process had concluded and a new clinical model had been introduced. The proposals from the CCGs included plans to secure £29 million capital investment, though this could not be formally considered until the consultation process had concluded. The Commission was advised that various scenarios had been taken into consideration for the end of the consultation process. However, it would be difficult to secure the best outcomes for residents if the capital investment was not forthcoming.

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b) Finances

Members questioned the budgetary position of WAHT going forward, given that the new clinical model would not involve a reduction in costs. Members were advised that the trust was in deficit and the new model would not resolve this, though would make services more efficient and potentially result in a small level of savings. The proposed model would be cost neutral for the Redditch and Bromsgrove CCG.

The commission was advised that the Trust was currently spending £20 million on locum staff, who were often employed at a premium. Providing some certainty in respect of the future of hospital services would potentially help the trust to recruit permanent staff thereby reducing expenditure on locums and contributing to efficiency savings.

The Trust was projected to have a deficit of £35 million, £28 million and £20 million over the next three years respectively. The deficit for the previous years would not need to be paid back but the Department of Health (DoH) would want to see that the Trust had a robust plan moving forward.

c) Transport

The CCGs' consultation document detailed the range of transportation options available to enable patients and their relations to access the different hospital sites. Residents were urged to inform the CCGs in their feedback of their preferred transport options.

The hopper bus would be available to access for free during the trial. It was anticipated that approximately one bus an hour would be in operation during this trial, travelling between Redditch and Worcester. Arrangements once the trial had ended remained to be confirmed. The commission was advised that the idea to introduce a hopper bus had been identified by a resident during the MP's consultation on the future of Paediatric services in September 2016. For this reason the bus had not been introduced when the JSR was first launched in 2012.

The individual travel plans for children who were frequent attendees at hospital were also discussed. Members were advised that these would involve the provision of free transport.

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Members requested a copy of the Independent Transport Group's report for consideration.

d) GPs at the Emergency Department

Under the proposed clinical model GPs would operate in the Emergency Department at Worcester Royal hospital. In Redditch it was anticipated that GPs would be accessible at the "front door" as the general aim was to keep people out of hospital, though the model in Redditch might be slightly different to Worcester. More action might also need to be taken with respect to GP links with the Princess of Wales Hospital in Bromsgrove for rehabilitation purposes.

e) Herefordshire and Worcestershire Sustainability and Transformation Plan

There was already some sharing of services between Herefordshire and Worcestershire, particularly Stroke Services. This had occurred because there had been concerns about the sustainability of these services locally and there had been a need to pool resources to ensure that these were maintained.

In the long-term further consideration would need to be given to working with trusts in other areas. The traditional model of service delivery could not continue. Plans for the future were detailed in the Sustainability and Transformation Plan, though this was not addressed in the CCGs' consultation papers. It was possible that some services would be shared with other areas, not just with Herefordshire.

f) Evergreen ward

Clarification was provided that the Evergreen ward at Worcester Royal Hospital was the "Step down" ward that had been referred to in the presentation. Members commented that the slide in the CCG and WAHT's presentation that referred to this was difficult to understand, particularly due to the use of acronyms, and further clarification would be helpful if similar presentations were to be delivered across the Borough to the public as part of the consultation exercise.

g) Clinical Model Options

Members noted that originally there had been a couple of options considered for the future provision of services by

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WAHT, though the second option had subsequently been rejected, and the reasons for this decision were questioned. As part of the independent review by the WMCS the available options had been considered and the clinical model proposed in the current consultation exercise had been identified as the most appropriate for patients. No specific discussions had been held with University Hospitals Birmingham NHS Foundation Trust about the choice of the preferred clinical model.

There had been some concerns that the alternative model would not be able to guarantee the sustainability of services within the whole of Worcestershire and one unforeseen consequence could have been that services would then have become unsafe. The preferred clinical model had been the subject of a trial through the temporary service changes and all of the changes were detailed in the business case. Only approximately 10 births involving Redditch residents were taking place outside Worcestershire each month since the emergency changes to maternity services in November 2015. There had been no reports of a change in usage patterns for the children's emergency treatment pathway.

The clinical model proposed the centralisation of consultant-led maternity and inpatient paediatrics services and the WMCS had suggested that this was the best model for Worcestershire. University Hospitals Birmingham NHS Foundation Trust do not provide either of these services. Despite this WAHT had consulted with trusts in other parts of the region as it had a responsibility not to make changes in isolation.

h) Worcester Royal Hospital – Recent Headlines

It was acknowledged that there had been difficulties at Worcester Royal Hospital in recent months, though there had been some exaggeration in the media about the extent of these problems. These difficulties were not unique to Worcestershire as the whole of the NHS was struggling with pressures arising from demand for services.

i) Consultation – Public Influence

Members questioned whether public feedback received by the CCG during their consultation would influence the final decision that was made in respect of the future clinical model for the county. The commission was advised that there was a

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legal obligation to undertake consultation. The CCG would reflect upon any ideas put forward as part of this consultation process.

j) Ambulance Services

As temporary changes had already been made to services within Worcestershire additional funding had been made available for two extra ambulances to accommodate the extra service times. Similarly additional funding had been provided to support ambulance services when Stroke services were centralised.

k) A&E Services

The Health Commission was advised that the A&E service at the Alexandra Hospital would be for those aged 16 or over. There would also be an Urgent Care Unit for patients of all ages at the site. Severely ill children would be directed to Worcester Royal Hospital. Despite this whilst the preference would be for children to be referred to Worcester they would be treated at the Alexandra Hospital if they self-referred and could be helped by an on-call Paediatrician, though if they were deemed to be too unwell they would be transferred by ambulance to Worcester. Critically ill children would be referred to Birmingham Children's Hospital.

l) Surgery

At present orthopaedic surgery was conducted at both Worcester Royal Hospital and the Alexandra Hospital. In the long-term the plan would be to undertake as much orthopaedic surgery as possible at the Alexandra Hospital. This would require investment to be made in the surgical theatre at the site.

m) Patient Flows

Members noted that in June 2015 the trust had undertaken to review patient flows and a request was made for this information to be shared with the commission. Members were advised that University Hospitals Birmingham NHS Foundation Trust had reported that they were under pressure. Since the temporary change to Paediatrics services in Worcestershire the hospital had received an increase of one or two child patients from Redditch and Bromsgrove in addition to the average number of children from the two districts who already

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tended to use the hospital on a daily basis. Figures were requested for the consideration of Members.

The letter from the University Hospital Birmingham NHS Foundation Trust had reported that there had been an increase of between 9 – 12 per cent of residents from Redditch and Bromsgrove reporting to the hospital in the preceding four years. However, Members were advised that this could represent a small number of people as the baseline figure was relatively low.

n) NHS Staff

The Health Commission wished it to be recorded that they valued the work of all staff based at the Alexandra Hospital. A request was made for this praise to be conveyed back to the staff, in both medical and non-medical roles.

Members questioned whether the various announcements of temporary changes to hospital services had exacerbated uncertainty and the potential for the trust to recruit specialist staff. However, Members were advised that these changes could not be made permanently without an extensive consultation exercise.

o) Services Centralisation - Evidence Basis

Members questioned the evidence basis for the proposals in respect of centralising services. The commission was advised that in London Stroke services had been centralised. The outcomes and the quality of the services had improved as a consequence.

In Worcestershire prior to centralising neo-natal services more locums had been used; since centralisation had occurred, the quality of services had improved. In Maternity Services since centralisation took place the number of caesareans had reduced. Specialists were also required to deliver particular services and it would be impractical to provide these services without those employees. For this reason vascular services had been centralised for a number of years. Workforce shortages were a significant issue across the country. The Worcestershire CCGs and WAHT were arguably ahead of other areas in terms of acknowledging and seeking to address this problem; in other parts of the country there were proposals for the centralisation of services appearing in Sustainability and Transformation Plans.

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p) Relations with Local Authorities

Members questioned the extent to which the CCGs and WAHT had liaised with Redditch Borough Council and Worcestershire County Council when considering proposed changes. The commission was advised that Worcestershire County Council had actively engaged with the process as some of the proposals would have implications for social care. The county Council also had a statutory responsibility to ensure that appropriate transport was available.

Unlike Worcestershire County Council Redditch Borough Council had not been invited to take part in the programme board which had reviewed services. However, the Leader of the Council had been briefed at regular intervals in recent months. It was also acknowledged that Redditch Borough Council had a crucial role due to provision of particular services important to the health and wellbeing of residents, such as housing.

ACTIONS:

- 1) **the CCG to provide a copy of the Independent Transport Group's report for Members' consideration;**
- 2) **the CCG to provide a copy of the business case for Members' consideration;**
- 3) **referral figures for Redditch and Bromsgrove patients to the University Hospitals Birmingham NHS Foundation Trust and Birmingham Children's Hospitals NHS Foundation Trust to be provided for Members' consideration.**

5. WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)

(This item was addressed under Minute 4 through the delivery of a combined presentation from the Redditch and Bromsgrove CCG and WAHT).

6. WRITTEN SUBMISSIONS (FOR INFORMATION)

The Chair explained that the original intention had been to hold meetings of the Health Commission in the autumn of 2016 when it had been anticipated that the CCGs' consultation would take place. Therefore at this time the University Hospitals Birmingham NHS

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Foundation Trust and Birmingham Children's Hospital NHS Foundation Trust had been invited to comment on service changes within Worcestershire. As the CCGs' consultation had subsequently been postponed a decision had been taken to delay releasing these letters until that consultation process had started in order to provide context. The content of the letters were intended to provide background evidence which would help to inform the Health Commission's final report.

It was noted that the letter from University Hospitals Birmingham NHS Foundation Trust had been made public at an earlier stage. The Redditch and Bromsgrove CCG had responded in writing at this point and they were anticipating that they would hear further from the trust in future.

7. APPROACH TO PUBLIC CONSULTATION

The Chair reiterated that the two meetings of the Health Commission on 14th January and 19th January would provide opportunities for residents to speak on the subject of the proposed changes to WAHT's services. Residents were urged to register in advance to speak at these meetings; registered speakers would be prioritised for speaking.

In addition a survey had been produced to provide residents who were unable to attend the meetings, or who did not feel comfortable speaking at a public meeting, with an opportunity to convey their views to the Health Commission. The survey could be completed online via a link on the Council's website. Paper copies of the survey were also available for residents to access at public venues across the Borough including Redditch Town Hall, the Library, the Palace Theatre, the Abbey Stadium and the One-Stop-Shops in Batchley, Woodrow and Winyates.

The Council's consultation process was due to finish on Friday 20th January 2017. The feedback provide by residents in completed surveys and at the meetings would then be analysed and a report would be prepared. The commission's findings would be debated at a special meeting of full Council on 2nd March 2017 when elected Members would form a view about the Council's formal response to the CCGs' consultation.

The Interim Chief Officer from the Redditch and Bromsgrove CCG asked for it to be noted that the CCGs' consultation process would also be taking place during this time, though was due to conclude on 30th March 2017. The work of the Health Commission formed only part of the CCGs' consultation process; a range of consultation

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events and roadshows would be taking place in the Borough and surrounding areas in January and February 2017. Residents were encouraged to attend these events and to complete copies of the CCGs' questionnaire as part of this process.

The Meeting commenced at 7.00 pm
and closed at 8.45 pm



Health Commission

Saturday, 14 January 2017

MINUTES

Present:

Councillor Bill Hartnett (Chair), Councillor Greg Chance (Vice-Chair) and Councillors Debbie Chance, Juliet Brunner, Brandon Clayton, John Fisher, Yvonne Smith and Pat Witherspoon

Also Present:

Mr N Stote (on behalf of the Save the Alex campaign).

Officers:

Kevin Dicks

Democratic Services Officers:

Jess Bayley and Amanda Scarce

8. WELCOME FROM THE CHAIR AND HOUSEKEEPING

The Chair welcomed all those present to the meeting. He explained that the meeting would be recorded and that this recording would be available to listen to on the Council's website in due course.

9. APOLOGIES AND INTRODUCTIONS

There were no apologies for absence.

10. CHAIR'S ANNOUNCEMENTS

The Chair explained that the first meeting of the commission had taken place on 12th January 2017. During this meeting representatives of the Redditch and Bromsgrove Clinical Commissioning Group (CCG) and Worcestershire Acute Hospitals NHS Trust (WAHT) had delivered a presentation outlining the proposed changes to hospital services in the new clinical model. The purpose of the meeting on 14th January was to provide the commission with an opportunity to consult with local residents about their views of these proposed changes.

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Chair

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11. SAVE THE ALEX

The Chair welcomed Mr Neal Stote from the Save the Alex campaign to the meeting. The commission was advised that due to the significant amount of work undertaken by the Save the Alex campaign it had been considered appropriate to offer campaign representatives an opportunity to deliver a 20 minute presentation during the meeting. Prior to the start of this presentation the Chair thanked Mr Stote and the other campaigners on behalf of the commission for his work campaigning to protect hospital services.

Mr Stote then proceeded to deliver a presentation for the consideration of the commission (the presentation is attached in the background papers pack for this meeting). During the delivery of this presentation the following points were highlighted for the consideration of the commissioners:

- There had been a long battle to Save the Alex during which the campaign had received a lot of public support.
- Worcestershire Health Overview and Scrutiny Committee (HOSC) had discussed the changes on various occasions and the Committee's minutes provided useful evidence in terms of the chronology of events.
- The proposals in respect of Maternity and Paediatrics services appeared to be very similar to those which had first been discussed in 2005/08. These had been opposed by the public and rejected at the time.
- In 2012 prior to the launch of the Joint Services Review (JSR) it had seemed that the A&E department at the Alexandra Hospital would be retained as well as Maternity Services.
- The subsequent proposal to move maternity services to Worcester Royal from the Alexandra Hospital had caused outrage; 54,421 people had signed a petition opposing the move and changes to services.
- In the JSR the two options identified, the first for services to be provided by WAHT and the second to work with another provider, had been fully debated by HOSC.
- In June 2013 legal advice to WAHT had led to the rejection of option two. Save the Alex had ensured that this legal advice was placed in the public domain and had found that University Hospitals Birmingham NHS Foundation Trust had not been consulted about this.
- An Independent Review Panel had also considered both options and had found in favour of a modified version of Option One. Concerns were raised that the full facts in respect of Option Two had not been shared with the independent panel.

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- The modified Option One had been supported by the independent panel in January 2014, to involve the centralisation of maternity and inpatient paediatrics, an adult A&E department and ante-natal care from the Alexandra Hospital.
- Concerns were raised that the Alexandra Hospital did not now have the specialist staff needed to work in an inpatient Paediatrics Department.
- The current proposals for changes to services implied that the A&E Department at the Alexandra Hospital would be downgraded as patients such as children and young people would be diverted to Worcester Royal Hospital.
- The proposals were reported to represent the clinical view, however, concerns were raised that this followed the resignation of four clinical consultants from the Alexandra Hospital due to concerns about service sustainability and staffing levels and their implications for patient safety.
- Following the departure of these consultants other staff had left the Alexandra Hospital.
- The Save the Alex campaign had consulted with Mr Gary Walker a former NHS Trust Executive for an independent view of the trust's proposals. Mr Walker had concluded that the process followed by the trust had been flawed.
- Many of the proposed changes focused on keeping services safe for residents of Worcestershire; however it was suggested that this focus at a sub-regional level was not ideal and that health services should not be set in accordance with local boundaries but seen as a national health service.
- The Independent Review Panel did not appear to have taken into account the Trust's financial position, despite persistent problems with a budget deficit.
- When the review of the trust's services had originally been announced it had been suggested that the review would only take six months, though in fact it had taken five years.
- Concerns were raised about the safety of home births as an option for mothers living in Redditch following the centralisation of Maternity Services.
- Questions were raised about the impact of the proposed changes on the West Midlands Ambulance Service. Members were advised that it would be helpful if the Health Commission could investigate this further.
- Stroke services had also been centralised and it had been suggested that a similar approach adopted in London demonstrated that this could work at a local level. However, Members were asked to note that London was very different to Worcestershire.

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- Documentation released by Redditch Borough Council had acknowledged that deprivation levels in Redditch were relatively high compared to the rest of the county. Concerns were therefore raised that the proposed changes would have a detrimental impact on the most vulnerable residents.
- Transportation difficulties and the impact on safe access to centralised services had been raised by Councillors and residents for some time.
- The hopper bus would potentially help some residents though concerns were raised that there was a lack of clarity about whether this service would remain in place after the three month trial had ended and, if so, whether it would remain available to access for free.
- Concerns were also raised that there had been limited publicity about the hopper bus and this could have impacted on public awareness.
- The CCGs' consultation document claimed that 95 per cent of patients would continue to access care at the same hospital as now and 80 per cent of children would continue to receive care in Redditch. It was suggested that further clarity about the areas that would not be covered would be helpful.
- The CCG and trust were acknowledging that whilst the budget for the NHS had increased the financial position of the trust was static due to growing demand. The commission was urged to raise concerns about future funding arrangements in order to ensure the sustainability of the NHS with the Government.
- Encouraging the Government and Department of Health (DoH) to take into account the needs of Redditch residents and the future of the Alexandra Hospital was considered crucial to the future of health services in the area.
- The problems the trust had encountered attempting to recruit specialist staff were well documented. Therefore it was questioned how realistic it would be for the trust to recruit the 10 A&E consultants for the Alexandra Hospital and Worcester Royal Hospital as stipulated by the West Midlands Clinical Senate.

12. PUBLIC SPEAKING

The Chair explained that prior to the meeting two people had registered to speak. They would be given priority in terms of speaking to the commission, though all those present would be invited to share their views once the registered speakers had finished.

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The following speakers proceeded to talk to the commission during the meeting:

a) Mr Peter Pinfield

The Health Commission was advised that Mr Pinfield was the Chair of Worcestershire Healthwatch. Healthwatch operated independently to the NHS and provided an opportunity for residents to provide their views about health services. The Chair of Healthwatch had no decision making powers in respect of the future of health services but could help to communicate the views of the public to health bodies. When the CCGs' consultation ended it was likely that NHS England would contact Worcestershire Healthwatch for feedback about the process that had been followed during the consultation and the outcomes.

The Health Commission provided a useful opportunity to consult with the public about proposed changes to health services. It was important for the Health Commission and the public to be aware of rules in respect of consultation about changes to health services, the rights of the public under the NHS constitution and how the public could influence the outcomes of any such consultation process.

Mr Pinfield urged people to read through the CCGs' consultation document and to complete copies of their questionnaire. The greater the number of respondents, the more the CCGs would have to take into account the views of residents. When raising concerns and highlighting any suggested flaws in proposed changes there needed to be evidence to support those claims.

b) Mr Anthony Moran

Mr Moran explained that he was a resident of Studley, Warwickshire, who had supported the work of the Save the Alex campaign. Despite acknowledging the opportunity to respond to the CCGs' questionnaire Mr Moran noted that residents were feeling fairly despondent as these proposals followed submission of a petition that had clearly demonstrated residents' support for retaining services at the Alexandra Hospital. Furthermore the questionnaire issued by the CCGs did not appear to provide the public with an opportunity to change the outcomes of the consultation.

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When the Trust was first established the level of demand for services in 2017 had not been anticipated. References were regularly made in the press to the pressure arising from treating elderly patients and inadequate social care provision. However, demand for health services was also growing to meet the needs of patients of all ages with increasingly complex health needs. Without sufficient financial investment in the NHS this problem with pressure on services would continue to escalate.

WAHT had received a lot of criticism for the way the review of services had been handled and the current proposals. However, Mr Moran noted that developments at the local level were influenced by decisions at the national level. Residents had been urged to convey their concerns to the local MP; Mr Moran suggested that residents needed to do more than this. Efforts still needed to be made to protect local health services but the approach that was adopted needed to change. Worcestershire was not the only area where major changes were being proposed to health services; residents across the country needed to work together to challenge the Government's approach to managing health services.

c) Mr Philip Berry

Mr Berry explained that he and his wife had moved to Redditch in 2015 to live close to their children. During the time they had lived in Redditch they had used services at both the Alexandra Hospital and in Birmingham. They had first become aware of the pressures on local services in 2016 when the subject had received significant media coverage. The Save the Alex campaign, which had helped to raise the profile of proposed changes and attempts to retain services, was a credit to the local community.

When the Alexandra Hospital was introduced it had been intended as a new hospital for a growing community. The Borough was still growing, with plans to build over 3,000 houses across the Borough at various different sites. The projected new housing figures needed to be taken into account when considering community needs and likely future demand for health services. Mr Berry suggested that to reduce services at a local hospital was to undertake a social crime and an A&E Department that did not provide services to all could not be considered a proper A&E department.

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Transportation issues still needed to be addressed. If an emergency bus was not available residents could not rely on existing bus services, particularly in the evenings. Taxi services could be used but these would be expensive costing approximately £40 for a return trip. Ambulances were available but could only provide finite levels of support. Recent coverage in the press had also revealed that ambulance services had been queueing at Worcester Royal Hospital in recent weeks which would impact on capacity. Some residents would have access to a car but it could take time to travel to Worcester Royal Hospital to access Maternity and Paediatrics services, particularly when there were traffic jams on the M5.

Mr Berry expressed concerns about the centralisation of Stroke services. Members were asked to note that national marketing campaigns in respect of Stroke services urged immediate action whenever it was suspected that a person had suffered a stroke. Mr Berry questioned whether this speedy response was possible for Redditch residents when services had been centralised at Worcester. In this context Mr Berry suggested that a full range of services needed to be available for residents to access at the Alexandra Hospital. This needed to include Maternity and Paediatrics services.

At the previous meeting of the Health Commission reference had been made to the Trust's budget deficit. Mr Berry suggested that providing additional funding to the trust would not necessarily resolve their financial problems. Instead greater thought needed to be given to the Trust's finances and how these were managed.

d) Ms Helen Grant

Ms Grant explained that she wanted to talk to the commission in her capacity as a mother, wife and resident.

The CCGs' proposals outlined plans to centralise emergency surgery at Worcester Royal Hospital. This would result in more patients from Redditch travelling to Worcester, either having been referred by the Alexandra Hospital or having been taken directly to Worcester Royal Hospital. Ms Grant questioned whether Worcester Royal Hospital would have the capacity to accommodate these patients in light of recent reports in the media about significant numbers of patients at the hospital and two deaths. In cases where capacity was limited in Worcester there was a risk that emergency surgery

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might be performed at the Alexandra Hospital despite the lack of specialist staff being on site. A case of this nature had recently been brought to Ms Grant's attention, and no attempt appeared to have been made in this instance to find out whether a transfer could have been made to the Queen Elizabeth Hospital Birmingham.

Similarly Ms Grant raised concerns that if Paediatric Services continued to be centralised at Worcester Royal Hospital staff with the skills to support children in an emergency would not be available at the Alexandra Hospital if and when needed. Many parents living in Redditch would be concerned about the waiting times at Worcester Royal Hospital and would prefer to take their children to hospital in Birmingham for treatment. Ms Grant suggested that centralising services at Worcester Royal Hospital would ultimately lead to a reduction in beds and staff.

The move of Maternity Services to Worcester Royal Hospital had caused concerns amongst many mothers Ms Grant knew living in Redditch. It had been suggested that mothers would have a choice about where to give birth, however, some of Ms Grant's friends had not been provided with a choice and one had had to fight to be allowed to give birth in Birmingham.

The CCGs' proposed changes were likely to have an impact on ambulance services. However, the impact on West Midlands Ambulance Services did not appear to have been addressed in the consultation document. Ms Grant suggested that the trust needed to address this.

e) Ms Sharon Harvey

The Health Commission was asked to note that 20 per cent of residents living in the Borough did not have access to a car and many families only had access to one car which would not always be available in an emergency. The CCGs' consultation document referred to the transport options available to people in this position including community transport which was estimated to cost £27 for a return journey. A lot of residents would struggle to afford this. The minibus option referred to in the consultation document would cost £10 each way; again Ms Harvey suggested a lot of people would struggle to afford this. Public buses could transport residents to Worcester Royal Hospital from the Alexandra Hospital for £14 (return), though this did not take into account the cost to a resident of travelling to the Alexandra Hospital. This was a problem for residents living across the county, not just in Redditch.

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Members were advised that many residents would not be aware of the Health Commission meetings or would struggle to attend these meetings for a variety of reasons. To enable a larger cohort of people to submit their views for the consideration of the Health Commission Members could not rely on public meetings to consult with the public but needed to be prepared to be proactive and to engage with local residents directly. Ms Harvey urged those residents watching the proceedings at the meeting on the Save the Alex Facebook page to submit their views for the consideration of both the Health Commission and the CCGs.

f) Ms Maureen Rowley

Ms Rowley explained that she lived in Redditch and could not drive so relied on public transport. Unfortunately bus services had regularly been cut in recent years whilst fares had been increasing. Whilst Ms Rowley often received a lift to access services at the Alexandra Hospital she did not feel it was appropriate to ask friends and family to drive her to Worcester Royal Hospital and to wait whilst she received treatment. Ms Rowley also noted that it was not appropriate to rely on ambulance services to access hospitals.

Recently Ms Rowley had travelled to the Queen Elizabeth Hospital Birmingham. The hospital had been easy and relatively affordable to access at £5 for a return journey. Redditch residents could also travel to the Queen Elizabeth Hospital Birmingham by train and the train journeys were regular and operated until after 11.00pm.

The Health Commission was asked to note that day services were also affected by the changes that had been made to services in Worcestershire. Ms Rowley had been due to receive a day procedure under general anaesthetic and had been invited to attend Worcester Royal Hospital. When she had requested that the appointment take place at the Alexandra Hospital she had been advised that the consultant could not get to Redditch and so a search was being undertaken to identify a new consultant who could carry out the procedure in Redditch.

g) Mr Ian Johnson

Mr Johnson explained that he was involved in the Save the Alex campaign.

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Members were asked to note the case of a patient who had been taken to the Alexandra Hospital who had suffered a cardiac arrest. The decision had been taken to refer the patient to Worcester Royal Hospital but unfortunately this could not take place because there was a lack of capacity. Whilst the patient had survived this experience had caused a lot of distress to the patient and to staff.

It was important for residents to respond in the consultation process and Mr Johnson urged everybody watching the meeting on the Save the Alex facebook page to do so.

h) Mr Rob Underwood

Mr Underwood explained that his children had a rare medical condition which meant that they required immediate hospital access in an emergency. Mr Underwood lived a few minutes from the Alexandra Hospital but some distance from the Worcester Royal Hospital. As the Queen Elizabeth Hospital Birmingham was closer to Redditch this would be the preferred destination for his children but Mr Underwood was concerned he would not be believed if he raised the need to travel to Birmingham rather than Worcester during an emergency.

Mr Underwood noted that there were supposed to be two ambulances for Redditch patients. However in reality he suggested that there was only one as the other served Bromsgrove. Mr Underwood also had concerns about the performance of Trust services.

Unfortunately defibrillators would not save the lives of Mr Underwood's children but good and accessible hospital services could. Mr Underwood questioned who he could hold to account for moving hospital services and for any complications that might arise in the event of an emergency.

Public speaking finished relatively early in the morning. In the absence of the public Members noted that they could achieve more by concluding the meeting and consulting with residents directly. It was therefore agreed that the meeting should close at 12 noon.



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MINUTES

Present:

Councillor Bill Hartnett (Chair), Councillor Greg Chance (Vice-Chair) and Councillors Debbie Chance, Brandon Clayton, John Fisher, Jane Potter, Yvonne Smith and Pat Witherspoon

Officers:

Kevin Dicks

Democratic Services Officers:

Jess Bayley and Amanda Scarce

13. WELCOME FROM THE CHAIR AND HOUSEKEEPING

The Chair welcomed all those present and advised that the meeting would be recorded.

14. APOLOGIES AND INTRODUCTIONS

An apology for absence was received on behalf of Councillor Juliet Brunner and it was confirmed that Councillor Jane Potter was attending as her substitute.

15. CHAIR'S ANNOUNCEMENTS

The Chair outlined the purpose of the Health Commission and explained that this was the third and final meeting that would be taking place. Two meetings had been held on 12th and 14th January 2017. Unfortunately there had been limited attendance at these meetings, though a significant number of people had viewed proceedings on the Save the Alex Facebook page. Residents were urged to have their say, either by speaking during the meeting or completing one of the commission's surveys. The Chair asked for it to be noted that the deadline for surveys to be completed was Friday 20th January 2017.

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The feedback provided during the Health Commission meetings and in completed surveys would be analysed over the following few weeks and would help to inform the Council's formal response to the three Worcestershire Clinical Commissioning Groups' (CCGs) consultation process. The Health Commission's findings and conclusions would be detailed in a report, due to be presented at a special meeting of full Council on 2nd March 2017. This meeting would be open to the public to attend.

16. PUBLIC SPEAKING

The Chair explained that seven people had registered in advance to speak, though one resident had subsequently provided their apologies. Registered speakers would be invited to talk to the commission first before the meeting was opened up to other members of the public to speak.

The following residents spoke during the meeting. (As some residents did not register to speak in advance some names may not have been spelled correctly. Apologies are extended to those residents where this may have occurred):

a) Ms Margot Bish (spoke twice)

Ms Bish commented that there were a number of key problems that needed to be addressed:

- Two overcrowded A&E Departments in Worcestershire.
- Inaccessible services for Redditch residents. In particular Ms Bish expressed concerns about the accessibility of Maternity and Paediatrics services following centralisation at Worcester Royal Hospital.
- Log jams on the wards, with demand exceeding capacity.

To address these problems Ms Bish suggested that WAHT should work with equivalent trusts in Birmingham and Warwickshire. This would create a larger pool of doctors to treat patients and the doctors could be provided with greater flexibility in respect of working shifts. This model would also make the location more attractive to junior doctors as there would be experienced consultants within the multi-trust arrangement from whom they could learn. Within this structure junior doctors would feel valued and anticipate that they would have opportunities for promotion which would encourage specialists to remain working in the area.

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This multi-trust approach to service delivery was also promoted by Ms Bish for Paediatrics services. The commission was advised that this approach would again attract junior doctors and the larger team would enable the rotation of consultants and registrars. Ms Bish suggested that across the area working patterns already in place at Birmingham City Hospital, whereby trained nurses managed the night shift, could be replicated. Consultants could then be invited to operate during the day across the region and Ms Bish suggested that if some of these consultants worked at the Alexandra Hospital this would reduce the need to refer children over night to Worcester Royal Hospital except in emergency cases. This working arrangement would also have a beneficial impact in terms of accessibility for parents and carers.

Similarly Ms Bish suggested that a multi-agency approach to delivering Maternity Services would provide staff with flexibility and the opportunity for Doctors to rotate in terms of shift patterns. Alternatively a midwife-led unit supported by a single registrar and junior doctor for each shift would potentially provide parents with an option to give birth at the Alexandra Hospital. Ms Bish asked the Health Commission to note that the reason provided for the temporary move of Maternity Services had been that there was a shortage of skilled staff to provide safe services; the rotation of staff in a multi-trust arrangement would address this staffing problem.

The Health Commission was informed that the log jam in Worcestershire could be addressed by making three additions to each hospital; a GP surgery, a Minor injuries Unit (MIU) and a rehabilitation centre. Within this structure patients reporting to A&E not considered to be emergency cases could be referred to the MIU or the GP. The MIU could also provide assistance to the A&E where there was significant demand for services. The flexibility of this arrangement would potentially make the hospitals more attractive places to work for staff.

The suggested rehabilitation centre would provide an alternative to home care whilst making ward beds available for other patients to use. Ms Bish explained that she envisaged that the centre would be operated by carers, rather than nurses, with the support of physiotherapists. The costs involved in staying at these centres could involve patients paying for some of their care. This centre would provide a useful temporary place for rehabilitation and ensure that residents were not discharged too early; Ms Bish explained

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she was aware of a number of elderly people who had been discharged to their own homes from hospital who had subsequently experienced falls causing them more severe physical problems.

Ms Bish suggested that the CCGs' plans in respect of separating planned and emergency surgery was flawed. The location of these two sets of surgery at different sites could lead to one experiencing great demand without receiving support from the other (Ms Bish noted that peak times for each type of surgery were different). By co-locating both planned and emergency surgery Ms Bish suggested that staff in each section could support the other. There would also be a reduction in travel times as and when complications arose in planned surgery.

The Health Commission was asked to note concerns in respect of patients travelling between Redditch and Worcester. Ms Bish commented that some patients would inevitably experience discomfort if they were not able to lie down when travelling due to the nature of their condition. This was not an option when using public transport. The Health Commission was asked to note that the increase in journeys from Redditch to Worcester would impact on traffic on direct routes between the hospitals which would impact on travel times for ambulances. The increased traffic would also have a negative impact in terms of air pollution and climate change.

Like many people in Redditch Ms Bish noted that she did not have access to a car and instead cycled to work. In the event that she or a relation were transferred to Worcester Royal Hospital she would struggle to access the site without taking time off work. This would impact on her income and, in the long-term, on her ability to maintain her livelihood.

The Health Commission was advised that Ms Bish was disappointed with the support that had been provided at a national level. She suggested that there was action that the Government could take to address problems within the health service. In particular Ms Bish urged the Health Commission to encourage the Government to cancel student fees and to reintroduce grants for student nurses and students completing medical degrees who were intending to work in the NHS. Without this action the Health Commission was advised that there was a risk that talented young people would not seek to enter a medical career due to concerns about the debts they

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might incur at university and this would exacerbate staff shortages in the long-term.

Ms Bish had been present at the meeting convened to discuss changes to Paediatrics services in September 2016. She noted that many of the suggestions made by Dr Vathenen, during a meeting in September 2016 to discuss Paediatrics services, had been sensible. She questioned whether WAHT had taken these suggestions into account, and if they had not, the reasons why these suggestions had been rejected.

The Health Commission was advised that Ms Bish had concerns about the future provision of Oncology services in the county. She suggested that there was a risk that these services would also be centralised and provided in Worcester. Ms Bish urged the CCGs and WAHT to review all of the ideas put forward by the public and not to automatically accept the ideas identified by staff previously employed by the trust.

Ms Bish concluded by thanking Mr Neal Stote and the other members of the Save the Alex campaign for their work in respect of local health services. She also thanked all of the staff who had remained in post at the Alexandra Hospital during a challenging period.

b) Mr Peter Farman (spoke twice)

Mr Farman expressed concerns about the approach that had been adopted to review the services delivered by WAHT. The Health Commission was asked to note that when previously consulted about changes to hospital services Redditch residents had made it clear that they would prefer to travel to Birmingham rather than to Worcester if not all services could be retained in Redditch. However, Mr Farman suggested that the trusts providing health services in Birmingham could not provide assistance unless they were properly engaged in the review of services in Worcestershire.

It was suggested that whilst the Worcester Royal Hospital did not have any scope to expand in size the Alexandra Hospital appeared to have the potential to grow. Mr Farman expressed concerns that the planned clinical model that was subject to consultation appeared to be designed to protect services for Worcester but he commented that this should not influence decisions about health services in Redditch.

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Mr Farman suggested that there were three key points that stood out about the proposed new clinical model:

- New parking spaces would be built at Worcester Royal Hospital.
- Four new ambulances would be needed to accommodate the increase in demand for services in Worcester.
- Proposals had been made in respect of providing buses and taxis to transport patients. However, Mr Farman commented that it was unclear whether these proposals extended beyond patients to include family members and friends.

Mr Farman suggested that the concessions provided in the CCGs' documentation did not make up for the centralisation of areas such as Maternity Services.

c) Ms Joan Checkley

Ms Checkley noted that the senior personnel at WAHT were responsible for making decisions about the future of local health services. They were employed in their positions due to their experience and expertise. However, throughout the process nobody had been held to account for previous bad decisions that had been taken about local health services. The Health Commission was asked to note that the changes proposed in the CCGs' consultation document had been identified as necessary to ensure that services in the county were safe and it had been suggested that poor decisions made in the past could not be reversed. However, Ms Checkley commented that in order to improve services and make them safe those previously poor decisions needed to be corrected.

The Trust had originally identified two options for the future delivery of acute services in Worcestershire. One of these options had involved working with Birmingham. However, Ms Checkley expressed concern that Birmingham had not been engaged adequately in this process. Ms Checkley had requested further information on this subject from the trust but despite meetings with representatives had not yet received the information she had requested.

Ms Checkley concluded her speech by thanking Mr Neal Stote for his work on the Save the Alex campaign. She suggested

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that this contrasted with the level of action that had been taken at the national level to support health services in Redditch.

d) Mrs Janet Ralph

Mrs Ralph opened by suggesting to the Health Commission that they should have convened at an earlier date to discuss this matter. Concerns were expressed that the work of the Health Commission was too late to influence the outcomes of the review of health services in Worcestershire.

When Mrs Ralph first moved to Redditch 40 years ago many new residents had been arriving and they had been promised a local hospital. In recent years the services available at the Alexandra Hospital had started to reduce in scale. Recently Mrs Ralph's husband had attended the hospital for a routine operation but had experienced a medical emergency and his life had been saved at the Alexandra Hospital. Mrs Ralph questioned whether this would have been possible if her husband had had to be transferred to Worcester.

The Health Commission was asked to take into account Mrs Ralph's concerns about the extent to which visitors from abroad were paying for health services when they utilised NHS facilities. Friends of Mrs Ralph had recently visited from another country; whilst they had health insurance they had never been asked to provide any details when they had had to access NHS services in an emergency. By contrast when Mrs Ralph's husband had needed to access health facilities in Australia he had needed to provide his insurance details in order to pay for services.

Mrs Ralph raised concerns about the impact of current changes to health services on future generations. In the past young people had been able to train to be a nurse without going to University. Mrs Ralph suggested that young people should be enabled to enter the nursing profession via apprenticeship opportunities and working their way up through the NHS. The Health Commission was informed that at present many young people would be deterred from a medical career, including in nursing, by the costs involved in attending university and the debts they were likely to have when they graduated.

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e) Mr Trevor Magner (spoke twice)

Mr Magner explained that he had moved to Redditch in 2015 from Hemel Hempstead where he had lived for the previous 40 years. There had been a good local hospital in Hemel Hempstead but more recently, despite vigorous campaigning, the A&E Department had been downgraded and patients had to travel 10 miles to the nearest A&E Department in Watford. As this was located close to the football stadium there could be traffic problems impacting on access, particularly on days when football matches were taking place. As a consequence of these changes the staff had been overwhelmed with demand and the parking provision had been poor impacting on access for patients, their friends and relatives. Mr Magner expressed concerns that the same developments appeared to be taking place in Redditch.

The Health Commission was asked to note that there was a growing population in Redditch who would require services. Nationally the population was aging and older patients were likely to need to access health services. In this context Mr Magner suggested that the full range of health services needed to be available for residents to access at the Alexandra Hospital. Mr Magner conceded that some non-urgent surgery could be centralised, however, he explained that he was opposed to the centralisation of services if it resulted in reduced access.

In respect of A&E services Mr Magner noted that assurances had been provided that the service at the Alexandra Hospital would not be affected by the proposed changes. However, he noted that similar changes had been made to health services in other parts of the West Midlands and eventually this had tended to result in the closure or downgrading of the local A&E Department.

Concerns were raised about the travel arrangements between Redditch and Worcester. Mr Magner noted that it could take 40 minutes to travel to Worcester from the Borough if the traffic was clear. However, in cases where there were traffic problems, particularly on the motorway, travel times could be much lengthier. Parking problems at Worcester Royal Hospital could then lengthen travel times further.

Mr Magner explained that he had recently accessed the A&E Department at the Alexandra Hospital having broken his arm in an accident. The service provided by the paramedics and

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hospital staff had been excellent and his treatment from initial admission to discharge had been completed promptly. During Mr Magner's admission to hospital he had viewed an app which monitored A&E waiting times across the country. During that time the A&E at the Alexandra Hospital had been over capacity and some patients had been treated on trollies; demand for A&E services at Worcester Royal Hospital had also been over capacity. Mr Magner had been surprised in this context that staff from the Alexandra Hospital had been required to travel to Worcester to help provide support to meet patient demand at that site.

The Health Commission was asked to note that there was a problem with bed blocking, particularly involving elderly patients who were ready to be discharged but who could not return to independent living in their own homes. In these cases Mr Magner suggested that Worcestershire County Council, which had responsibility for adult social care, should be charged by the hospital a set fee per day until the patient could be discharged into suitable accommodation. Mr Magner suggested that this approach would soon encourage solutions to be identified to bed blocking.

The impact of the centralisation of ambulance services was also addressed by Mr Magner. He expressed concerns that this could lead to an increase in the length of response times, something which Mr Magner advised had occurred in Hemel Hempstead following changes to their local services.

Mr Magner suggested that some of the pressures impacting on the NHS could be resolved if there was improved funding for GP services. He noted that at the national level £400 million had been pledged by the Government to support GP practices in the short-term; Mr Magner suggested that a far larger amount of funding was needed. He suggested that this did not necessarily mean that a seven-day-a-week service from GPs was required. Instead, by increasing funding for GPs Mr Magner suggested that they could help to relieve some of the pressure on A&E Departments.

The Health Commission was advised that more action needed to be taken to boost staff morale at the Alexandra Hospital. In order to do this Mr Magner suggested that there should be no further service transfers to Worcester Royal Hospital and a proper recruitment process should be introduced for the trust.

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Mr Magner commented that MIUs and Urgent Care Centres (UCCs) tended to be closed at certain hours in hospitals. However, he suggested that if these units remained open 24 hours a day they could help to relieve some of the pressures on A&E Departments.

In conclusion Mr Magner rejected the proposals detailed in the CCGs' consultation document and suggested that the changes to services that were causing blockages in terms of delivery needed to be reversed. He also noted that there was a possibility that the bed blocking and delays that might occur as a result of consultation could result in patient deaths. If this was to occur Mr Magner suggested that somebody needed to be held accountable and criminal charges would be reasonable.

f) Ms Jane Lavery

Ms Lavery explained that she lived in Alvechurch and used services at the Alexandra Hospital. She advised that she was more positive about the proposals from the CCGs than many of the other speakers at the meeting as they were better than she had anticipated. In particular she was pleased to find that under the proposals the Alexandra Hospital would be retaining an A&E department and the hospital would not be closing.

The Health Commission was asked to note that the staff working at all of the hospitals in the NHS provided excellent services and had a good reputation. Regardless of the level of demand staff always worked hard to do the best for their patients and this needed to be recognised. There had been well publicised problems in terms of the trust's ability to recruit suitably qualified staff, partly due to the uncertainty about the future of hospital services. Ms Lavery questioned whether, if the Alexandra Hospital was made into a centre of excellence, the trust would have the budget to attract the staff needed to maintain this service.

Ms Lavery commented that she had some reservations about the CCGs' proposals in respect of Maternity, Gynaecology and Paediatrics services. The proposed UCC for the Alexandra Hospital would mean that only children with severe medical problems would be referred to Worcester. Mothers were supposed to be provided about choices in respect of giving birth; however if a mother wanted to use the Outpatients services at the Alexandra Hospital they were required to give

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birth at Worcester Royal Hospital which Ms Lavery suggested limited many women's choices.

Transportation was also a concern raised by Ms Lavery. The Health Commission was advised that Ms Lavery did not have access to a car and would struggle to travel to Worcester. Ms Lavery acknowledged that the CCGs had identified a number of travel options but she questioned whether these would provide adequate solutions to people in her position.

Ms Lavery made reference to car parking arrangements for people visiting Worcester Royal Hospital. The Health Commission was advised that there was a park and ride arrangement available at Worcester Rugby Club and the charge for parking at this site was relatively affordable compared to the charges for parking at the hospital. However, this option had not been well publicised.

Finally Ms Lavery concluded by questioning whether the feedback from residents to the CCGs could really influence the eventual clinical model that was adopted or whether the outcome was a fait accompli.

g) Mrs Linda Magner (spoke twice)

Mrs Magner explained that when she had first moved to Redditch over 40 years ago there had not been a hospital in the Borough. Mrs Magner had given birth to premature twins in the old hospital in Bromsgrove and had had to visit the hospital three times a day to express milk. The Health Commission was advised that in cases involving premature births in 2017 many mothers would struggle to similarly travel to Worcester to provide the same support to their young babies.

The Health Commission was advised that Mrs Magner worked with elderly people. Clients who had suffered a stroke often needed reassurance and tended to worry about their elderly partners in their absence. These anxieties had been exacerbated by the centralisation of services, with patients worrying about their elderly partners travelling to and from the hospital. There was therefore a risk that the centralisation of health services could cause patients more health problems.

Mr and Mrs Magner had attended the meeting convened by the local MP to discuss temporary changes to Paediatric services in September 2016. During this meeting a former

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member of staff from the Alexandra Hospital, Dr Vathenen, had invited representatives of WAHT to visit Sussex where he was working to view how services could be structured and delivered. Mrs Magner questioned whether this visit had ever taken place.

The Health Commission was informed that nationally there was a shortage of qualified doctors and nurses. These shortages were exacerbated by the financial appeal to qualified medics of operating as locums rather than as permanent members of staff. Mrs Magner explained that one of her acquaintances was a qualified doctor who worked as a locum and he could earn up to three times more working for an agency than in a permanent position. To address this problem Mrs Magner suggested that medics should be encouraged to remain employees in the NHS and, if they left the service, should be required to pay some of the funding back to the service that they had received for their original training.

Mrs Magner suggested that it would be interesting to obtain the following information from WAHT:

- Clarification about the number of locums used by WAHT to provide services.
- Further information about the new consultants announced during the public meeting in September. In particular Mrs Magner questioned whether these consultants had been employed as permanent members of staff.

Concerns were raised about the potential impact of the proposed new clinical model on ambulance services. Mrs Magner commented that in other parts of the country where services had been centralised waiting times for ambulances had increased. She suggested that there was a risk this could occur in Redditch too.

Finally Mrs Magner questioned the objectivity of the questionnaire that had been launched by the CCGs.

h) Ms Nicole Thomas

Ms Thomas explained that she was employed as a Health Care Support Worker based in Evesham, though she was also a Redditch resident. She had observed the impact of the centralisation of Stroke Services in Worcester on demand for

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rehabilitation beds; sometimes there was not enough time available to wipe down the beds after a patient had been discharged before a new patient arrived. Some patients had been referred to the rehabilitation ward too early from hospital and could have a detrimental impact on their health.

The impact of demand for services was having a negative impact on staff morale. Staff were leaving the service for other forms of employment, often because they felt over worked. Many of the patients the rehabilitation ward supported needed help when using the toilet and this took up quite a lot of the time used to provide these patients with support. Patients who had had strokes often experienced depression yet there was too little time available to staff to enable them to support patients in this position.

The Health Commission was asked to note that the journey from Redditch to Worcester could be prohibitively expensive for people on low incomes or in receipt of benefits. A friend of Ms Thomas had a number of siblings, including a child with severe asthma. Recently the child had to be taken to hospital and as their mother did not drive and an ambulance could not be provided the mother had had to pay £50 for a return trip to the hospital by taxi. She had struggled to afford to pay this because she was living on benefits. Journey times on the motorway could take time, particularly in poor traffic, and this created risks for seriously ill children referred to Worcester from Redditch. Ms Thomas suggested that before the changes to services detailed in the CCGs' consultation document were implemented these transportation problems needed to be resolved.

Ms Thomas explained that she understood the rationale behind the proposed changes to services. However, she suggested that a better approach would be to improve existing services rather than to implement the planned changes.

Finally it was commented that *The Five Year Forward View* document, published by the national Mental Health Taskforce in February 2016, placed a strong emphasis on providing support to people with mental health problems. However mental health services had been reviewed and as a result of this some of those services would be closing in the county.

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i) Ms Anne Smith (spoke twice)

Ms Smith explained that she was a resident of the Lickey Hills who used hospital services in Worcestershire. She expressed concerns that in recent years patients had started to be treated more as units than as people. The changes to services would not just impact on patients but also on their friends and families. Enabling people to remain in good health in their own homes could help to save money in the long-term. Ms Smith welcomed the Health Commission as it provided an opportunity for the public to express their views.

Decades ago when Ms Smith had needed to undergo procedures the doctors had arranged for this to be delivered around her availability as a mother with childcare responsibilities. Appointments at that point could be booked via a Doctor's PA and it was suggested that a similar pragmatic approach would be helpful in the current environment.

When Ms Smith first moved into the area that had been a serious collision on the M5. The Alexandra Hospital had accommodated all of the crash victims and had provided an excellent service. There was an expanding population not just in Redditch but in the whole of the north of Worcestershire where residents had traditionally used the Alexandra Hospital; for example a large housing development had been built at Longbridge in Bromsgrove district in recent years. Ms Smith questioned where this increasing population would be able to access health services.

The Health Commission was asked to take into account changes to health services and Ms Smith suggested that these were increasingly being privatised. This included private nursing homes and the referral of NHS patients to private hospitals for elective surgery. Ms Smith suggested that this was not what the public wanted to pay for and she commented that most residents would be prepared to pay more to help maintain the NHS as a free public service.

j) Mr David Cartwright

Mr Cartwright commented that he agreed with much of what had already been said during the meeting. He particularly raised concerns about the potential impact of travelling to Worcester to access services in the long-term on Redditch residents.

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Over the past 25 years Mr Cartwright noted that there had been numerous discussions of potential changes to hospital services in Worcestershire. Every time these changes were discussed residents had been assured that this would be the last time that changes would be made only for further reviews of services to be announced at a later date. The constant changes to health services in Redditch undermined the potential to secure consistency in service delivery and had a detrimental impact on the potential of WAHT to attract new staff. Mr Cartwright urged the commission in its response to the CCGs to request an assurance that no further changes or reviews of services would take place in the foreseeable future.

k) Ms Hannah Cartwright

Ms Cartwright explained that she worked at a nursery in Redditch. Whilst Ms Cartwright did not have any children this was something she was considering for the future. However, she was concerned about the potential need to travel to Worcester from Redditch if she became pregnant and she advised Members that she would be reliant on her parents if this was to occur as her partner could not drive.

The Health Commission was asked to note that there was a risk that the permanent centralisation of Maternity and Paediatrics Services in Worcester could have a negative impact on the economy. Young families might be deterred from living in Redditch permanently due to concerns about access to health services for them and their children. Many of the parents of children at the nursery where Ms Cartwright worked could not drive though their children might have serious medical conditions. They would already be concerned about the proposals and would be questioning whether to continue to live in the area.

l) Ms Jenny Moseley

Ms Moseley advised that she was a mother of four young children. Over five years ago she had been rushed to Worcester Royal Hospital when she had given birth to premature twins. There had been no theatre, no anaesthetist and no pain relief available. The experience had been very distressing and Ms Moseley questioned whether this would change under the model proposed in the CCGs' consultation document.

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The Health Commission was advised that one of Ms Moseley's children had a serious medical condition whilst another had recently had an eye infection. When treatment had been provided the children had been referred to Worcester Royal Hospital. In both cases Ms Moseley's partner had had to stay at home to look after the other children and he could not travel to be with her and their other child. The changes proposed needed to take into account more than just the needs of the patient, particularly when considering services for children; it was also important to take into account the family support unit. Ms Moseley expressed concerns about the potential impact of her absences whilst at Worcester with her younger children on the wellbeing of her older children. She also expressed concerns about her ability to enable her child with a serious medical condition to meet with their consultant and to receive specialist services as she would struggle to travel to Worcester.

The Health commission was advised that the proposed changes detailed in the CCG's consultation document would have the most negative impact on vulnerable residents. Ms Moseley suggested that the proposed changes to services appeared to have been made in response to financial pressures.

m) Mr Richard Portes

Mr Portes commented that he and his family had lived in Redditch since the 1970s and had received an excellent service from staff at the Alexandra Hospital whenever they had had to utilise local health facilities. The Health Commission was advised that Mr Portes did not anticipate that the proposed changes to the clinical model for WAHT could be prevented. However, he suggested that residents and the Health Commission could influence the way that these changes were implemented. In particular, Mr Portes suggested that the CCGs and WAHT should be urged to ensure that the proposed changes were not implemented until the problems with restricted car parking at Worcester Royal Hospital and public transport had been addressed.

The Health Commission was asked to note that the population in North Worcestershire was growing. In this context Mr Portes suggested that it would be helpful to clarify the catchment area for the Alexandra Hospital at a time when the availability of services at that site were reducing.

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Recent media coverage had highlighted problems with bed blocking and the impact on access to services across the country. In part Mr Portes suggested that the problem with bed blocking was caused by funding problems for adult social care. The Health Commission was asked to note that Surrey County Council was attempting to address this by holding a referendum asking its residents whether they would be prepared to increase Council Tax by 15 per cent in order to cover the costs of delivering social care services. Mr Portes suggested that if additional services were to be retained further consideration needed to be given to how those services were funded.

Mr Portes concluded by explaining that he had had a number of appointments at the Alexandra Hospital recently. On each occasion he had met with a different locum and he questioned what message this was sending to potential staff.

n) Mr Neal Stote

Mr Stote explained that he was involved in the Save the Alex campaign and had spoken to the commission on 14th January 2017.

The Health Commission was asked to note a number of concerns about changes to local health services. The option to give birth at the Alexandra Hospital was no longer available to mothers. Children who were unwell would be taken to Worcester and not the Alexandra Hospital. Mr Stote suggested that it was unclear whether children and their families who self-referred to the A&E Department at the Alexandra Hospital would receive treatment. However, he noted that many people would automatically assume that the A&E Department would treat children. There was no sign up at the A&E Department at the Alexandra Hospital to advise people that the department provided services to adults only nor were signs on display notifying people that emergency surgery was not available at the site.

Mr Stote urged residents to read the CCGs' consultation document and to respond. He advised that whilst the Save the Alex campaign had disbanded the hospital still needed to be saved. There remained areas of concern, particularly overcrowding at WAHT facilities, and Mr Stote suggested that it was likely the trust would remain in special measures. The problems that had been experienced by the trust were

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significantly influenced by financial difficulties though Mr Stote suggested that the situation could have been better managed.

The Health Commission was asked to note that the issues that had been discussed during the meeting were not peculiar to Redditch. There were challenges facing the health service across the country and this was impacting on staff morale. In this context Mr Stote suggested that there needed to be a discussion at a political level about how health services should be funded and what services should be available for residents to access locally.

Many of the issues that had been raised by residents during the meeting had been highlighted by the Save the Alex campaign on a number of occasions in recent years. Transport in particular had been a concern for a long time. The hopper bus provided a useful solution; however it was unlikely that this would be used by residents unless the service was effectively promoted to the public.

Mr Stote noted that the CCGs' consultation was not the only review that could impact on local health services. The contents of the Herefordshire and Worcestershire Sustainability and Transformation Plan appeared to suggest that there would be further changes in the future.

The Trust had had a second option available to work with Birmingham in the delivery of hospital services. This option had not eventually been pursued by the trust leading Mr Stote to question whether the voice of the public was being listened to.

o) Ms Leah Brindley

The Health Commission was advised that Ms Brindley's younger sibling had severe asthma. Recently the Doctor had advised her family to take her sibling to Worcester Royal Hospital, however, the family had been told that they needed to transport her sibling there independently though they did not have access to a car. The family had consulted with paramedics and had been advised that the hospital was too full.

Ms Brindley advised that she was unwilling to have children in Redditch following the move of Paediatrics services having watched the impact of the centralisation of services on her family which struggled to pay to travel to Worcester. The

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Health Commission was advised that if Ms Brindley did have children she would opt to take her children to Birmingham rather than to Worcester Royal Hospital.

Questions were raised by Ms Brindley as to why WAHT spent so much on locum staff and could not retain permanent members of staff. It was noted that permanent members of staff were paid much less than locums and she suggested that this arrangement was immoral.

p) Mrs Rosemary Dixon

Mrs Dixon advised that she had lived in Redditch for many years and was a volunteer at the Alexandra Hospital. She thanked the Save the Alex campaign for their work to protect local hospital services and criticised comments made in previous years that had suggested that the campaign had impacted on recruitment problems at the Alexandra Hospital.

The Health Commission was asked to note that the CCGs' consultation document clearly stated that the public were being consulted about a single proposed clinical model for acute services. Mrs Dixon suggested that consequently the public was not being consulted about what services they wanted but about the services they were going to receive in future.

Mrs Dixon commented that the CCGs' consultation document reported that most pregnant women from Redditch had chosen to give birth at Worcester Royal Hospital following the centralisation of Maternity Services. However, this did not acknowledge that women had to give birth in Worcester if they wanted to receive pre-natal care at the Alexandra Hospital.

On a number of occasions Mrs Dixon noted that WAHT had justified the centralisation of services at Worcester Royal Hospital to address safety concerns. However, Mrs Dixon questioned who had caused these services to become unsafe and noted that this was not the fault of the staff.

Public transport was also addressed by Mrs Dixon. She noted that the CCGs' consultation document made reference to the 350 bus, which reportedly stopped at both the Alexandra Hospital and Worcester Royal Hospital. However, Mrs Dixon noted that when she had used the bus she had found that it did not stop at Charles Hastings Way unless a specific request was made to the driver to stop there. If this request was not

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made the bus would continue to the bus depot at Worcester where passengers would need to transfer to another service to reach the hospital thereby lengthening travel times.

The consultation document suggested that it would cost £380,000 per annum to operate a minibus between the hospital sites in Worcestershire. It was noted that a return journey via a minibus would be subject to a charge of £10 each way with a return journey via the 350 bus costing £7. Ms Dixon suggested that the continued provision of the proposed hopper bus for free after the three month trial had ended would be preferable.

q) Mr Andrew Sweeny

Mr Sweeney explained that he had lived in Redditch since 1988. He had not intended to speak but to add to the numbers present at the meeting. Whilst the number of attendees was lower than those who had attended the meeting in September 2016 to discuss changes to Paediatrics services Mr Sweeney commented that this did not necessarily mean that there was a lack of interest amongst Redditch residents in the future of local health services. Mr Sweeney suggested every resident deserved safe health services in return for their contributions in taxes and he commented that the evidence provided for the proposed service changes was inadequate.

The Health Commission was asked to note that the populations in both Redditch and Worcester were growing. Worcester Royal Hospital appeared already to be struggling to cope with increased demand as a result of changes that had already been made to services.

Mr Sweeney suggested that more funding needed to be allocated to the NHS by the Government. He concluded by explaining that he supported Save the Alex's campaign to protect services at the Alexandra Hospital.

r) Ian Johnson

Mr Johnson explained that he had been involved in the Save the Alex campaign for some time. He had read through the CCGs' consultation document and had some reservations about the content. He urged residents to complete the Health Commission's survey and the CCGs' questionnaire in order to demonstrate their views about proposed service changes.

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s) Mr Mike Spencer

Mr Spencer suggested that a key problem was short-term compartmentalised approaches to thinking about public services. Mr Spencer commented that unfortunately individuals were only often interested in considering potential changes to their service areas rather than the wider implications. He suggested that public sector bodies should take a step back and review changes and the overarching implications at a local level from a more strategic perspective.

t) Ms Sharon Harvey

Ms Harvey made reference to the CCGs' consultation document and noted that a number of case studies had been included within the papers. However, she suggested that many of the scenarios detailed within the document could result in more negative outcomes for the patient if problems such as delayed travel times were taken into account. She suggested that, therefore, the case studies provided were not necessarily realistic and commented that the document should also have addressed the actions that would be taken in a scenario where things went wrong.

The Chair thanked everybody present for speaking during the meeting. He concluded by thanking the Save the Alex campaign for streaming each meeting on their Facebook page and for helping to raise the profile of the commission's work.

The Meeting commenced at 7.00 pm
and closed at 8.55 pm



**Redditch Borough Council
Health Commission
- Submission Document
March 2017**



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***These appendices are attached separately.**

MEMBERSHIP



Councillor Bill Hartnett –
Chair



Councillor Greg Chance –
Vice Chair



Councillor Juliet Brunner



Councillor Debbie Chance



Councillor Brandon Clayton



Councillor John Fisher



Councillor Mark Shurmer



Councillor Yvonne Smith



Councillor Pat Witherspoon

CHAPTER 1: INTRODUCTION / BACKGROUND

In January 2012 Joint Services Review of Acute Hospital Services was launched by the former Worcestershire Primary Care Trust. This was the first stage of the review process of hospital services in the County. In June 2012 at a public meeting, representatives of the Joint Services Review Stakeholder Reference Board announced that there may be potential loss of services at the Alexandra Hospital due to financial pressures. Members were so concerned that at the Council meeting held on 23rd July 2012 a Notice of Motion was submitted and carried unanimously. This is detailed in Appendix B.

Following further developments with the Joint Services Review in 15th October 2012 a report was submitted to full Council calling for a Health Commission to be established as and when appropriate. The purpose of the Health Commission was to gather evidence from residents about the potential impact of the options for the Joint Services Review of Health on the Alexandra Hospital. Based on the evidence gathered it was agreed that a report would be produced to inform the Borough Council's response to the public consultation on the review. The Health Commission comprised Members of the Council's Executive Committee, chaired by the Leader of the Council. A full list of the terms of reference is attached at Appendix A.

In July 2016 a further Notice of Motion (see Appendix C) was submitted following the announcement by Worcestershire Acute Hospitals NHS Trust (WAHT) of an emergency temporary change to paediatric inpatient services at the Alexandra Hospital from the September 2016. At this stage Council concluded that it would be appropriate to establish the Health Commission.

To ensure that the work of the Health Commission made a valuable contribution to the ongoing review of Acute Services Members determined that meetings of the Health Commission should be held to coincide with the 3 Worcestershire Clinical Commissioning Groups' (CCG) consultation on the Future of WAHT services. This consultation was launched in January 2017 and is due to end on 30th March 2017. This report sets out the Health Commission's findings from consulting with the public and proposes a series of recommendations designed to secure the future of local (and national) health services in various ways.

Since the commencement of the Health Commission's work there have been further developments in respect of WAHT services, in particular the Care Quality Commission (CQC) issued WAHT with a Section 29A Notice. This was issued following inspections by the CQC during November 2016 and unannounced inspection visits in December 2016. The Section 29A is a statutory warning notice issued when significant improvement is required in an NHS trust and a simple warning is not enough. The CQC have stated that they expect improvement by 10th March 2017.

CHAPTER 2: RECOMMENDATIONS and RESPONSE TO CCGS' CONSULTATION SURVEY

SUMMARY OF RECOMMENDATIONS

The Health Commission recommends to Council that:

Recommendation 1

Redditch Borough Council re-affirms its position as detailed in the Notice of Motion from the Council meeting on 23rd July 2012 which was carried unanimously (as detailed in Appendix B).

Recommendation 2

In light of Section 29A and continuous changes of senior personnel managing WAHT, that all previous options be reconsidered and a new plan developed.

Recommendation 3

The Worcestershire CCGs take into account the following concerns raised by Members:

- a) Redditch and Bromsgrove CCG and WAHT have not submitted evidence when requested by the Commission in a timely manner. The Commission therefore feels that its concerns have not been given due regard as befits their role as the democratic representatives of the Borough;
- b) Members should have received separate submissions from Redditch and Bromsgrove CCG and WAHT at its meeting on 12th January. The purchaser/provider relationship was not therefore clear to either elected Members or members of the public present at (or viewing the live streaming of) the meeting of the Health Commission;
- c) the Worcestershire CCGs' proposals are totally undermined by the decision not to explore Option 2 in 2015. The Health Commission has evidence that another trust was interested in providing services at the Alexandra Hospital;
- d) significant concerns over the patient care capacity problems currently being experienced at Worcestershire Royal Hospital and its ability to cope moving forward; and
- e) car parking capacity problems being experienced by patients and visitors at Worcestershire Royal Hospital.

Recommendation 4

WAHT's approach to communication with the public be improved to include greater promotion of the Trust's concessionary travel and car parking policy.

Recommendation 5

The Worcestershire CCGs and WAHT take into account projected housing growth in Redditch, Bromsgrove and Stratford Districts, as detailed in the relevant Local Plans and as detailed in the 3 Councils' submission to the Joint Services Review in 2013, and reviews the proposals in light of these (see Appendix O).

Recommendation 6

- a) the Worcestershire CCGs, WAHT and the Worcestershire Health and Care Trust note Members' concerns in respect of the Herefordshire and Worcestershire Sustainability and Transformation Plan and the implications for Redditch residents; and
- b) the Redditch and Bromsgrove CCG, WAHT and the Worcestershire Health and Care Trust work more proactively with the Council to develop and implement this plan in order to meet the needs of Redditch residents recognising the role of the Council in the preventative agenda.

Recommendation 7

The Redditch and Bromsgrove CCG and WAHT work with the Council to identify actions that can be taken by all service providers to address the high rate of respiratory illness experienced in the Redditch area.

Recommendation 8

The Council write to NHS England and NHS Improvement urging that the proposed changes to WAHT services are not implemented until:

- a) the concerns raised by patients as detailed in the completed surveys and minutes of the Health Commission meetings, have been addressed; and
- b) the £29m capital investment detailed in the Worcestershire CCGs' consultation report has been secured.

Recommendation 9

The Council writes to NHS England and NHS Improvement expressing Members' concerns about the Trust and the Worcestershire CCGs' consultation process, the viability of the Trust, and its ability to provide quality and safe services (as evidenced by Section 29A), the time it has taken to review hospital services, which Members feel has been too long, and the overall inadequacy of the plan for future services.

Recommendation 10

The Council writes to Central Government urging them to review funding arrangements for the NHS and Social Care.

Recommendation 11

The Council writes to Central Government/NHS England requesting that there be a substantial recruitment and training initiative for new doctors and nurses to work within the NHS.

Recommendation 12

The majority of Health Commission Members recommend that the following answers be provided to the first 8 questions in the CCGs' Consultation Survey:

Question	Response
1.a To provide high quality health services which deliver the highest standards of care to patients.	Strongly agree
1.b To work within the budget available to deliver services which are as near people's homes as possible.	Strongly disagree
1.c To ensure that all services are staffed appropriately to provide safe care at all times.	Strongly agree
2.a To develop countywide centres of excellence for various planned care services. Some services will be at the Alexandra Hospital and some at Worcestershire Royal Hospital.	Strongly disagree
2.b To centralise all inpatient children's facilities at the Worcestershire Royal Hospital.	Strongly disagree
2.c To provide better access to home nursing and consultant-led clinics to prevent as many children as possible from being admitted to hospital.	Tend to agree
2.d To centralise all hospital births in the county at the Worcestershire Royal Hospital. Where women would have the choice of midwife or consultant-led care.	Strongly disagree
2.e To centralise all emergency surgery at the Worcestershire Royal Hospital.	Strongly disagree
2.f To retain Accident and Emergency Departments at both the Alexandra Hospital (adults over 16 years old only) and Worcestershire Royal Hospital.	Strongly disagree

2.g To introduce urgent care centres at both hospitals which will treat adults and children 24 hours a day.	Not sure See point 8.
3. Please tell us why you agree with the proposals.	1.a With high quality services delivered locally. 1.c To enable adequate staffing a review needs to include staffing from other trusts including Birmingham. 2.c Providing consultant services are delivered locally (see the Council's own survey at question 5 and verbal feedback).
4. Please tell us why you disagree with the proposals.	1.b The budget proposed is inadequate. We do not believe the services should be delivered by WAHT alone. 2.a Based on the public response to the Council's own survey, see question 5. 2.b Based on the public response to the Council's own survey, see question 5. 2.d Based on the public response to the Council's own survey, see question 5. 2.e Based on the public response to the Council's own survey, see question 5 and from verbal feedback. 2.f But would have strongly agreed had all ages (i.e. under 16s) been treated at the Alexandra Hospital.
5.a Do you think the NHS should provide transport services to enable patients, visitors and staff to travel between the three hospital sites?	Yes See point 8.
5.b Do you think the NHS should subsidise the costs of transport to hospital even though this means there would be less money for treatments?	No See point 8.
5.c Would you be likely to use a hospital transport service if you or a friend or member of your family were being treated at one of the three Worcestershire hospitals?	Not applicable
Questions 6 and 7	Not applicable

<p>8. Now thinking about all the proposals in this document, is there anything further that we should consider to improve or enhance the healthcare provided by Worcestershire hospitals.</p>	<p>The questions are confusing and would appear to capture the CCGs' proposals. Reference 2.g It is confusing to the public what an Urgent Care Centre is. Reference 5.a & b, transport services should be provided but not at the expense of patient care. To avoid the need for additional transport, services should be provided locally.</p>
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CHAPTER 3: HEALTH COMMISSION CONSULTATION

General Overview

Under the terms of reference for the Health Commission a key objective was to consult with the public about their views of the proposed changes to hospital services. To achieve this outcome Members decided to undertake 2 main forms of consultation:

- a) To hold public meetings at which residents could speak about their experiences and express their views about the proposed services changes.
- b) To circulate a survey that residents could complete in writing.

Public Meetings

The Health Commission held 3 public meetings. At the first of these meetings held on 12th January 2017, the Redditch and Bromsgrove Clinical Commissioning Group (CCG) and Worcestershire Acute Hospitals NHS Trust (WAHT) were invited to deliver presentations on the subject of the proposed changes. Whilst the CCG and WAHT were invited to deliver separate presentations they chose to produce a combined one (to view a copy of this please see Appendix D). At this meeting the public were not invited to give their views, though could observe the proceedings, as the aim was to set the scene for the Health Commission.

Two subsequent meetings of the Health Commission were held on Saturday 14th and Thursday 19th January 2017. During these meetings residents were invited to give their views. Also on 14th January representatives of the former Save the Alex campaign were given a specific time slot to present their views. In total 26 members of the public took up this opportunity. Details of the points raised by residents can be viewed in the minutes of these meetings attached at Appendices E to G.

Over the course of the three public Health Commission meetings approximately 100 people attended to observe proceedings or speak to Members and give their views. In addition the former Save the Alex campaign “live streamed” each of the meetings on their Facebook page, at the time of writing these had been viewed 4,100, 6,600 and 4,800 times respectively.

Health Commission Survey – Background

In advance of the public meetings discussions were held about the appropriate content of the Health Commission’s survey. The survey questions were designed to canvas residents’ views about specific changes detailed in the Worcestershire CCGs’ consultation document. It was agreed that the number of questions should be limited to 7 as a lengthy document may deter residents from taking part. A copy of the survey is available at Appendix H.

The survey was promoted through the local press and social media. The Commission would particularly like to thank the former Save the Alex campaign for advertising the survey on their Facebook site.

The Health Commission was keen to reach as many residents as possible. Members recognised that some residents would be unable to attend or feel uncomfortable speaking in a public meeting environment. For this reason the Commission distributed copies of their questionnaire across the Borough. It was also available for residents to complete online. The Health Commission's consultation opened on Friday 6th January and closed on Friday 20th January 2017. In total 425 completed questionnaires were submitted for the Health Commission's consideration. To put this in context, Members understand from local press coverage that, between 6th January and 17th February 2017 fewer than 800 residents from across the whole of Worcestershire had responded to the CCGs' consultation.

The table below provides a breakdown of the locations at which completed surveys were submitted.

Ballot Box Location	Number of Completed Questionnaires Returned
Batchley One Stop Shop	5
Woodrow One Stop Shop	3
Winyates One Stop Shop	4
Town Hall	96
Abbey Stadium	49
Palace Theatre	3
Redditch Library	19
Health Commission meetings	43
Royal Mail Post	7
Email	196
TOTAL	425

Analysis of Completed Surveys**Question 1: Where do you live or work in Redditch?**

The Health Commission asked respondents to confirm the location of where they lived or worked to enable Members to identify any particular patterns in service need. This was particularly relevant in respect of transport and travel arrangements, which is discussed in more detail at question 3 below.

Ward	TOTAL
Abbey	18
Astwood Bank & Feckenham	24
Batchley & Brockhill	47
Central	34
Church Hill	69
Crabbs Cross	31
Don't Know	31
Greenlands	32
Headless Cross & Oakenshaw	44
Lodge Park	6
Matchborough	31
Outside Redditch	3
West	18
Winyates	37
TOTAL	425

Question 2: What services provided by the Alexandra Hospital Have you used in the last five years?

The Health Commission agreed that it would be helpful to understand the medical needs of Redditch residents. This was because they felt it could help to inform decisions about the types of services that should be available at the Alexandra Hospital. The results are set out in the table below, please note that some of the respondents advised the Commission that they have used more than one service in the past five years.

Services	TOTAL
None	44
Out Patients/Out of Hrs GP	120
A&E	230
X-Ray	83
Paediatrics	60
Gynaecology	34
Neurology	10
Respiratory/Chest Clinic	11
Fracture Clinic	20
Physio /Occupational Therapy	23
Rheumatology	8
Urology /Gastroenterology	28
Maternity/Ante Natal/SBCU	97
Stroke /Cardiology	22
Ophthalmology	38
Audiology/ ENT	32
Surgery	44
Diabetic Clinic	6
Dermatology	13
Orthopaedic	47
Renal	1
Tests	99
Cancer	35
Endocrinology	1

Question 3: How would you travel to hospital sites at Evesham, Kidderminster, Redditch and Worcester?

The Commission was aware that residents were concerned about how they would access services outside of Redditch. These concerns had been acknowledged in the Worcestershire CCGs' "The Future of Acute Hospital Services in Worcestershire; Public Consultation document". For this reason residents were asked to comment on the mode of transport they would be able to use to access hospitals in Worcestershire. It should be noted that some responses contained more than one mode of transport.

	TOTAL
Car	284
Taxi	59
Public Transport	149
Lift	37
Cycle	2
Walk	16
Dial A Ride / RVS	6
Hospital Transport / Ambulance	22
Don't Know	3
Not Answered	14

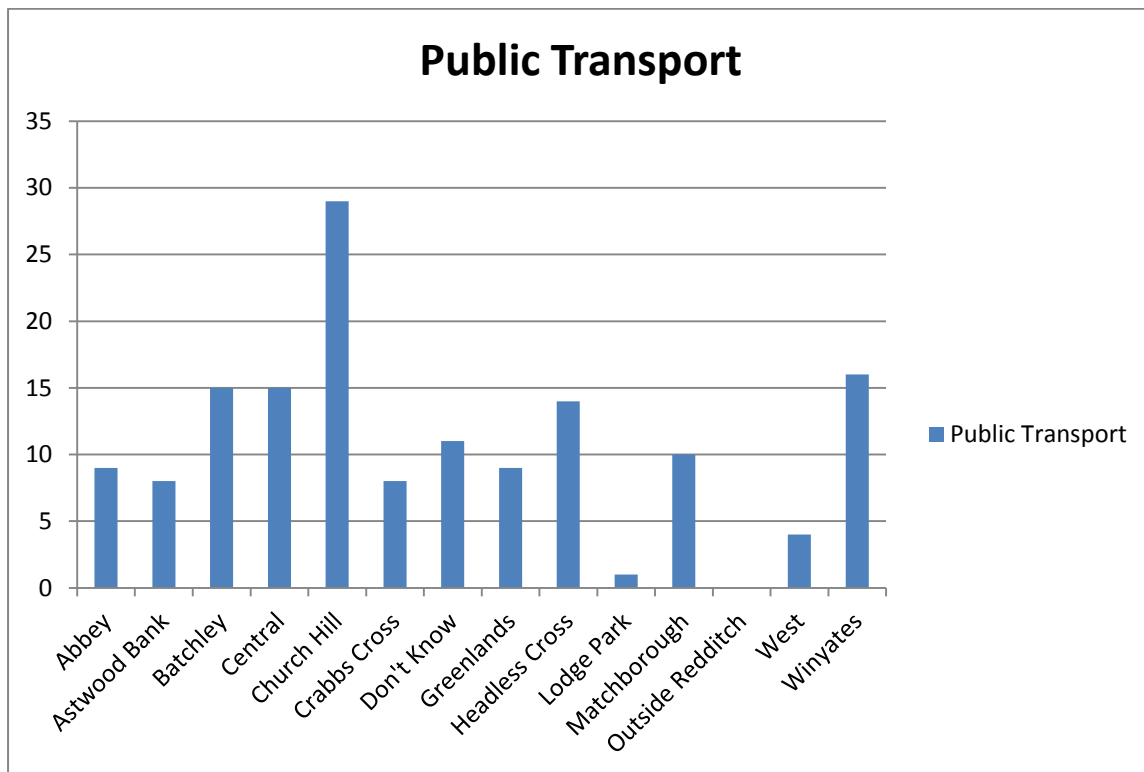
It was clear to Members from the results of this question that the most common mode of transport was by car. However, a significant number of respondents also indicated that they would travel by public transport, primarily by bus.

Members felt that it was important to analyse the locations in which public transport was most likely to be the favoured option for residents. This was because the Commission was aware that WAHT were planning on providing a hopper bus service operating between the Alexandra Hospital and Worcestershire Royal Hospital over a trial period. This hopper bus was designed as a direct route between the two hospitals and therefore residents still needed to be able to get to the Alexandra Hospital.

With this in mind further information was obtained about the current bus services around the area which stopped at the Alexandra Hospital. A list of services was obtained from the WAHT website. The table below shows feedback from residents to the Commission's survey detailing likely public transport usage to access the Alexandra Hospital, broken down into specific Council wards. From the information provided Members noted that whilst a significant number of Wards in the borough are covered by these bus services residents in Winyates, who were significantly

likely to report the use of public transport would struggle to access the Alexandra Hospital one bus service.

	TOTAL No of RESPONSES	% of Responses
Abbey	18	50
Astwood Bank	24	33.33
Batchley	47	31.91
Central	34	44.12
Church Hill	69	42.03
Crabbs Cross	31	25.81
Don't Know	31	35.48
Greenlands	32	28.12
Headless Cross	44	31.82
Lodge Park	6	16.67
Matchborough	31	32.26
Outside Redditch	3	0
West	18	22.22
Winyates	37	43.24
Total	425	35.06%



Question 4: If you have any views about parking provision available at the hospital sites at Evesham, Kidderminster, Redditch and Worcester please tell us here.

Key themes:

As part of the survey Members of the Commission felt it was important to canvas residents on their views of the car parking arrangements. Given the number of respondents who indicated that they would travel to hospital by car the feedback to this question was particularly valuable.

It became apparent during analysis of the responses that there were two key themes:

- The number of public parking spaces available was seen as inadequate, particularly at Worcestershire Royal Hospital.
- Residents think parking is too expensive at all sites.

More details about the responses provided by residents is attached at Appendix I. Members of the Commission noted that some of the people who criticised the parking arrangements actually travelled by public transport or walked and in some cases said they had no access to a car.

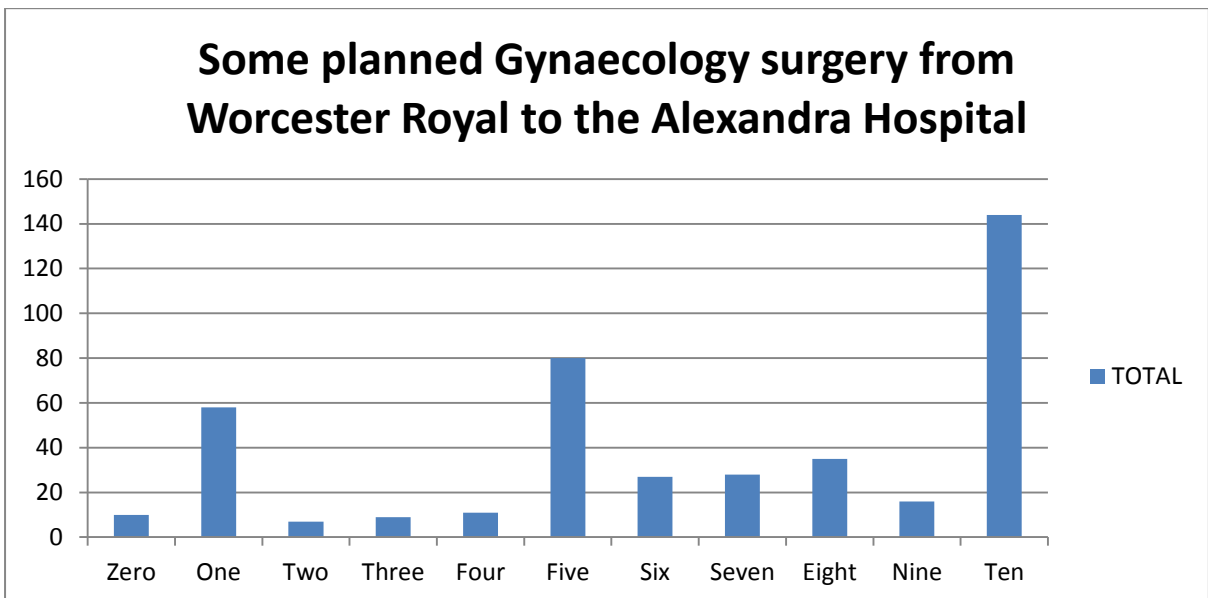
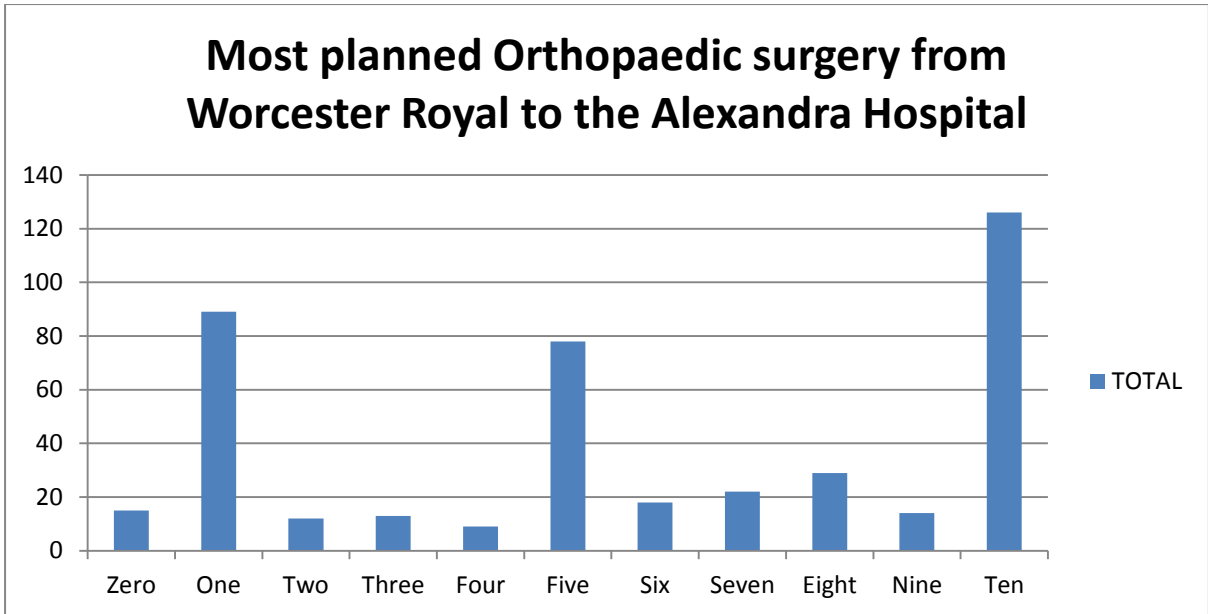
Further analysis of car parking charges at hospital sites in the region was carried out following consideration of the feedback from the public. Full detail of the comparative data is available at Appendix J. It should be noted that this shows that the car parking charges are similar to those in place at other hospitals.

Question 5: to what extent do you agree with proposed changes put forward by Worcestershire Acute Hospitals NHS Trust

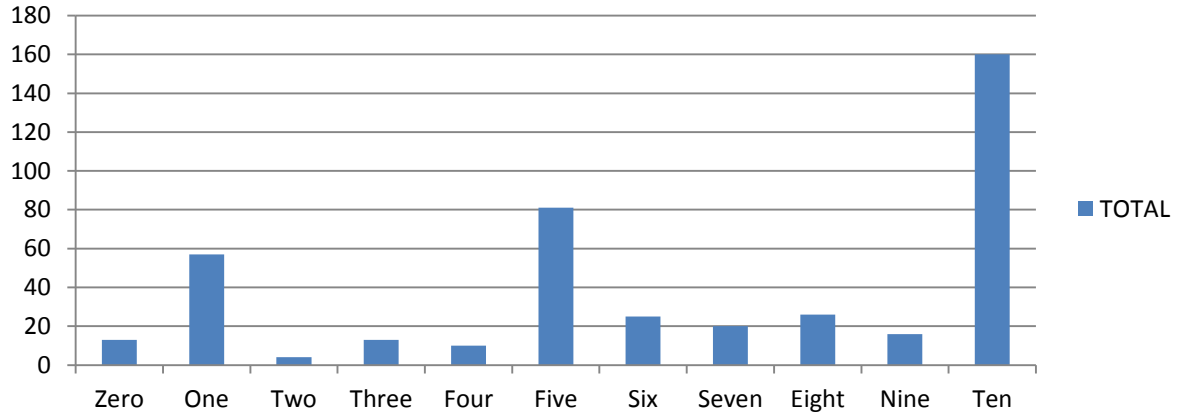
Members of the Commission were conscious that in the Worcestershire CCGs' consultation documents residents were being consulted on specific proposed changes to services. In order to best represent Redditch residents Members concluded that a question should be included within their survey which asked residents to rate these proposed changes in turn. A scale from 1 to 10 was selected as the best way to enable Members to judge residents views, with 1 being strongly disagree and 10 being strongly agree.

In addition to the Worcestershire CCGs' questions Members felt that it was also important to consult with residents about the centralisation of Urology services at the Alexandra Hospital. The hospital has had a centre of excellence at the hospital for some time and Members were keen to see if Redditch residents felt this should continue to be the case.

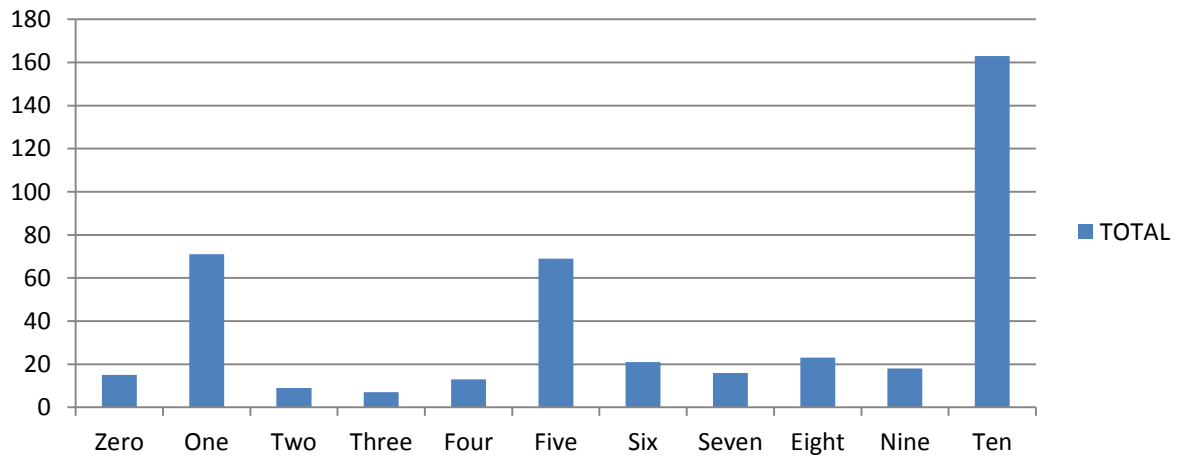
The feedback provided to this question helped to inform the Commission's response to the Worcestershire CCGs' questionnaire as detailed in Chapter 2 of this report.

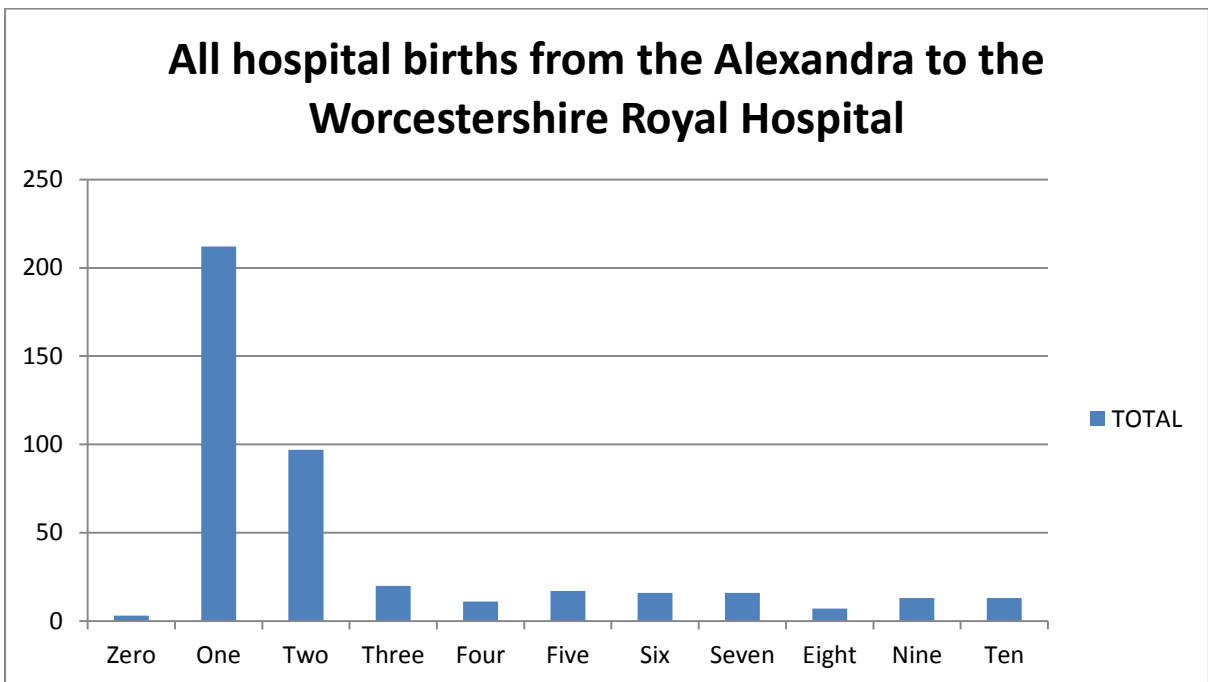
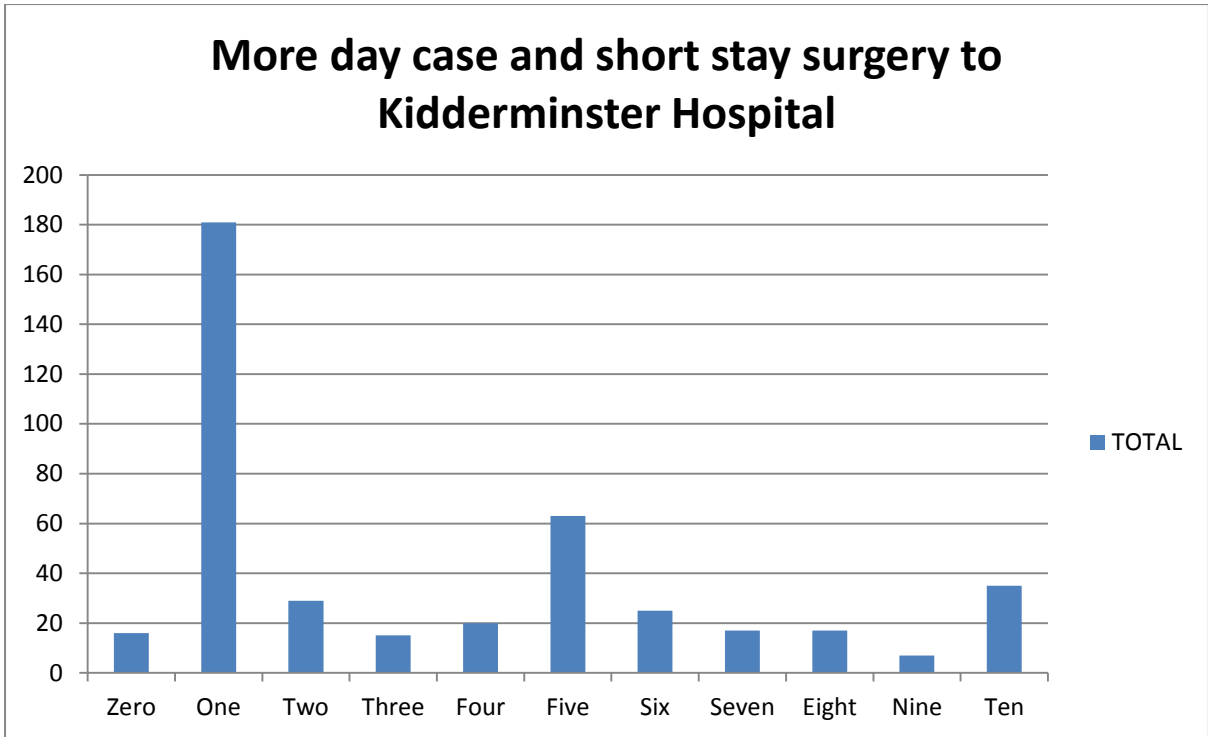


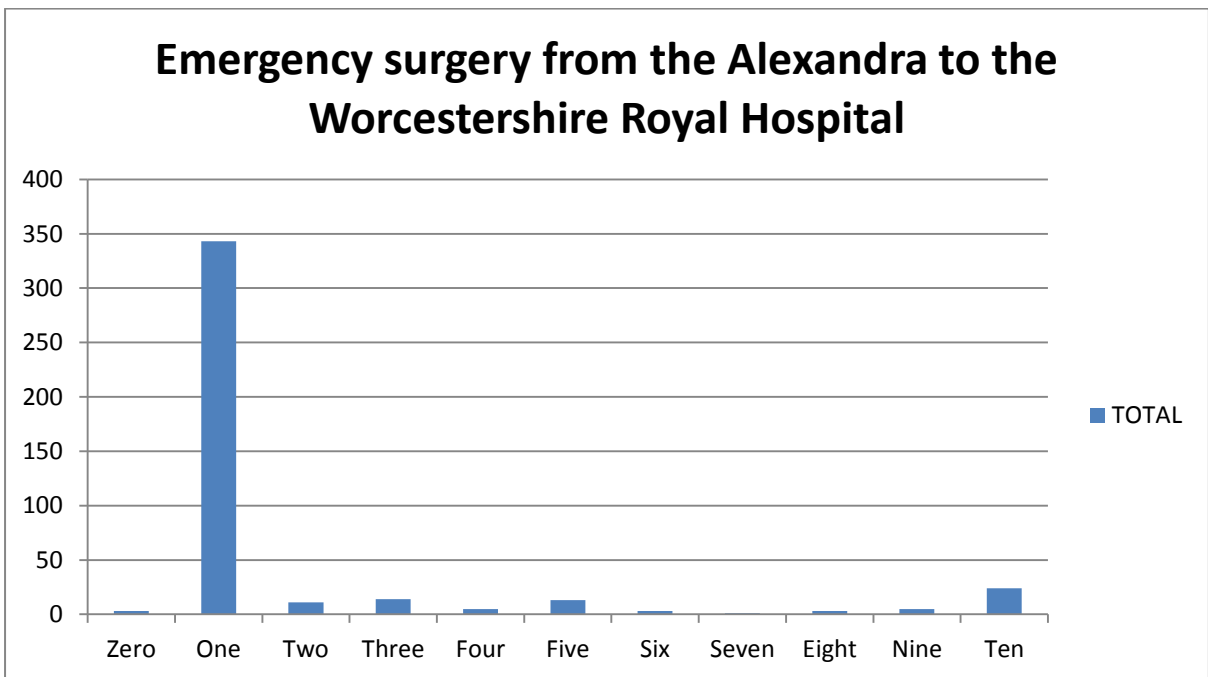
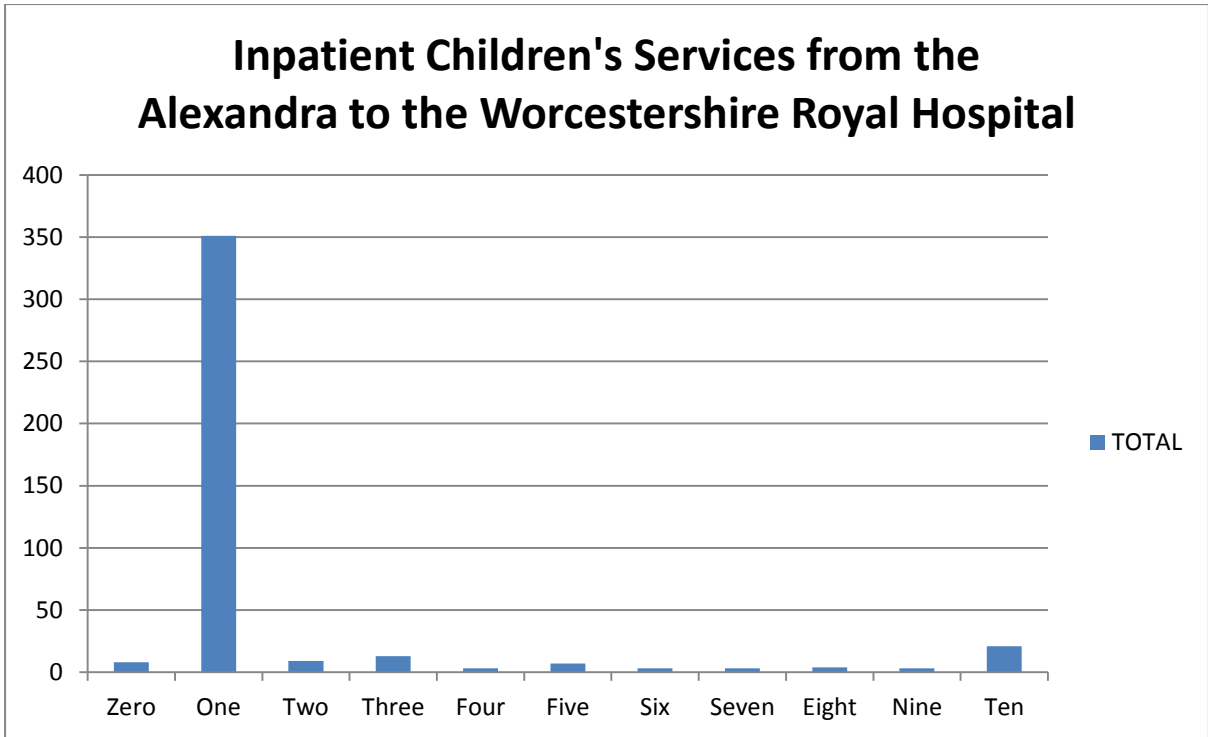
More planned surgery, e.g. breast surgery from, Worcester Royal to the Alexandra Hospital

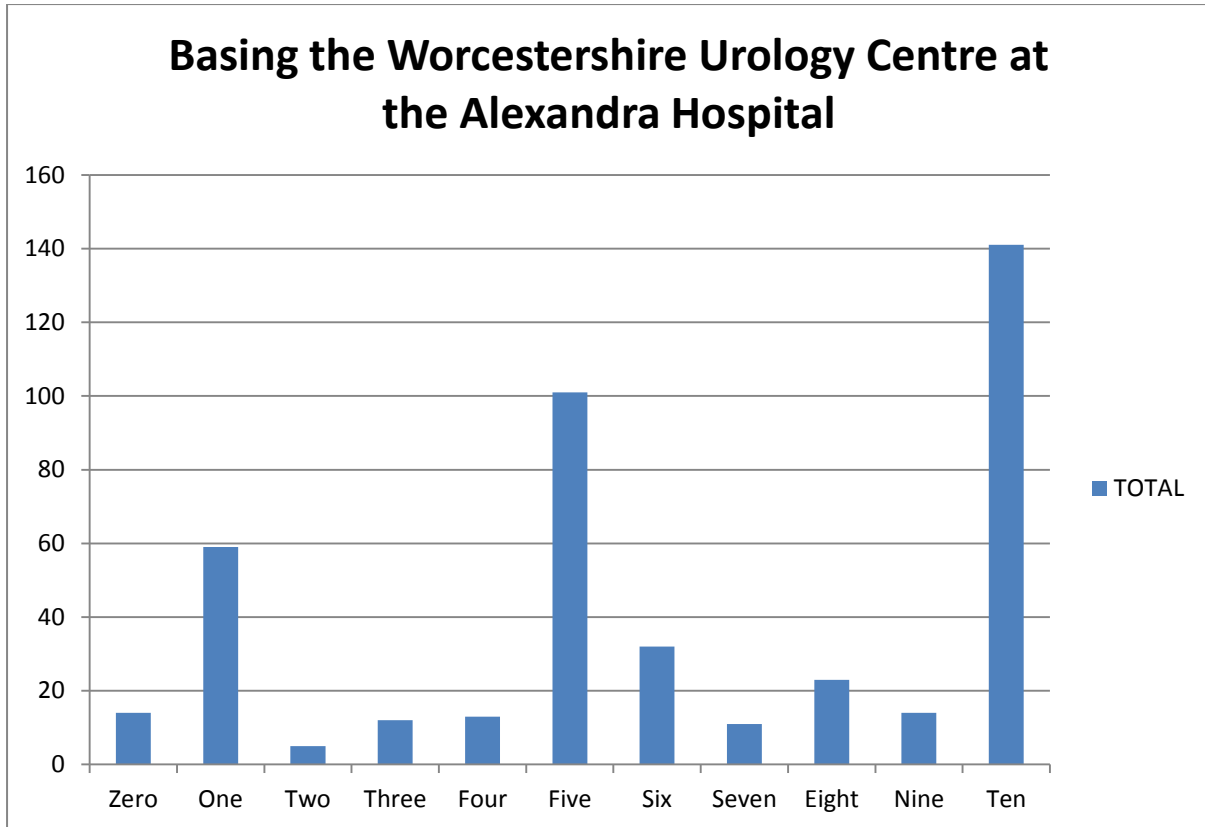


More ambulatory care from Worcester Royal to the Alexandra Hospital









Question 6: If there is anything else you would like to add for our consideration please add it here

Members of the Commission were keen to enable residents to have the opportunity to express their views of health services in full. For this reason the Commission's sixth question provided respondents with an opportunity to record detailed information. Below is a list of the key themes arising from this feedback. More detailed information is provided in a summary of those responses attached at Appendix K.

- All services need to be retained at the Alexandra Hospital.
- An increase in the local population due to housing developments and demographic changes means there will be growing demand in the future.
- Concerns were raised about travel times to access Worcestershire Royal Hospital from Redditch due to distances travelled and congestion problems on the motorway network.
- Concerns about availability of public transport.
- Concerns about the availability of parking spaces at Worcestershire Royal Hospital and the parking charges.
- Preference to travel to the Queen Elizabeth Hospital, Birmingham rather than Worcestershire Royal Hospital (it should be noted that a smaller number of respondents made specific reference to this).
- There were also some people who had concerns that Worcestershire Royal Hospital would not have the capacity to cope with the increased demand.
- A number of people mentioned funding from central government and the need for this to be reviewed.

Question 7: We would like to include real anonymised case studies in the report we will publish at the end of this process, if you want your experience to be included please give a brief overview of it here.

We had a number of responses to this question and Members were grateful for residents taking the time to provide this information as it helped them to get a real understanding of the problems facing patients in Redditch. However, given the personal nature of some of these responses it was not felt appropriate to record these within the report.

CHAPTER 4 – RECOMMENDATIONS – SUPPORTING EVIDENCE

The Health Commission recommends to Council that:

Recommendation 1

Redditch Borough Council re-affirms its position as detailed in the Notice of Motion from the Council meeting on 23rd July 2012 which was carried unanimously (as detailed in Appendix B).

The Health Commission, based on the responses received from the public, feel that further action should still be taken to secure the future of acute hospital services throughout Worcestershire. Members of the Commission do not believe that the option in the current consultation paper from the Worcestershire CCGs meets the needs of Redditch residents or responds to the concerns that have been raised. For this reason the Health Commission calls for the Council to re-affirm the 3 actions listed in the Notice of Motion. As part of this Health Commission Members are anticipating that the Council will continue to champion the need of Redditch residents to WAHT, the Worcestershire Health and Care Trust and the Redditch and Bromsgrove CCG.

Recommendation 2

In light of Section 29A and continuous changes of senior personnel managing WAHT, that all previous options be reconsidered and a new plan developed.

As detailed in the introduction to this report, during the course of the Health Commission's work WAHT was issued with a Section 29A Notice. Members were particularly concerned that this notice highlights the need for significant improvement to hospital services in a relatively short period of time. Furthermore the Commission was disappointed to learn that the CQC was so concerned about the quality of WAHT's hospital services that they felt a simple warning was not enough. In this context Members are worried about the extent to which the proposed changes to services will realistically address the problems highlighted by the CQC, particularly as some of the proposed changes have been in place as temporary measures for some time.

Members are also mindful that since 2012 when the Joint Service Review was initially announced there has been a significant turnover of senior members of staff at WAHT. This continues to be the case with an interim chief officer being replaced, prior to the permanent chief officer taking up the post, during the course of the Health Commission's work.

With these issues in mind the Health Commission contends that there is a risk that the current proposals are not fully informed by all of the options that were originally considered and will not necessarily meet the needs of patients from Redditch.

Recommendation 3

The Worcestershire CCGs take into account the following concerns raised by Members:

- a) Redditch and Bromsgrove CCG and WAHT have not submitted evidence when requested by the Commission in a timely manner. The Commission therefore feels that its concerns have not been given due regard as befits their role as the democratic representatives of the Borough;
- b) that Members should have received separate submissions from Redditch and Bromsgrove CCG and WAHT at its meeting on 12th January. The purchaser/provider relationship was not therefore clear to either elected Members or members of the public present at (or viewing the live streaming of) the meeting of the Health Commission;
- c) that the Worcestershire CCGs' proposals are totally undermined by the decision not to explore Option 2 in 2015. The Health Commission has evidence that another trust was interested in providing services at the Alexandra Hospital;
- d) significant concerns over the patient care capacity problems currently being experienced at Worcestershire Royal Hospital and its ability to cope moving forward; and
- e) car parking capacity problems being experienced by patients and visitors at Worcestershire Royal Hospital.

During the first meeting of the Health Commission on 12th January Members requested additional information from the Redditch and Bromsgrove CCG. These documents were eventually supplied for the consideration of Members. However, the Commission received these documents a matter of hours prior to meeting to determine their final recommendations. Consequently they were not able to take into account the content of these documents when formulating their proposals. Members did feel that it would have been helpful if this information could have been provided at an earlier stage and to an extent this undermined their potential to respond to the Worcestershire CCGs' consultation in a constructive manner on behalf of their constituents.

Also at that meeting Members were disappointed to receive a combined presentation from the Redditch and Bromsgrove CCG and WAHT. Whilst they appreciated that representatives from both organisations took the time to attend the meeting, the Health Commission was concerned that by combining the presentation the respective roles of the two organisations was not clear to either elected Members or members of the public.

The Worcestershire CCGs' consultation document is asking residents to comment on one option for the future provision of acute hospital services in Worcestershire. This option had been proposed as it is considered to be the best clinical model available to the local population by the Worcestershire CCGs, the West Midlands Clinical Senate and the Independent Clinical Review Panel. However, Members are aware that originally there was an alternative option under consideration as part of the Joint Service Review which took into account working with trusts outside of the county. As Birmingham is in close proximity to Redditch and more easily accessible

via the train network, Members felt this would be a more helpful option for Redditch residents which should have been explored further.

As part of the Health Commission exercise the Chair wrote to University Hospitals Birmingham NHS Foundation Trust (UHB), Birmingham Women's Hospital NHS Foundation Trust and Birmingham Children's Hospital NHS Foundation Trust. Responses were received from UHB and Birmingham Children's Hospital (these are attached at Appendix M and N). Members were interested to note the following point raised in the response received from UHB:

"The original joint service review in 2012 identified an option 2. Under this option services run by WAHT at Alexandra Hospital would be run by an alternative provider however this was rejected by the Independent Clinical Review Panel (ICRP) on the grounds it would result in 'significant inequality in the provision of safe and sustainable services to the population of Worcestershire'. This decision was disappointing as I do believe that UHB could have developed an exciting and innovative proposal for the Alexandra Hospital and its local population."

In addition when representatives of the former Save the Alex campaign attended the Health Commission on 14th September they raised concerns that UHB had not been formally consulted when the decision was taken to reject option 2. Furthermore, the former Save the Alex campaigners raised concerns that the focus on the safety of Worcestershire residents as a whole was not necessarily in the best interest of Redditch patients who might be more inclined to travel to Birmingham.

Based on the feedback provided by local residents Members of the Commission became concerned about capacity at Worcestershire Royal Hospital to accommodate centralised services as proposed in the consultation. This was compounded by reports in the national and local press during the course of the Health Commission's work about a number of issues at Worcestershire Royal Hospital including extended waiting times for ambulances and patients waiting on trolley beds in hospital corridors.

During the meeting of the Health Commission on 14th January 2017 it was suggested by members of the former Save the Alex campaign that it would be helpful to obtain further information about the potential impact of the proposed changes on West Midlands Ambulance Service NHS Foundation Trust. Following the meeting correspondence was sent to the West Midlands Ambulance Service NHS Foundation Trust inviting them to comment on the proposals. Members were disappointed not to receive a response.

It is clear from the feedback provided by residents that many are concerned about the capacity of car parking at Worcestershire Royal Hospital. In light of proposals to centralise a number of services at this hospital Members feel that these concerns should be highlighted for the consideration of the Worcestershire CCGs, although it is acknowledged that the CCGs' plan includes addressing this if it secures £29m in capital investment. Further comments on this are detailed in respect of recommendation 8 (b) below.

Recommendation 4

WAHT's approach to communication with the public be improved to include greater promotion of the Trust's concessionary travel and car parking policy.

The Health Commission's investigations have led them to discover that there are concessionary travel and parking fees available to certain categories of patients and their carers accessing WAHT's services. These are advertised on the Trust's website however the feedback received from residents expressing concerns about car parking indicates that there is not wide spread awareness of this scheme. This is particularly significant given the levels of deprivation within certain neighbourhoods within the Borough and the associated health inequalities experienced by residents living in those areas. Information about levels of deprivation in Redditch have been widely report in Health Profiles for Redditch produced by NHS England, the Redditch and Bromsgrove CCG Profile 2016 and the Joint Strategic Need Assessment Briefing on Redditch produced for Worcestershire Health and Wellbeing Board in 2013.

Recommendation 5

The Worcestershire CCGs and WAHT take into account projected housing growth in Redditch, Bromsgrove and Stratford Districts, as detailed in the relevant Local Plans and as detailed in the 3 Councils' submission to the Joint Services Review in 2013, and reviews the proposals in light of these (see Appendix O).

Members noted that all the points which had been raised in the document submitted by Redditch, Bromsgrove and Stratford Councils in November 2013 in respect of demographics continued to be relevant, in some cases even more so, following the publication and adoption of Local Plans.

Local residents were also concerned about the increasing population and the pressures that this might place on centralised services at one hospital in Worcester. Many of the residents who raised this concern suggested that the majority of services needed to be retained at the Alexandra Hospital to meet the needs of the growing population in North Worcestershire and parts of South Warwickshire. Anecdotally a number of residents who spoke at the public meetings commented that they were considering leaving Redditch due to the reduction in hospital services. This was raised by those residents that were considering starting a family, or who had young children with specific health needs.

Recommendation 6

- a) the Worcestershire CCGs, WAHT and the Worcestershire Health and Care Trust note Members' concerns in respect of the Herefordshire and Worcestershire Sustainability and Transformation Plan and the implications for Redditch residents; and
- b) the Redditch and Bromsgrove CCG, WAHT and the Worcestershire Health and Care Trust work more proactively with the Council to develop and implement this plan in order to meet the needs of Redditch residents recognising the role of the Council in the preventative agenda.

In 2016 local health trusts working with relevant partners were tasked with reviewing health services over the following 5 year period. Herefordshire and Worcestershire have worked together to produce their Sustainability and Transformation Plan. The Redditch Overview and Scrutiny Committee has received 2 presentations to date, outlining the proposed content of this plan and is due to receive a further update in July 2017. Beyond this however there has been no involvement of the Council in the development of the plan.

During the Health Commission meetings representative of the former Save the Alex campaign raised concerns that this Plan could result in further changes to health services for Redditch residents. There were also residents who detailed their disappointment that health services in Worcestershire had been the subject of a number of reviews in the last 10 years. They expressed concerns that this created a lack of certainty and unrest within the community, about how health services will be provided in the future.

The Council has worked proactively over the last few years, initially through its locality working, but more latterly through the Connecting Families programme to redesign public services in order to address issues before they arise or respond more quickly and appropriately when issues do arise. This is ultimately to improve the quality of people's lives and will keep people out of more expensive social care and indeed acute hospital care. This has been proven to work and follows the philosophy of prevention is better than cure and the Commission believes is crucial to the delivery of the Sustainability and Transformation Plan.

In this context the Health Commission urges the Worcestershire CCGs, WAHT and the Worcestershire Health and Care Trust to more proactively engage the Council in the development and delivery of this Plan.

Recommendation 7

The Redditch and Bromsgrove CCG and WAHT work with the Council to identify actions that can be taken by all service providers to address the high rate of respiratory illness experienced in the Redditch area.

Whilst considering the contents of the Redditch and Bromsgrove CCG's profile for 2016 Members noted that prevalence of asthma in the CCG area is considered to be significantly worse than the England average. Members are aware that sometimes conditions such as asthma can be exacerbated by the environment in which the individual lives. As the Council delivers a number of key services that impact on the environment, including housing and landscaping services the Health Commission is proposing the Redditch and Bromsgrove CCG and WAHT should work closely with all relevant partners to identify any action that could be taken to support those residents who are affected by this.

Recommendation 8

The Council write to NHS England and NHS Improvement urging that the proposed changes to WAHT services are not implemented until:

- a) the concerns raised by patients as detailed in the completed surveys and minutes of the Health Commission meetings, have been addressed; and
- b) the £29m capital investment detailed in the Worcestershire CCGs' consultation report has been secured.

Whilst the preferred option of the Health Commission is for the potential to work with other trusts to be explored further as detailed in recommendation 1, Members recognise that the Worcestershire CCGs and WAHT may move forward with the current option out for consultation. If this occurs, though acknowledging that many of the changes have already been implemented on a temporary basis, Members feel that the full extent of the proposals should not be implemented until the concerns raised by residents in respect of capacity issues at Worcestershire Royal Hospital and transportation have been addressed to a satisfactory level.

Members are aware from the information provided by the Redditch and Bromsgrove CCG and WAHT that the proposed £29m capital investment cannot be formally considered until the consultation process has concluded. The Health Commission was also advised by the Redditch and Bromsgrove CCG and WAHT that if the capital bid was successful £1.6m would be invested in additional public parking spaces at the Worcestershire Royal Hospital site. This will take time to secure and develop. In the meantime Members feel that all action possible should be taken to minimise parking problems arising from the current limited capacity.

Recommendation 9

The Council writes to NHS England and NHS Improvement expressing Members' concerns about the Trust and the Worcestershire CCGs' consultation process, the viability of the Trust, and its ability to provide quality and safe services (as evidenced by Section 29A), the time it has taken to review hospital services, which Members feel has been too long, and the overall inadequacy of the plan for future services.

The Health Commission is aware that the Joint Services Review process started 5 years ago. During this time residents have made it clear that they are keen to retain various services at the Alexandra Hospital, in particular this was articulated in the petition opposing the move of maternity services to Worcester Royal from the Alexandra Hospital, which garnered over 54,000 responses. The length of time taken over this consultation process has caused considerable distress within the local community as evidenced by the launch of the former Save the Alex campaign. These concerns were then compounded by the fact that communications were sometimes lacking and the campaign had to submit freedom of information requested to obtain relevant information. More recently the issuing of the Section

29A Notice has caused Members of the Health Commission considerable concern that there remain problems within WAHT which need to be addressed in order to secure sustainable and safe services for the future. Members are therefore proposing that the Council write to NHS England NHS Improvement raising these concerns.

Recommendation 10

The Council writes to Central Government urging them to review funding arrangements for the NHS and Social Care.

During the meeting of the Health Commission on 12th January 2017 Members raised concerns about the Trust's deficit. Members were informed that the Trust was projected to have a deficit of £35m, £28m and £20m over the next 3 years respectively. Whilst the deficit for previous years would not need to be paid back, the Department of Health would want assurance that the Trust had a robust plan moving forward. Members recognise that the financial difficulties experienced by WAHT are not unique and in fact are common to many areas of the NHS. The Health Commission is also aware that the proposed changes to hospital services will not lead to any financial savings for the Redditch and Bromsgrove CCG and only marginal savings for the Trust.

Members feel that from the information available and from the views of residents expressed during the Commission's consultation process that there is a need for NHS funding to increase. Residents did raise concerns that a lack of funding for social care in particular is impacting on hospital services as an aging population is struggling to access the care services they need to live independent lives or within appropriate care homes due to funding cuts at all levels. Until this is addressed Members believe that the pressures on the NHS which are impacting not just on Worcestershire but on services across the whole of the country will lead to the continued deterioration of services.

Recommendation 11

The Council writes to Central Government/NHS England requesting that there be a substantial recruitment and training initiative for new doctors and nurses to work within the NHS.

One of the key reasons provided for the temporary move of some of the services and for the centralisation of services as detailed in the Worcestershire CCGs' consultation document was that services at the Alexandra Hospital were not safe due to current staffing levels. These have reduced in recent years following the resignation of a number of consultants and difficulties in recruiting replacements. It was also highlighted by the Redditch and Bromsgrove CCG and WAHT in their presentation that the uncertainty over the future of hospital services was impacting on recruitment of appropriately qualified staff.

The Health Commission acknowledged that to an extent the recruitment difficulties experienced in Worcestershire are in fact part of a national problem due to shortages

of key skilled medical staff in the NHS. To address this Members believe that central Government and NHS England need to take a long term approach to staffing the NHS. They are therefore proposing that the Government and NHS England launch a substantial recruitment and training initiative that will lead to new qualified doctors and nurses working in the NHS over the next 10 year period.

Members wished it to be noted that they value the continuing work of all staff employed by the NHS particularly in those employed locally, who have continued to provide excellent services despite a long period of uncertainty. The Health Commission would like to thank those staff for their hard work and commitment.

Recommendation 12

The majority of Health Commission Members recommend that the following answers be provided to the first 8 questions in the Worcestershire CCGs' Consultation Survey.

The evidence supporting these answers is detailed at questions 3, 4 and 8 of the consultation document above.

APPENDIX A - TERMS OF REFERENCE

**Redditch Borough Council
Commission to investigate Residents' views about Proposals
for the Future of the Alexandra Hospital
Terms of Reference**

Membership:

The Commission comprises members of the Executive Committee:

It will be chaired by Councillor Bill Hartnett.

Purpose:

1. To gather evidence from residents of the Borough about the potential impact of the options for the Joint Service Review of health on the Alexandra Hospital;
2. To prepare a report of the evidence gathered to send to Redditch and Bromsgrove CCG to be considered as part of the public consultation on its proposals and to the Borough Council to inform its response to the public consultation on the Review.

How the Commission will carry out its work:

The Commission will invite members of the public to present their views, either in writing or at a number of meetings convened at the Town Hall in Redditch.

The meetings will be handled as follows:

- People will be asked to register to speak prior to the meeting or alternatively they can submit their written comments.
- Each person will be given up to 5 minutes, at the Chair's discretion, to voice their views.
- Notes will be taken and the "hearing" tape recorded in order to ensure full transparency.
- Only questions of clarification to witnesses may be asked by the panel.
- Press will be welcome to the open sessions.
- It is not proposed that elected members should be allowed to give evidence to the commission – this is purely about hearing from members of the public.

APPENDIX B – 23RD JULY 2012 NOTICE OF MOTION

"This Council fully supports the community-led "Save the Alex" Campaign which is totally opposed to the closure of Accident & Emergency and Maternity services at the Alexandra Hospital.

It has been confirmed by Professor Rod Griffiths, the Independent Chair of The Joint Services Review Stakeholder Reference Board, at a public meeting on 21st June that the reason for the potential loss of services at the Alexandra Hospital is because going forward "we have a lot less money"

Encouraged by Professor Rod Griffiths' statements, Council agrees to write to the Health Minister, Andrew Lansley MP, requesting that the shortfall of funding for Worcestershire NHS, said to be £200 Million over 4 years or approximately £1 Million per week (of which the acute hospitals share is £50 Million), is funded by Government, thus safeguarding all services in the County.

Also requesting the Minister receives a delegation of leaders from Redditch Borough Council, Bromsgrove District Council, Stratford-on Avon District Council and the "Save The Alex" campaign so that we can make our case.

Further, the Chief Executive, the Leader of the Council and the Leader of the Opposition are tasked to:-

- (1) vigorously represent the Council's position to Worcestershire Acute Hospitals Trust (WAHT), Worcestershire Health Care Trust (WHCT) and Worcestershire NHS;
- (2) pursue with all Worcestershire and Neighbouring NHS Trusts all alternative organisational strategies which will safeguard services in Redditch; and
- (3) join with any campaigns which advance and promote the Council's position."

APPENDIX C – 25TH JULY 2016 NOTICE OF MOTION

“Council notes with dismay the recent announcement from Worcestershire Acute Hospitals Trust (WAHT) with regard to an emergency temporary change to paediatric inpatient services at the Alexandra Hospital from September 2016 which is the latest in a series of changes made to the detriment of our local hospital using the “cover / shield” of safety – all in advance of the much publicised public consultation. Whilst the council fully supports and endorses the need for services to be safe we need to be assured as to what has been done to mitigate this decision and that this does not represent the easy option and a further downgrade of services to the people of Redditch and surrounding areas.

As agreed before the Council’s policy is to look towards Birmingham. This is further proof that this is the correct position and that the Acute Services provision in Worcestershire is simply unsustainable in its current form and we believe will be proven when the Sustainability and Transformation Plan is published.

The Council need to be assured that this isn’t a permanent move in the same way the removal of maternity was. When the latest move was announced the Trust stated that the period between now and September will enable them to engage with the public on the reasons for the changes and how services will be affected:

Council

- call upon the Chair and Chief Executive of WAHT to host a series of public consultation events in Redditch, Bromsgrove and Stratford to outline the reasons for the change, the actions already taken to address the situation and also what will be done to ensure this isn’t a permanent change;
- call upon the Chair and Chief Executive of WAHT and the Redditch and Bromsgrove CCG Chief Operating Officer to attend the previously agreed Redditch Borough Council’s Health Commission to address wider issues around the future of the Alex Hospital ;
- to write to UHB and the Women and Children's Trusts in Birmingham to ask for their views on this matter.”

For the following appendices please see separate documents.

**APPENDIX D – PRESENTATION FROM REDDITCH AND BROMSGROVE CCG
AND WAHT AT THE MEETING OF THE HEALTH COMMISSION HELD ON 12TH
JANUARY 2017**

The Future of Acute Hospital Services Worcestershire

APPENDIX E – MINUTES OF HEALTH COMMISSION 12TH JANUARY 2017

APPENDIX F – MINUTES OF HEALTH COMMISSION 14TH JANUARY 2017

APPENDIX G – MINUTES OF HEALTH COMMISSION 19TH JANUARY 2017

APPENDIX H – HEALTH COMMISSION SURVEY

APPENDIX I – RESPONSES TO QUESTIONS 4 (OF THE HEALTH COMMISSION SURVEY)

Health Commission: Survey Feedback

Question 4: If you have any views about parking provision available at the hospital sites at Evesham, Kidderminster, Redditch and Worcester please tell us here.

- Not enough parking in Worcester.
- Redditch fine, Worcester appalling – had to park about a mile away and walk back.
- Overpriced and lacks capacity at peak times.
- Not sufficient.
- At peak times it can be busy and expensive.
- Expensive, not enough spaces and small parking bays.
- Not enough and expensive.
- Parking facilities at Worcester are abysmal.
- Parking at Kidderminster and Worcester inadequate.
- Too expensive, especially for long appointments.
- Not enough and too expensive.
- Redditch parking price is extortionate.
- Too expensive to park.
- Too expensive.
- Car parking prices are horrendous.
- Too expensive especially for long stay. Inadequate facilities at Worcester.
- Too expensive and not enough spaces.
- Parking fees extortionate there should not be any fees to park at a hospital.
- Worcester parking facilities are diabolical.
- Redditch is fine. Worcester is really bad.
- Redditch adequate if you are delayed unreasonably priced.
- Redditch parking is awful. Never any spaces and costs a fortune.
- Worcester parking is miles away from the hospital.
- Whenever I've been to Kidderminster Hospital the ticket machines are broken.
- Extremely difficult at Worcester and costly.
- Parking should be free. Last time we visited Worcester I had to wait for a parking space and was late for an appointment.
- Unfair parking charges.
- Shouldn't have to pay by the hour. There should just be one token payment.
- My issue would be in relation to the costs of parking.
- Expensive and overcrowded.
- Worcester nightmare!
- Worcester parking very congested, Alex at times same as Worcester. Evesham better parking.
- I find it appalling the amount charged for parking.
- Parking charges are too high. Worcester is very difficult to park.
- Expensive.
- Too expensive.

- Not enough spaces and too expensive.
- Expensive. Worcester is impossible to park at.
- Expensive. Worcester hasn't got enough parking spaces.
- Too expensive.
- Expensive.
- There should be no charge for parking at any hospital.
- Impossible to parking easily at Worcester.
- Just about adequate at Redditch.
- Bad parking at all sites.
- Far too expensive and not enough spaces.
- Price too high.
- Need more.
- Too expensive.
- Too expensive.
- Too expensive.
- Worcester nightmare. Redditch depending on time can be difficult. Evesham used on a Saturday morning so easy. Kidderminster busy but accessible.
- Not adequate for short-term parking and costly for most people.
- Too expensive.
- There's not enough and it's too expensive.
- Too expensive.
- Parking is too expensive, especially for regular visits.
- Ample parking, a little pricey.
- Ridiculous parking charges at Redditch.
- Car park costs.
- Expensive to visit - chaotic and full.
- Parking fees are too much.
- Try to avoid parking on hospital sites due to lack of spaces at peak times and the expense.
- Kidderminster is ok, Redditch not good.
- Car park at Worcester far too expensive. Also needs to be more reasonable at Redditch.
- Went to Worcester once, couldn't get parked so never went again. Parking was impossible.
- Should be free parking.
- The fees are necessary to reduce/offset NHS total costs.
- Worcester is difficult. Redditch is very easy and self-explanatory.
- Charges are far too high.
- Not enough space and expensive at Kidderminster, Redditch and Worcester. I don't know about Evesham.
- Not enough spaces.
- If you have rushed in or do not know how long you will be there you don't know how much it will cost and might not have enough money.
- Parking is terrible and putting stress on people regardless of disabilities, unemployment etc.
- Expensive and inadequate.

- Parking facilities are poor and are inadequate for the volume of people using the hospitals.
- Car parking is too expensive and should be made cheaper or free.
- Inadequate and too expensive and almost missed appointment – at Worcester.
- Visited Kidderminster and Worcester and both are inadequate.
- No car no view.
- Parking is expensive and the car park always seems to be full in Worcester.
- Too expensive and not enough short-stay parking for outpatients.
- Parking too expensive. Worcester car park not clearly marked.
- Not very good, especially Worcestershire.
- Too expensive.
- Too expensive.
- Worcester and Alex too expensive.
- Not good.
- Parking at these sites is awkward, especially Worcester where it is almost non-existent.
- Parking provision at Worcester is and has been a nightmare for years. It is totally inadequate for existing services. Redditch is also stretched at times. All parking charges are too high especially those on fixed incomes and for those who have regular visits.
- Park on roads round Alex to avoid parking fees. Confusing car park at Worcester.
- Parking is too expensive especially if you are visiting family.
- Have a blue badge and never had a problem parking at the Alex.
- Cost and limited space provided causing stress.
- Too high cost and stressful finding a space.
- Not enough provision and too expensive.
- Parking is very expensive and the car park is too small at Kidderminster.
- Parking is very expensive and the car park is too small at Kidderminster.
- Overcrowded, expensive and very stressful when trying to park.
- Should be cheap or free.
- Car parking far too dear.
- Too expensive, not enough spaces and too far away from the hospital entrance.
- Too expensive.
- Availability can be an issue and cost.
- Not enough space at Worcester and charges are high.
- Parking at Worcester is disgusting. Also the charge at Redditch is a disgrace.
- Parking is too expensive and not enough space.
- Never enough space.
- Too expensive and not enough space.
- Unfair staff have to pay parking costs.
- Sometimes have to wait and costs.
- Parking is overpriced and not enough space.
- Very expensive to park.
- Too expensive and limited. Difficult to find spaces.
- They should be free.
- Poor.

- Parking can be difficult at peak times. It is also expensive.
- Parking fees should be reduced.
- Redditch good, Worcester abysmal.
- Too expensive at Redditch and Kidderminster if you have to visit every day.
- Parking is inadequate at Worcester and Kidderminster and crowded at the Alex.
Parking is very expensive.
- Charge too much for parking.
- Car parking is expensive. All hospital sites are overpriced.
- Expensive – not enough.
- Too expensive.
- Expensive
- Expensive – not enough.
- Too expensive.
- Inadequate.
- You are always unable to park.
- They charge too much.
- Expensive and not enough spaces at Worcester.
- Worcester is impossible to park. Kidderminster is ok. Redditch has too few spaces and costs a lot.
- Disabled should not pay.
- Disabled should not pay.
- Disabled should not pay.
- Worcester parking is always under pressure and it takes ages to find a place.
Redditch can also be busy and full.
- Parking at Redditch is far too expensive.
- Redditch and Worcester are totally under provided for and far too expensive.
- Need to be considerably cheaper and more spaces.
- Disgraceful parking charges at the Alex.
- Nearly always very difficult to find spaces at Worcester.
- It is too expensive.
- Worcester is rubbish.
- Worcester is very difficult to park at.
- Extend free parking area especially outside A&E.
- Very expensive.
- I found the service at the Alex, Kidderminster and Worcester excellent.
- They are expensive. Spaces are limited and not staffed at night so you feel quite vulnerable going back to your vehicle because there is nobody around.
- Disagree with prices for parking.
- Too much money.
- Parking too dear.
- Not enough spaces at Worcester. Very expensive to park at the Alex.
- Expensive parking and not enough.
- Too expensive.
- I don't believe a free service can call itself free if there is a parking charge.

APPENDIX J – COMPARATIVE CAR PARKING CHARGESWorcestershire Acute Hospitals Trust

Time	Cost
Up to 1 hour	£2.50
1 – 2 hours	£3.70
2 – 4 hours	£4.50
4 – 6 hours	£6.00
6 – 24 hours	£7.50

Wye Valley NHS Trust

Time	Cost
10 mins	Free
Up to 1 hour	£3.00
Up to 2 hours	£5.00
Up to 3 hours	£6.00
Up to 4 hours	£7.00
Up to 5 hours	£8.00
Up to 9 hours	£12.00
Up to 24 hours	£15.00

Royal Stoke University Hospitals North Midlands NHS Trust

Time	Cost
Up to 1 hour	£1.70
1 – 2 hours	£2.80
2 – 3 hours	£3.80
3 – 4 hours	£5.50
4 – 8 hours	£6.50
8 – 24 hours	£8.60

Blue Badge holders pay normal charges..

Concession scheme in place for specific patients (weekly ticket for £10.00)

University Hospital Coventry and Warwickshire NHS Trust

Time	Cost
0 – 10 mins	Free
Up to 1 hour	£2.50
Up to 2 hours	£3.40
Up to 3 hours	£4.10
Up to 4 hours	£4.90
Up to 5 hours	£6.40
7 – 24 hours	£9.20

Concession scheme in place for specific patients.

South Warwickshire NHS Foundation Trust

Time	Cost
First 30 mins	Free
0 – 1 hour	£2.60
1 – 2 hours	£3.10
2 – 4 hours	£4.70
4 – 6 hours	£7.30
6 – 24 hours	£9.60
Weekly Ticket	£15.60

Blue badge holders pay normal charges.

APPENDIX K – RESPONSES TO QUESTION 6 (of the Health Commission Survey)

(These are the personal views of residents which do not necessarily have any supporting evidence)

- Centralised is not always the best. Local is usually much better for the patient and their families.
- Given the A38 and M5 issues with gridlock and lack of alternative routes at peak times what measures are put in place to respond to these circumstances to ensure emergency cases can be attended in good time?
- The hospital was fine before; investment is what we need as residents.
- Worcester Royal cannot cope with the influx of patients. It also causes me deep concern - with having young children – how I would transport them to Worcester. I would, if I had a choice, take any family member to Birmingham, as it is more easily accessible by transport from Redditch. (Non-driver).
- Distance for emergency cases too far at Worcester. Too far if child is admitted at Worcester, especially for low income families. What I've seen so far Worcester can't cope with extra work. Alex is easier to get to with option of public transport.
- It seems Worcester cannot cope with the extra demand on its services. It is really concerning for Redditch and surrounding area residents.
- Travel from Redditch to Worcester Hospital needs to be drastically improved. Changes to travel and parking arrangements need to be implemented before major changes to departments are made. Redditch and the catchment area of the Alex is increasing and therefore a full A&E is required. Local Authorities must increase Council Tax to increase the number of frail and elderly people moving from hospitals to council run care homes. Foreign nationals should be charged for their treatment and medication. There are far too many agency doctors and too many locum doctors.
- There is an aging population and they are not all able to get there. There should be consideration of the impact on family members. Moving of services to already overloaded services at Worcester. Stroke victims and other emergency victims are having to travel to Worcester when time is of the essence. Where do we take sick children now? This is not clear.
- Keep all acute services at the Alex.
- I would like as many services available at the Alex as possible. A town the size of Redditch with its catchment area needs this.
- The Alex needs more availability for mental health. (i.e. out of hours service) and A&E waiting times to be reduced.
- Services need to return to the Alex as it is not right for people to go to hospital in Worcester when it is a life threatening situation.
- We need all services at our local hospital. An A&E Department and Paediatrics.
- We need services and A&E for both adults and children at The Alex.
- Please understand that Redditch needs a full Maternity care service, a full A&E Department functioning 24 hours a day and all routine departments. Redditch has a growing young population as well as an increasing old population. Vital hospital services for both categories of the population are very much needed.
- We need a hospital. Lots of people don't have cars and can't get to other hospitals.

- For a town the size of Redditch we need Paediatrics and Maternity/delivery services. Worcester struggles to cope and sends overflow to Redditch.
- Should have stayed as it was. Bring doctors etc. to Redditch. We need more staff at Redditch.
- With the increased population within North Worcestershire health services should not be cut but expanded. The Alex and Worcester do not have the capacity to cope with the number of patients.
- Crisis situation here because our town is growing and in so much need of keeping our hospital in Redditch.
- Turning the Alex into an Orthopaedic Centre of excellence seems ridiculous as the royal Orthopaedic hospital, is 15 miles away and could serve a lot more people and use cash saved for other departments.
- It's not acceptable to close our A&E and move us to Worcester, especially with our growing population.
- All three hospitals should be developed to provide all the services to their populations and doctors should travel. The shortage of specialist doctors – this should have been a long-term plan to meet demand and change standards rather than a knee-jerk reaction. They have completely failed to consider travel arrangements and the impact on traffic levels in Worcestershire. People could be served closer to home with minimal journeys and road traffic accidents. It will create more illnesses as the travel and time required will create stress for both patients and family members.
- For population of a town like Redditch which is getting bigger the hospital is a must and should be kept at its full strength not as a run-down hospital. I'm happy to have new services at the Alex but this should not mean the Alex A&E is downgraded.
- I think all services should remain at the Alex. Worcester is too far for too many people with barriers such as driving and parking. The Alex is also easily accessible for Bromsgrove and Redditch residents.
- The Alex hospital is a good hospital and should not lose vital services as it is very busy and I feel people with no transport would find it difficult to get to other hospitals. So the Alex should be kept as a main hospital with all services available.
- It isn't good to move all non-emergency services to Redditch and all emergency services to Worcester. There are too many people with emergency needs who can't travel to Worcester.
- Don't move non-emergency services to the Alex and / or emergency services to Worcester. DANGEROUS!
- I can't drive due to severe health problems and it's difficult for me to go to Worcester by Bus. Bring A&E to Redditch.
- We understand that resources have to be planned to function economically and we have to accept this entails travel but where is the public transport?
- Why not access the QE – there are easier transport facilities. It is a long drive from Worcester to Redditch.
- As a young growing community Redditch needs all the services of a growing hospital.
- I am very concerned that Worcester will not cope. Also it is a long way to travel to Worcester in an emergency.
- I live in Woodrow and gave birth at home as I could not make it to the Alex in time four years ago. Now I would struggle to get to Worcester.

- I had an appointment which turned out to be in Stratford, not Redditch. The next one was in Warwick which cost £26 for a volunteer driver. Redditch would have been much more convenient.
- The city of Worcester needs a hospital to provide comprehensive care and services to its residents without them having to travel miles. The rapidly expanding town of Redditch needs the Alex hospital to be fully staffed and fully functioning and able to offer that same care to the Redditch people.
- Worcester Hospital is an area with no public transport from Redditch. You can get to Birmingham QE hospital on public transport. I would rather go there.
- Back the initiative to increase taxation to fund social care therefore helping to remove bed blocking.
- Bring back the A&E, obstetrics, gynaecology and children's services to the Alex. Redditch is a growing town and needs this for itself and the surrounding areas.
- The services that have gone are vital to this growing town, particularly Maternity and Emergency Surgery. The distance and difficulty in getting to Worcester is a very grave concern for patients and visitors. If we have to team up with another hospital the QE would be a better choice in every respect.
- Worcestershire can't cope. More houses are being built so are these people going to be counted?
- I believe it is vital that the Redditch area has access to an A&E Department. Worcester is too far away.
- A&E at the Alex is vital. I am disgusted at the emergency paediatrics being moved to Worcester. Some services need to be kept at the Alex.
- If proposals go ahead transport needs to be addressed, public transport too. Kidderminster, Worcester and Evesham are very limited (for public transport).
- Medical services should be accessible in the vicinity. Taking the services away from the area is putting lives at risk.
- Worcester Royal is already full to the brim and will not cope with all the extra patients from Redditch.
- At the present time Worcester Royal cannot provide acceptable services for the whole of the catchment area. The staff at the Alex in the departments I've used are very hard working but at times the current situation must be demoralising for them.
- Services should not be moved from the Alex as this is putting lives at risk, especially children and babies. Worcester and the other hospitals are too far away.
- Public transport between hospital sites is very difficult so concentration of a service at only one hospital can only be supported if adequate transport is provided for all cases. Would this expense be equal to or exceed that of service concentration?
- There needs to be an hourly bus service to all the hospitals starting early and finishing late.
- To have such a state of the art and comprehensive facility not used to its full capability is a disaster! The people of Redditch have paid for a lot of the equipment in daily use so should have the full benefit of this service locally and should not have to travel to other areas.
- A local hospital is needed for childbirth, children and emergency services. Lives will be lost!
- It will be good if they will consider people without cars. Keep the Alex open.
- There are far too many people in the area to close the Alex.

- Everything should stay at the Alex. Worcester Hospital is too far away; no transport.
- Redditch needs a fully operational hospital because of the large population in the town.
- The town of Redditch is growing larger with more and more houses being built. Therefore Redditch hospital should be kept for all surrounding areas. Also this travel to and from outside is almost non-existent.
- Worcester Royal cannot deal with the entire catchment area. IT is difficult to reach by public transport from Redditch. The Alex has a catchment area in North Worcestershire and Warwickshire. The staff are excellent.
- Build more hospitals. Population growth creates the need.
- I do not agree with closing local facilities.
- There is a lack of funding for the elderly taking up vital hospital beds.
- More government funding is required to fulfil the nation's healthcare provision and to fund social service provision for the elderly.
- Worcester Royal already can't cope with service provision.
- Redditch needed a full working hospital 40 years ago. What's changed? We need it more than ever due to a growing population.
- We need our services.
- Considering the size of Redditch and the ongoing development it is imperative that the Alex should keep all services for young and old alike.
- We need to keep services at the Alex. Not everyone has cars. Some of us poor people have to use buses.
- Save the Alex!
- We must keep the Alex and support the doctors and staff there. A lot of us don't drive but we would use the bus. Would the people of Worcester come over to Redditch? We must keep our services at the Alex and bring services back.
- Losing the Maternity is a massive loss to Redditch as is the children's limited care. Rather than swapping services around effort and money should be put into keeping the services we have and into reinstating those we have lost.
- Redditch is getting bigger; we need the care.
- Every time I use the Alex I've been treated wonderfully. We need the Alex.
- Hospital is very important to the community and residents in the care centres where I work.
- All hospitals should provide a full service for their residents.
- I strongly disagree that people living in Redditch have to struggle to go for treatment at these far off hospitals. It takes time, costs money and causes a lot of inconvenience.
- It's very essential that A&E and Maternity services are retained as the closest alternative at Worcester and the QE are a 50 minute bus/car journey away. Local; demand for these services exists. It's not acceptable to move them for cost or recruitment reasons.
- The Alex is much needed for our town.
- The Alex is the most needed hospital.
- People moved to Redditch on the premise that there would be a hospital to accommodate a growing population. It's been said that Worcester can cope with increased demand. However, my family members, who went to Worcester to give birth, have reported that there was a lack of room and long waiting times. Also for

check-ups with babies mothers have been referred to Stratford because Worcester did not have capacity.

- Centralisation is ridiculous. Redditch is on the edge of the county. Public transport to Worcester etc. is poor.
- Please don't close the Alex or take away our services.
- The Royal was built to replace the hospital spread in Worcester City. It was not intended to take away from existing hospitals throughout Worcestershire. Residents in the north of the county should not be penalised with a difficult journey across Worcestershire to access treatment.
- We want more services at our hospital, not less, more elective work but not at the expense of acute services. If I have a planned operation then I have time to make travel plans. In an emergency I want my services to be close.
- Moving various departments from one site to another will only make matters worse. In particular A&E is needed at each site.
- A&E needs to stay. Worcester and QE could be over-burdened. Births and Children's wards need to be in Redditch.
- The CCG needs to communicate effectively and stop making changes the way they have done to date. Our Health Service matters to us.
- The Alex was built for the Redditch and surrounding areas. It is outrageous that pregnant mums have to travel. We need the A&E for all ages.
- The Alex has been run down by WAHT so much so that staff do not want to apply for jobs where they will soon be redundant and then we are told staffing levels make it unsafe and they are closed. The population of Redditch is almost as large as Worcester and many more houses are to be built and we need our hospital.
- Redditch residents have done fund raising for the Alex and now they want us to go to other hospitals. We need a hospital in Redditch as it is getting bigger every week.
- Keep our hospital in Redditch with full services.
- Why have a hospital in Redditch if we cannot use it? Also we have an expanding population.
- Please give us our hospital back in Redditch with full services.
- We need the Alex, Redditch is so big now, leave our hospital alone.
- More nurses and doctors are needed. Make the Alex a good place to work and staff safe in their jobs.
- We waited years for a hospital in Redditch after having to travel to Bromsgrove. We want all our services back in Redditch. We are a growing town and need more not less.
- We still need A&E at Redditch, including for children. Travelling times by bus worry me and travelling by car for a long way is painful and I worry about travelling to Worcester or Kidderminster worries me.
- Public transport links between Redditch, Worcester and Kidderminster are long, complex and expensive.
- There should have been this consultation before the services were removed. It is said that they have been moved for safety reasons, how safe is moving services out of reach of people with low incomes when there are extremely poor transport links.
- Redditch is an expanding town. More provision of services at Redditch will result in a happy town, less pollution and fewer vehicles travelling to other hospitals. We need all services.

- How about providing dedicated bus services between hospital sites and centres of population.
- We need better out of hours doctors surgeries. Charge up front any non UK resident.
- It's a disgrace.
- There are more and more houses being built in and around Redditch how can we possibly manage without an A&E?
- It is disgusting that the Trust is considering taking the A&E away from Redditch. 45 minutes to get to Worcester is unacceptable.
- I would be happy if I knew a lot of the services could be kept at the Alex. More thought needs to go into travel, especially for those who rely on public transport.
- The number of births in Redditch has increased so we need to retain our maternity services. Bus services are unreliable and parking at Worcester is difficult.
- Accessibility is not good if you live in the wrong place.
- Not everyone has access to a car, though there is public transport. It is not easy to co-ordinate bus timetables and treatment/visiting times.
- Bring back maternity services as soon as possible. We need to campaign to recruit more staff at the Alex.
- Bring maternity services back to Redditch when staffing levels are back to those in early 2016. Keep all A&E in Redditch.
- Maternity services and planned births should be back at Redditch – it's very important.
- Moving maternity services back to the Alex is essential to the health and wellbeing of local mothers and children. AE services must staff at Redditch, the state of the A&E at Worcester is shocking and can't cope.
- Redditch is getting a bigger population; we need A&E and children's wards.
- The concentration of services at Worcester is not sensible given it cannot cope at present. It would make more sense to share the load.
- When Redditch new town was promoted it was sold on the proviso that services including a hospital would be available for the inflated population. With more houses and people we have increasingly limited services.
- I have no problems with our hospital. The staff are very good and but the waiting times are long.
- We need a local hospital as the population is getting bigger.
- I'd rather travel for good quality services if the alternative was a poorer local service.

For the following appendices please see separate documents.

**APPENDIX L – WRITTEN RESPONSE TO THE HEALTH COMMISSION'S
CONSULTATION FROM DR J WELLS**

**APPENDIX M - LETTER FROM UNIVERSITY HOSPITALS BIRMINGHAM NHS
FOUNDATION TRUST DATED 17TH AUGUST 2016**

**APPENDIX N - LETTER FROM THE BIRMINGHAM CHILDREN'S HOSPITAL NHS
FOUNDATION TRUST DATED 11TH AUGUST 2016**

**APPENDIX O - SUBMISSION DOCUMENT ABOUT THE CCG'S DRAFT
PROSPECTUS ON THE FUTURE OF ACUTE HOSPITAL SERVICES IN
WORCESTERSHIRE DATED 8TH NOVEMBER 2013**

BACKGROUND PAPERS

References and links where available to a number of documents which the Health Commission have considered as background evidence is provided below:

1. Redditch District Health Profile 2016 (published by Public Health England on 6th September 2016).
2. Redditch and Bromsgrove CCG Profile 2016
3. JSNA (Joint Strategic Needs Assessment) Briefing on Redditch (Presented to the Worcestershire Health and Well Being Board 27th November 2013).
4. West Midlands Ambulance Services NHS Foundation Trust – Presentation to the Worcestershire Health Overview and Scrutiny Committee on 11th January 2017.
5. Worcestershire Health Overview and Scrutiny Committee Minutes from the meeting held on 11th January 2017.
6. Concessionary car parking tickets; Trust Policy - Worcestershire Acute Hospitals NHS Trust.
7. Worcestershire Health Overview and Scrutiny Committee Minutes of the meeting held on 26th September 2016.
8. Future of Acute Hospital Services in Worcestershire Summary Public Consultation Document.
9. The Borough of Redditch Local Plan No 4 – Adoption (presented for the consideration of the Executive Committee on 17th January 2017).
10. The Future of Acute Hospitals Services in Worcestershire Transport Task and Finish Group; Summary Report for consideration of the FoAHSW Programme Board.
11. The Future of Acute Hospital Services in Worcestershire Pre-Consultation Business Case Volume 1 (23rd September 2016).
12. Travelling by Bus to the Alexandra Hospital – Taken from the WAHT Website <http://www.worcsacute.nhs.uk/our-hospitals/alexandra-hospital-redditch/how-to-get-here/travelling-by-bus/>
13. Travel Costs – taken from the WAHT Website <http://www.worcsacute.nhs.uk/our-hospitals/alexandra-hospital-redditch/how-to-get-here/travel-costs/>
14. Car Parking Costs – taken from the WAHT Website <http://www.worcsacute.nhs.uk/our-hospitals/alexandra-hospital-redditch/how-to-get-here/car-parking/>

The Future of Acute Hospital Services in Worcestershire

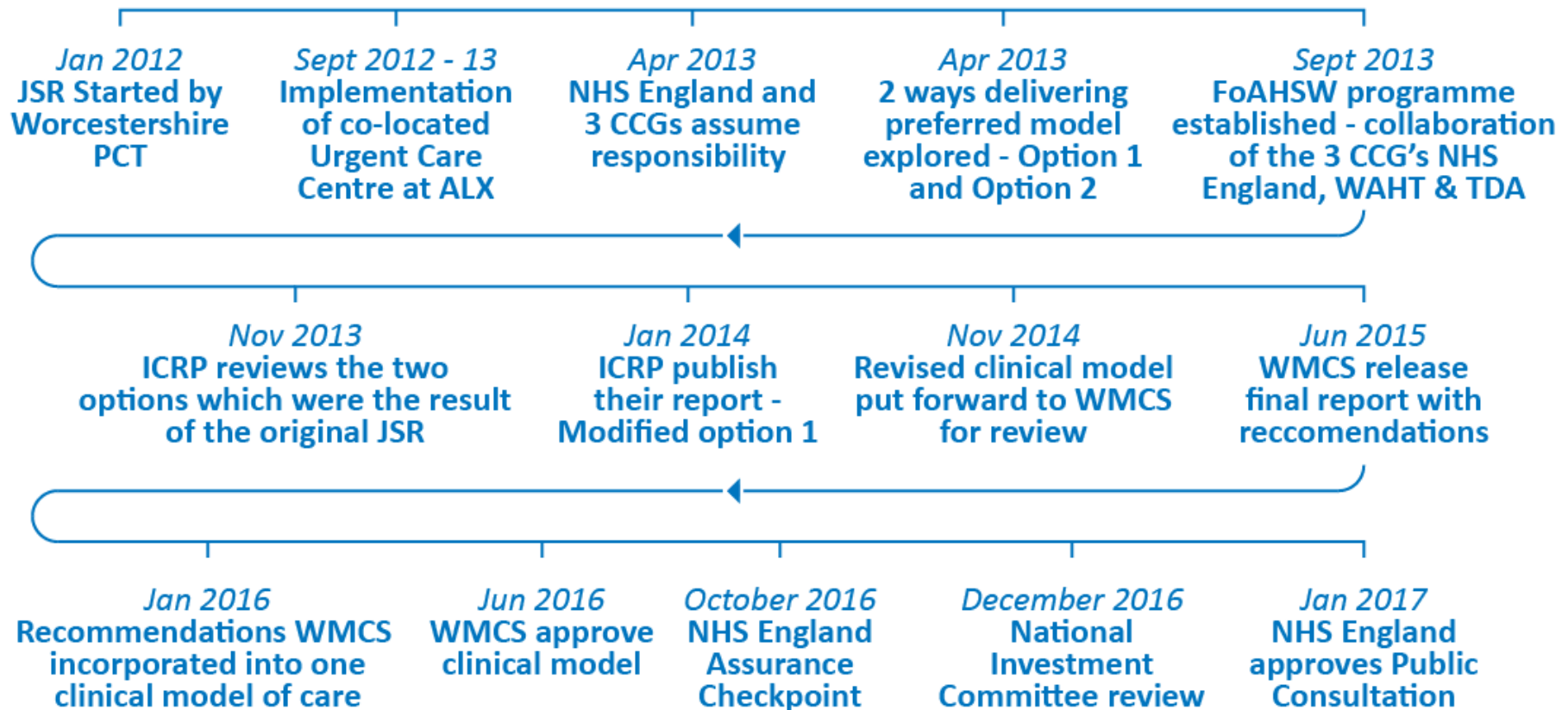


Health Commission

Introduction

- A brief history of the programme
- Summary of the proposed clinical model and permanent service changes
- Key issues for consideration – transport
- Emergency changes and impact
- Key challenges currently facing the Trust and response
- Timeline and process for the consultation

History of programme



Why did we start this?

- **Workforce**

- National shortages
- Reduction in trainees
- Consultant-led care
- Seven day services

- **Quality**

- Better outcomes
- Better patient experience



What does this mean for my local hospital?

Kidderminster Hospital

- More day case Operations
- More short stay Operations

Worcestershire Royal Hospital

- All Births
- All Inpatient children's beds
- Emergency surgery
- Centre for emergency care
- A&E for adults & children
- UCC* for adults & children

Alexandra Hospital

- More planned surgery
- A&E for adults (16+)
- UCC* adults & children
- Women's centre
- Improved theatres

*Urgent Care Centre

Transport issues

- Mott MacDonald Equality Impact Assessment
- Mott MacDonald Transport survey
- Census 2011
 - Approximately 20.3% of households in Redditch do not own a car or van
- Independent Transport Group – Recommendations
 - 350 bus
 - More public and visitor car parking
 - Promotion of alternative transport
 - Use of community transport

Transport issues

- Worcestershire County Council scoping extending the 350 bus
- Staff cars moved off site to increase spaces available for public and visitors
- Capital bid includes £1.6 million for extra public car parking
- Promotion of alternative transport
- Hopper Bus – 3 month pilot to review usage

Temporary emergency changes

- Suspected blocked or perforated bowels – **February 2014**
- Children's emergency surgery – **December 2014**
- Emergency gynaecology – **August 2015**
- Neonatal services and hospital births – **November 2015**
- Inpatient children's services – **September 2016**

Effect of temporary emergency changes

- **Bowel surgery – patient outcomes have improved**
- **Maternity – caesarean sections fallen from 32.6% to less than 25%**
 - All births accommodated
 - More senior doctor cover on labour ward



Effect of temporary emergency changes

- **Children**

- all assessed by senior doctor
- Admission rates have fallen by 10%
- GPs can access consultant clinics
- Individual travel plans for 'open access' children



Current challenges facing the Trust

- Pressure at 'front door':
 - combination of more frail, sicker patients attending and 'exit block' due to it being harder to discharge these sicker patients
- Emergency pressures affecting capacity for planned inpatient surgery
- National shortages in Consultant and trainee staff in key specialities e.g. elderly care/stroke
- Establishing the future acute service model and care pathways across Worcestershire
 - Uncertainty impacting on recruitment and retention

What the Trust is doing to address those challenges

- 'Front door' streaming into alternatives to admission: AEC, OPAL, GP in ED, UCC
- Plan/focus on discharge on admission and new transitional care facilities e.g. Evergreen
- More routine surgery at KTC and AGH
- Medical recruitment drive linked to future vision
- Capital OBC to support full realisation of FoAHSW proposals (WRH/AGH)

What does it mean?

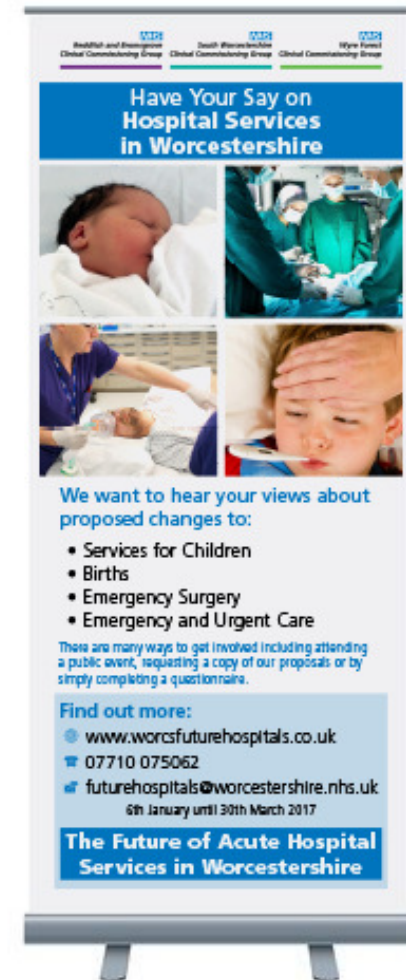


95%

of all patients will be treated
at the same hospital as now

Timetable and milestones

- 12 week Consultation started 6th January
- Series of public engagement events – members of the public now have the chance to have their say
- Consultation closes on 30th March
- CCGs to review responses and propose final recommendation for CCG Governing Bodies to consider end of May
- Implementation thereafter
- Worcestershire Acute Hospitals NHS Trust apply for £29m capital funding, including preparing Business Case for NHS Improvement





Health Commission Appendix E

Thursday, 12 January 2017

MINUTES

Present:

Councillor Bill Hartnett (Chair), Councillor Greg Chance (Vice-Chair) and Councillors Debbie Chance, Juliet Brunner, Brandon Clayton, John Fisher, Yvonne Smith and Pat Witherspoon

Also Present:

Dr R Davies and S Trickett, (Redditch and Bromsgrove Clinical Commissioning Group)
R Cooper, C Merrick, G Robinson and Dr A Short (Worcestershire Acute Hospitals NHS Trust)

Officers:

Kevin Dicks

Democratic Services Officers:

Jess Bayley and A Scarce

1. WELCOME FROM THE CHAIR AND HOUSEKEEPING

The Chair welcomed everyone present to the meeting. The commissioners were advised that the meeting would be recorded and would be available to listen to on the Council's website in due course. Before commencing discussions the Chair asked for all those present to respect other attendees' views and to refrain from interrupting each other.

2. APOLOGIES AND INTRODUCTIONS

An apology for absence was received on behalf of Councillor Mark Shurmer.

3. CHAIR'S ANNOUNCEMENTS

The Chair advised that the overarching purpose of the Health Commission was to provide the public with an opportunity to outline

.....
Chair

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their views about the changes that had been proposed by the Clinical Commissioning Groups (CCGs) in the county to Worcestershire Acute Hospitals NHS Trust's (WAHT's) services.

The first meeting of the Health Commission provided elected Members with an opportunity to hear from the Redditch and Bromsgrove CCG and WAHT about the proposed changes. During this meeting only Members of the Commission would be able to ask representatives from the CCG and WAHT points of clarification about the information they had provided. Residents would have an opportunity to outline their views about the proposed changes to hospital services at the subsequent two meetings of the commission on Saturday 14th January and Thursday 19th January 2017.

4. **REDDITCH AND BROMSGROVE CLINICAL COMMISSIONING GROUP (CCG)**

The Chair explained that the Redditch and Bromsgrove CCG and WAHT had asked to deliver a joint presentation on the subject of the proposed changes to acute hospital services. This presentation was delivered jointly by the Interim Chief Officer of the Redditch and Bromsgrove CCG and the Acting Chief Medical Officer from WAHT. (The presentation is attached to the background papers that have been published separately for this meeting).

During delivery of the presentation the following matters were highlighted for the consideration of the commissioners:

- The role of the Redditch and Bromsgrove CCG; the CCG received an NHS budget and was responsible for determining what health care services were needed for the year ahead. Services were primarily commissioned from external providers negotiated through contract arrangements.
- The Joint Services Review (JSR) of acute services started in January 2012. The review process had been complex and contentious and it was acknowledged that this had taken too long to resolve.
- In 2012 a key problem that had been identified was staff shortages in particular service areas and at certain professional levels.
- The review had also found that some services were not providing best quality care, clinical outcomes were not as good as wanted and something better was needed.
- The proposed revised clinical model had been reviewed over the course of the work by three independent bodies,.

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- Since January 2016 the proposed clinical model had been reviewed further by the West Midlands Clinical Senate who had agreed to support it as the best clinical model available to the local population, taking into account the local context.
- Members were advised that the proposed new clinical model would cost the same to deliver as the existing model of service delivery and there was no financial saving to the CCG.
- There were a number of key points detailed in the clinical model:
 - The principle of centralising services, such as Maternity services, at Worcester Royal Hospital.
 - The move of some services, such as Orthopaedic surgery, to the Alexandra Hospital in Redditch. This recognised capacity issues in Worcester and would help to make the Alexandra Hospital a centre of excellence for planned care services such as surgery and gynaecology.
 - Retaining A&E services at Worcester Royal Hospital and the Alexandra Hospital (for adults).
- Throughout the consultation process the CCG had engaged with the local community who had consistently raised transport, specifically in respect of access to services, as a concern.
- The Independent Transport Group had been consulted and a range of options identified.
- Car parking at Worcester Royal Hospital had also regularly been raised as a concern; as part of the proposed service changes a capital bid would be submitted to include £1.6 million for extra public parking at the site.
- During a three month consultation a trial of demand for a hopper bus would be monitored.
- The temporary emergency changes that had already been introduced were designed to move patients to the locations where the experts were based in order to achieve the best outcomes for patients.
- Whilst acute Maternity and Paediatric services had moved to Worcester Royal Hospital as part of this process outpatient services continued to be provide locally as did anti-natal care to women.
- One benefit of centralising Paediatrics services was that GPs could directly access advice over the phone and there was the potential to reduce the length of time in which children had to remain in hospital.
- A specialist home service and individual travel plans were being used to help children with complex problems who needed to go to hospital regularly.

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- In recent months pressure on services meant that WAHT had temporarily had to concentrate on providing lifesaving services, with less life threatening procedures cancelled or postponed.
- There were national shortages of specialist staff and hospitals in other parts of the country, such as Herefordshire, were equally struggling to recruit staff to some of these specialisms.
- Uncertainty about the future of hospital services had exacerbated the problems in Worcestershire in terms of recruiting specialist staff as this could deter candidates from applying for vacant positions. At present there could be a reliance on locums.
- Following the centralisation of some services, such as neo-natal care, staff in those areas had felt valued.
- Alternatives to hospital admission included Ambulatory Emergency Care (AEC) whereby patients could be diverted to be seen via the outpatients department.
- There was increasingly a focus on discharging people from hospital. To assist with these GPs would be working in the emergency department in Worcester Royal Hospital and a “Step Down” ward would be introduced for those patients ready to be discharged who required rehabilitation.
- Under the proposals 95 per cent of patients would continue to be treated at the same hospital as at present.
- It was acknowledged that the temporary changes to services over the past five years had not been an ideal approach to take.
- Capital investment was needed in hospital services but this could not be secured until the proposed clinical model had been approved. For this to occur, the model needed to be subject to public consultation.
- The CCGs’ consultation process would last for 12 weeks, with all feedback received from the public being considered.
- A final decision would be made in early May 2017.

Following the presentation elected Members on the Health Commission raised a number of points for further clarification:

a) Capital investment:

Members questioned the process if capital investment was not secured after the consultation process had concluded and a new clinical model had been introduced. The proposals from the CCGs included plans to secure £29 million capital investment, though this could not be formally considered until the consultation process had concluded. The Commission was advised that various scenarios had been taken into

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consideration for the end of the consultation process. However, it would be difficult to secure the best outcomes for residents if the capital investment was not forthcoming.

b) Finances

Members questioned the budgetary position of WAHT going forward, given that the new clinical model would not involve a reduction in costs. Members were advised that the trust was in deficit and the new model would not resolve this, though would make services more efficient and potentially result in a small level of savings. The proposed model would be cost neutral for the Redditch and Bromsgrove CCG.

The commission was advised that the Trust was currently spending £20 million on locum staff, who were often employed at a premium. Providing some certainty in respect of the future of hospital services would potentially help the trust to recruit permanent staff thereby reducing expenditure on locums and contributing to efficiency savings.

The Trust was projected to have a deficit of £35 million, £28 million and £20 million over the next three years respectively. The deficit for the previous years would not need to be paid back but the Department of Health (DoH) would want to see that the Trust had a robust plan moving forward.

c) Transport

The CCGs' consultation document detailed the range of transportation options available to enable patients and their relations to access the different hospital sites. Residents were urged to inform the CCGs in their feedback of their preferred transport options.

The hopper bus would be available to access for free during the trial. It was anticipated that approximately one bus an hour would be in operation during this trial, travelling between Redditch and Worcester. Arrangements once the trial had ended remained to be confirmed. The commission was advised that the idea to introduce a hopper bus had been identified by a resident during the MP's consultation on the future of Paediatric services in September 2016. For this reason the bus had not been introduced when the JSR was first launched in 2012.

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The individual travel plans for children who were frequent attendees at hospital were also discussed. Members were advised that these would involve the provision of free transport.

Members requested a copy of the Independent Transport Group's report for consideration.

d) GPs at the Emergency Department

Under the proposed clinical model GPs would operate in the Emergency Department at Worcester Royal hospital. In Redditch it was anticipated that GPs would be accessible at the "front door" as the general aim was to keep people out of hospital, though the model in Redditch might be slightly different to Worcester. More action might also need to be taken with respect to GP links with the Princess of Wales Hospital in Bromsgrove for rehabilitation purposes.

e) Herefordshire and Worcestershire Sustainability and Transformation Plan

There was already some sharing of services between Herefordshire and Worcestershire, particularly Stroke Services. This had occurred because there had been concerns about the sustainability of these services locally and there had been a need to pool resources to ensure that these were maintained.

In the long-term further consideration would need to be given to working with trusts in other areas. The traditional model of service delivery could not continue. Plans for the future were detailed in the Sustainability and Transformation Plan, though this was not addressed in the CCGs' consultation papers. It was possible that some services would be shared with other areas, not just with Herefordshire.

f) Evergreen ward

Clarification was provided that the Evergreen ward at Worcester Royal Hospital was the "Step down" ward that had been referred to in the presentation. Members commented that the slide in the CCG and WAHT's presentation that referred to this was difficult to understand, particularly due to the use of acronyms, and further clarification would be helpful if similar presentations were to be delivered across the Borough to the public as part of the consultation exercise.

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g) Clinical Model Options

Members noted that originally there had been a couple of options considered for the future provision of services by WAHT, though the second option had subsequently been rejected, and the reasons for this decision were questioned. As part of the independent review by the WMCS the available options had been considered and the clinical model proposed in the current consultation exercise had been identified as the most appropriate for patients. No specific discussions had been held with University Hospitals Birmingham NHS Foundation Trust about the choice of the preferred clinical model.

There had been some concerns that the alternative model would not be able to guarantee the sustainability of services within the whole of Worcestershire and one unforeseen consequence could have been that services would then have become unsafe. The preferred clinical model had been the subject of a trial through the temporary service changes and all of the changes were detailed in the business case. Only approximately 10 births involving Redditch residents were taking place outside Worcestershire each month since the emergency changes to maternity services in November 2015. There had been no reports of a change in usage patterns for the children's emergency treatment pathway.

The clinical model proposed the centralisation of consultant-led maternity and inpatient paediatrics services and the WMCS had suggested that this was the best model for Worcestershire. University Hospitals Birmingham NHS Foundation Trust do not provide either of these services. Despite this WAHT had consulted with trusts in other parts of the region as it had a responsibility not to make changes in isolation.

h) Worcester Royal Hospital – Recent Headlines

It was acknowledged that there had been difficulties at Worcester Royal Hospital in recent months, though there had been some exaggeration in the media about the extent of these problems. These difficulties were not unique to Worcestershire as the whole of the NHS was struggling with pressures arising from demand for services.

i) Consultation – Public Influence

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Members questioned whether public feedback received by the CCG during their consultation would influence the final decision that was made in respect of the future clinical model for the county. The commission was advised that there was a legal obligation to undertake consultation. The CCG would reflect upon any ideas put forward as part of this consultation process.

j) Ambulance Services

As temporary changes had already been made to services within Worcestershire additional funding had been made available for two extra ambulances to accommodate the extra service times. Similarly additional funding had been provided to support ambulance services when Stroke services were centralised.

k) A&E Services

The Health Commission was advised that the A&E service at the Alexandra Hospital would be for those aged 16 or over. There would also be an Urgent Care Unit for patients of all ages at the site. Severely ill children would be directed to Worcester Royal Hospital. Despite this whilst the preference would be for children to be referred to Worcester they would be treated at the Alexandra Hospital if they self-referred and could be helped by an on-call Paediatrician, though if they were deemed to be too unwell they would be transferred by ambulance to Worcester. Critically ill children would be referred to Birmingham Children's Hospital.

l) Surgery

At present orthopaedic surgery was conducted at both Worcester Royal Hospital and the Alexandra Hospital. In the long-term the plan would be to undertake as much orthopaedic surgery as possible at the Alexandra Hospital. This would require investment to be made in the surgical theatre at the site.

m) Patient Flows

Members noted that in June 2015 the trust had undertaken to review patient flows and a request was made for this information to be shared with the commission. Members were advised that University Hospitals Birmingham NHS Foundation

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Trust had reported that they were under pressure. Since the temporary change to Paediatrics services in Worcestershire the hospital had received an increase of one or two child patients from Redditch and Bromsgrove in addition to the average number of children from the two districts who already tended to use the hospital on a daily basis. Figures were requested for the consideration of Members.

The letter from the University Hospital Birmingham NHS Foundation Trust had reported that there had been an increase of between 9 – 12 per cent of residents from Redditch and Bromsgrove reporting to the hospital in the preceding four years. However, Members were advised that this could represent a small number of people as the baseline figure was relatively low.

n) NHS Staff

The Health Commission wished it to be recorded that they valued the work of all staff based at the Alexandra Hospital. A request was made for this praise to be conveyed back to the staff, in both medical and non-medical roles.

Members questioned whether the various announcements of temporary changes to hospital services had exacerbated uncertainty and the potential for the trust to recruit specialist staff. However, Members were advised that these changes could not be made permanently without an extensive consultation exercise.

o) Services Centralisation - Evidence Basis

Members questioned the evidence basis for the proposals in respect of centralising services. The commission was advised that in London Stroke services had been centralised. The outcomes and the quality of the services had improved as a consequence.

In Worcestershire prior to centralising neo-natal services more locums had been used; since centralisation had occurred, the quality of services had improved. In Maternity Services since centralisation took place the number of caesareans had reduced. Specialists were also required to deliver particular services and it would be impractical to provide these services without those employees. For this reason vascular services had been centralised for a number of years. Workforce shortages were a significant issue across the country. The

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Worcestershire CCGs and WAHT were arguably ahead of other areas in terms of acknowledging and seeking to address this problem; in other parts of the country there were proposals for the centralisation of services appearing in Sustainability and Transformation Plans.

p) Relations with Local Authorities

Members questioned the extent to which the CCGs and WAHT had liaised with Redditch Borough Council and Worcestershire County Council when considering proposed changes. The commission was advised that Worcestershire County Council had actively engaged with the process as some of the proposals would have implications for social care. The county Council also had a statutory responsibility to ensure that appropriate transport was available.

Unlike Worcestershire County Council Redditch Borough Council had not been invited to take part in the programme board which had reviewed services. However, the Leader of the Council had been briefed at regular intervals in recent months. It was also acknowledged that Redditch Borough Council had a crucial role due to provision of particular services important to the health and wellbeing of residents, such as housing.

ACTIONS:

- 1) **the CCG to provide a copy of the Independent Transport Group's report for Members' consideration;**
- 2) **the CCG to provide a copy of the business case for Members' consideration;**
- 3) **referral figures for Redditch and Bromsgrove patients to the University Hospitals Birmingham NHS Foundation Trust and Birmingham Children's Hospitals NHS Foundation Trust to be provided for Members' consideration.**

5. WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)

(This item was addressed under Minute 4 through the delivery of a combined presentation from the Redditch and Bromsgrove CCG and WAHT).

6. WRITTEN SUBMISSIONS (FOR INFORMATION)

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The Chair explained that the original intention had been to hold meetings of the Health Commission in the autumn of 2016 when it had been anticipated that the CCGs' consultation would take place. Therefore at this time the University Hospitals Birmingham NHS Foundation Trust and Birmingham Children's Hospital NHS Foundation Trust had been invited to comment on service changes within Worcestershire. As the CCGs' consultation had subsequently been postponed a decision had been taken to delay releasing these letters until that consultation process had started in order to provide context. The content of the letters were intended to provide background evidence which would help to inform the Health Commission's final report.

It was noted that the letter from University Hospitals Birmingham NHS Foundation Trust had been made public at an earlier stage. The Redditch and Bromsgrove CCG had responded in writing at this point and they were anticipating that they would hear further from the trust in future.

7. APPROACH TO PUBLIC CONSULTATION

The Chair reiterated that the two meetings of the Health Commission on 14th January and 19th January would provide opportunities for residents to speak on the subject of the proposed changes to WAHT's services. Residents were urged to register in advance to speak at these meetings; registered speakers would be prioritised for speaking.

In addition a survey had been produced to provide residents who were unable to attend the meetings, or who did not feel comfortable speaking at a public meeting, with an opportunity to convey their views to the Health Commission. The survey could be completed online via a link on the Council's website. Paper copies of the survey were also available for residents to access at public venues across the Borough including Redditch Town Hall, the Library, the Palace Theatre, the Abbey Stadium and the One-Stop-Shops in Batchley, Woodrow and Winyates.

The Council's consultation process was due to finish on Friday 20th January 2017. The feedback provide by residents in completed surveys and at the meetings would then be analysed and a report would be prepared. The commission's findings would be debated at a special meeting of full Council on 2nd March 2017 when elected Members would form a view about the Council's formal response to the CCGs' consultation.

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The Interim Chief Officer from the Redditch and Bromsgrove CCG asked for it to be noted that the CCGs' consultation process would also be taking place during this time, though was due to conclude on 30th March 2017. The work of the Health Commission formed only part of the CCGs' consultation process; a range of consultation events and roadshows would be taking place in the Borough and surrounding areas in January and February 2017. Residents were encouraged to attend these events and to complete copies of the CCGs' questionnaire as part of this process.

The Meeting commenced at 7.00 pm
and closed at 8.45 pm



Health Commission Appendix F

Saturday, 14 January 2017

MINUTES

Present:

Councillor Bill Hartnett (Chair), Councillor Greg Chance (Vice-Chair) and Councillors Debbie Chance, Juliet Brunner, Brandon Clayton, John Fisher, Yvonne Smith and Pat Witherspoon

Also Present:

Mr N Stote (on behalf of the Save the Alex campaign).

Officers:

Kevin Dicks

Democratic Services Officers:

Jess Bayley and Amanda Scarce

8. WELCOME FROM THE CHAIR AND HOUSEKEEPING

The Chair welcomed all those present to the meeting. He explained that the meeting would be recorded and that this recording would be available to listen to on the Council's website in due course.

9. APOLOGIES AND INTRODUCTIONS

There were no apologies for absence.

10. CHAIR'S ANNOUNCEMENTS

The Chair explained that the first meeting of the commission had taken place on 12th January 2017. During this meeting representatives of the Redditch and Bromsgrove Clinical Commissioning Group (CCG) and Worcestershire Acute Hospitals NHS Trust (WAHT) had delivered a presentation outlining the proposed changes to hospital services in the new clinical model. The purpose of the meeting on 14th January was to provide the

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commission with an opportunity to consult with local residents about their views of these proposed changes.

11. SAVE THE ALEX

The Chair welcomed Mr Neal Stote from the Save the Alex campaign to the meeting. The commission was advised that due to the significant amount of work undertaken by the Save the Alex campaign it had been considered appropriate to offer campaign representatives an opportunity to deliver a 20 minute presentation during the meeting. Prior to the start of this presentation the Chair thanked Mr Stote and the other campaigners on behalf of the commission for his work campaigning to protect hospital services.

Mr Stote then proceeded to deliver a presentation for the consideration of the commission (the presentation is attached in the background papers pack for this meeting). During the delivery of this presentation the following points were highlighted for the consideration of the commissioners:

- There had been a long battle to Save the Alex during which the campaign had received a lot of public support.
- Worcestershire Health Overview and Scrutiny Committee (HOSC) had discussed the changes on various occasions and the Committee's minutes provided useful evidence in terms of the chronology of events.
- The proposals in respect of Maternity and Paediatrics services appeared to be very similar to those which had first been discussed in 2005/08. These had been opposed by the public and rejected at the time.
- In 2012 prior to the launch of the Joint Services Review (JSR) it had seemed that the A&E department at the Alexandra Hospital would be retained as well as Maternity Services.
- The subsequent proposal to move maternity services to Worcester Royal from the Alexandra Hospital had caused outrage; 54,421 people had signed a petition opposing the move and changes to services.
- In the JSR the two options identified, the first for services to be provided by WAHT and the second to work with another provider, had been fully debated by HOSC.
- In June 2013 legal advice to WAHT had led to the rejection of option two. Save the Alex had ensured that this legal advice was placed in the public domain and had found that University Hospitals Birmingham NHS Foundation Trust had not been consulted about this.
- An Independent Review Panel had also considered both options and had found in favour of a modified version of

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Option One. Concerns were raised that the full facts in respect of Option Two had not been shared with the independent panel.

- The modified Option One had been supported by the independent panel in January 2014, to involve the centralisation of maternity and inpatient paediatrics, an adult A&E department and ante-natal care from the Alexandra Hospital.
- Concerns were raised that the Alexandra Hospital did not now have the specialist staff needed to work in an inpatient Paediatrics Department.
- The current proposals for changes to services implied that the A&E Department at the Alexandra Hospital would be downgraded as patients such as children and young people would be diverted to Worcester Royal Hospital.
- The proposals were reported to represent the clinical view, however, concerns were raised that this followed the resignation of four clinical consultants from the Alexandra Hospital due to concerns about service sustainability and staffing levels and their implications for patient safety.
- Following the departure of these consultants other staff had left the Alexandra Hospital.
- The Save the Alex campaign had consulted with Mr Gary Walker a former NHS Trust Executive for an independent view of the trust's proposals. Mr Walker had concluded that the process followed by the trust had been flawed.
- Many of the proposed changes focused on keeping services safe for residents of Worcestershire; however it was suggested that this focus at a sub-regional level was not ideal and that health services should not be set in accordance with local boundaries but seen as a national health service.
- The Independent Review Panel did not appear to have taken into account the Trust's financial position, despite persistent problems with a budget deficit.
- When the review of the trust's services had originally been announced it had been suggested that the review would only take six months, though in fact it had taken five years.
- Concerns were raised about the safety of home births as an option for mothers living in Redditch following the centralisation of Maternity Services.
- Questions were raised about the impact of the proposed changes on the West Midlands Ambulance Service. Members were advised that it would be helpful if the Health Commission could investigate this further.
- Stroke services had also been centralised and it had been suggested that a similar approach adopted in London

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demonstrated that this could work at a local level. However, Members were asked to note that London was very different to Worcestershire.

- Documentation released by Redditch Borough Council had acknowledged that deprivation levels in Redditch were relatively high compared to the rest of the county. Concerns were therefore raised that the proposed changes would have a detrimental impact on the most vulnerable residents.
- Transportation difficulties and the impact on safe access to centralised services had been raised by Councillors and residents for some time.
- The hopper bus would potentially help some residents though concerns were raised that there was a lack of clarity about whether this service would remain in place after the three month trial had ended and, if so, whether it would remain available to access for free.
- Concerns were also raised that there had been limited publicity about the hopper bus and this could have impacted on public awareness.
- The CCGs' consultation document claimed that 95 per cent of patients would continue to access care at the same hospital as now and 80 per cent of children would continue to receive care in Redditch. It was suggested that further clarity about the areas that would not be covered would be helpful.
- The CCG and trust were acknowledging that whilst the budget for the NHS had increased the financial position of the trust was static due to growing demand. The commission was urged to raise concerns about future funding arrangements in order to ensure the sustainability of the NHS with the Government.
- Encouraging the Government and Department of Health (DoH) to take into account the needs of Redditch residents and the future of the Alexandra Hospital was considered crucial to the future of health services in the area.
- The problems the trust had encountered attempting to recruit specialist staff were well documented. Therefore it was questioned how realistic it would be for the trust to recruit the 10 A&E consultants for the Alexandra Hospital and Worcester Royal Hospital as stipulated by the West Midlands Clinical Senate.

12. PUBLIC SPEAKING

The Chair explained that prior to the meeting two people had registered to speak. They would be given priority in terms of speaking to the commission, though all those present would be

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invited to share their views once the registered speakers had finished.

The following speakers proceeded to talk to the commission during the meeting:

a) Mr Peter Pinfield

The Health Commission was advised that Mr Pinfield was the Chair of Worcestershire Healthwatch. Healthwatch operated independently to the NHS and provided an opportunity for residents to provide their views about health services. The Chair of Healthwatch had no decision making powers in respect of the future of health services but could help to communicate the views of the public to health bodies. When the CCGs' consultation ended it was likely that NHS England would contact Worcestershire Healthwatch for feedback about the process that had been followed during the consultation and the outcomes.

The Health Commission provided a useful opportunity to consult with the public about proposed changes to health services. It was important for the Health Commission and the public to be aware of rules in respect of consultation about changes to health services, the rights of the public under the NHS constitution and how the public could influence the outcomes of any such consultation process.

Mr Pinfield urged people to read through the CCGs' consultation document and to complete copies of their questionnaire. The greater the number of respondents, the more the CCGs would have to take into account the views of residents. When raising concerns and highlighting any suggested flaws in proposed changes there needed to be evidence to support those claims.

b) Mr Anthony Moran

Mr Moran explained that he was a resident of Studley, Warwickshire, who had supported the work of the Save the Alex campaign. Despite acknowledging the opportunity to respond to the CCGs' questionnaire Mr Moran noted that residents were feeling fairly despondent as these proposals followed submission of a petition that had clearly demonstrated residents' support for retaining services at the Alexandra Hospital. Furthermore the questionnaire issued by

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the CCGs did not appear to provide the public with an opportunity to change the outcomes of the consultation.

When the Trust was first established the level of demand for services in 2017 had not been anticipated. References were regularly made in the press to the pressure arising from treating elderly patients and inadequate social care provision. However, demand for health services was also growing to meet the needs of patients of all ages with increasingly complex health needs. Without sufficient financial investment in the NHS this problem with pressure on services would continue to escalate.

WAHT had received a lot of criticism for the way the review of services had been handled and the current proposals. However, Mr Moran noted that developments at the local level were influenced by decisions at the national level. Residents had been urged to convey their concerns to the local MP; Mr Moran suggested that residents needed to do more than this. Efforts still needed to be made to protect local health services but the approach that was adopted needed to change. Worcestershire was not the only area where major changes were being proposed to health services; residents across the country needed to work together to challenge the Government's approach to managing health services.

c) Mr Philip Berry

Mr Berry explained that he and his wife had moved to Redditch in 2015 to live close to their children. During the time they had lived in Redditch they had used services at both the Alexandra Hospital and in Birmingham. They had first become aware of the pressures on local services in 2016 when the subject had received significant media coverage. The Save the Alex campaign, which had helped to raise the profile of proposed changes and attempts to retain services, was a credit to the local community.

When the Alexandra Hospital was introduced it had been intended as a new hospital for a growing community. The Borough was still growing, with plans to build over 3,000 houses across the Borough at various different sites. The projected new housing figures needed to be taken into account when considering community needs and likely future demand for health services. Mr Berry suggested that to reduce services at a local hospital was to undertake a social

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crime and an A&E Department that did not provide services to all could not be considered a proper A&E department.

Transportation issues still needed to be addressed. If an emergency bus was not available residents could not rely on existing bus services, particularly in the evenings. Taxi services could be used but these would be expensive costing approximately £40 for a return trip. Ambulances were available but could only provide finite levels of support. Recent coverage in the press had also revealed that ambulance services had been queueing at Worcester Royal Hospital in recent weeks which would impact on capacity. Some residents would have access to a car but it could take time to travel to Worcester Royal Hospital to access Maternity and Paediatrics services, particularly when there were traffic jams on the M5.

Mr Berry expressed concerns about the centralisation of Stroke services. Members were asked to note that national marketing campaigns in respect of Stroke services urged immediate action whenever it was suspected that a person had suffered a stroke. Mr Berry questioned whether this speedy response was possible for Redditch residents when services had been centralised at Worcester. In this context Mr Berry suggested that a full range of services needed to be available for residents to access at the Alexandra Hospital. This needed to include Maternity and Paediatrics services.

At the previous meeting of the Health Commission reference had been made to the Trust's budget deficit. Mr Berry suggested that providing additional funding to the trust would not necessarily resolve their financial problems. Instead greater thought needed to be given to the Trust's finances and how these were managed.

d) Ms Helen Grant

Ms Grant explained that she wanted to talk to the commission in her capacity as a mother, wife and resident.

The CCGs' proposals outlined plans to centralise emergency surgery at Worcester Royal Hospital. This would result in more patients from Redditch travelling to Worcester, either having been referred by the Alexandra Hospital or having been taken directly to Worcester Royal Hospital. Ms Grant questioned whether Worcester Royal Hospital would have the capacity to accommodate these patients in light of recent

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reports in the media about significant numbers of patients at the hospital and two deaths. In cases where capacity was limited in Worcester there was a risk that emergency surgery might be performed at the Alexandra Hospital despite the lack of specialist staff being on site. A case of this nature had recently been brought to Ms Grant's attention, and no attempt appeared to have been made in this instance to find out whether a transfer could have been made to the Queen Elizabeth Hospital Birmingham.

Similarly Ms Grant raised concerns that if Paediatric Services continued to be centralised at Worcester Royal Hospital staff with the skills to support children in an emergency would not be available at the Alexandra Hospital if and when needed. Many parents living in Redditch would be concerned about the waiting times at Worcester Royal Hospital and would prefer to take their children to hospital in Birmingham for treatment. Ms Grant suggested that centralising services at Worcester Royal Hospital would ultimately lead to a reduction in beds and staff.

The move of Maternity Services to Worcester Royal Hospital had caused concerns amongst many mothers Ms Grant knew living in Redditch. It had been suggested that mothers would have a choice about where to give birth, however, some of Ms Grant's friends had not been provided with a choice and one had had to fight to be allowed to give birth in Birmingham.

The CCGs' proposed changes were likely to have an impact on ambulance services. However, the impact on West Midlands Ambulance Services did not appear to have been addressed in the consultation document. Ms Grant suggested that the trust needed to address this.

e) Ms Sharon Harvey

The Health Commission was asked to note that 20 per cent of residents living in the Borough did not have access to a car and many families only had access to one car which would not always be available in an emergency. The CCGs' consultation document referred to the transport options available to people in this position including community transport which was estimated to cost £27 for a return journey. A lot of residents would struggle to afford this. The minibus option referred to in the consultation document would cost £10 each way; again Ms Harvey suggested a lot of people would struggle to afford this. Public buses could transport residents to Worcester Royal Hospital from the Alexandra Hospital for £14 (return), though

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this did not take into account the cost to a resident of travelling to the Alexandra Hospital. This was a problem for residents living across the county, not just in Redditch.

Members were advised that many residents would not be aware of the Health Commission meetings or would struggle to attend these meetings for a variety of reasons. To enable a larger cohort of people to submit their views for the consideration of the Health Commission Members could not rely on public meetings to consult with the public but needed to be prepared to be proactive and to engage with local residents directly. Ms Harvey urged those residents watching the proceedings at the meeting on the Save the Alex Facebook page to submit their views for the consideration of both the Health Commission and the CCGs.

f) Ms Maureen Rowley

Ms Rowley explained that she lived in Redditch and could not drive so relied on public transport. Unfortunately bus services had regularly been cut in recent years whilst fares had been increasing. Whilst Ms Rowley often received a lift to access services at the Alexandra Hospital she did not feel it was appropriate to ask friends and family to drive her to Worcester Royal Hospital and to wait whilst she received treatment. Ms Rowley also noted that it was not appropriate to rely on ambulance services to access hospitals.

Recently Ms Rowley had travelled to the Queen Elizabeth Hospital Birmingham. The hospital had been easy and relatively affordable to access at £5 for a return journey. Redditch residents could also travel to the Queen Elizabeth Hospital Birmingham by train and the train journeys were regular and operated until after 11.00pm.

The Health Commission was asked to note that day services were also affected by the changes that had been made to services in Worcestershire. Ms Rowley had been due to receive a day procedure under general anaesthetic and had been invited to attend Worcester Royal Hospital. When she had requested that the appointment take place at the Alexandra Hospital she had been advised that the consultant could not get to Redditch and so a search was being undertaken to identify a new consultant who could carry out the procedure in Redditch.

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g) Mr Ian Johnson

Mr Johnson explained that he was involved in the Save the Alex campaign.

Members were asked to note the case of a patient who had been taken to the Alexandra Hospital who had suffered a cardiac arrest. The decision had been taken to refer the patient to Worcester Royal Hospital but unfortunately this could not take place because there was a lack of capacity. Whilst the patient had survived this experience had caused a lot of distress to the patient and to staff.

It was important for residents to respond in the consultation process and Mr Johnson urged everybody watching the meeting on the Save the Alex facebook page to do so.

h) Mr Rob Underwood

Mr Underwood explained that his children had a rare medical condition which meant that they required immediate hospital access in an emergency. Mr Underwood lived a few minutes from the Alexandra Hospital but some distance from the Worcester Royal Hospital. As the Queen Elizabeth Hospital Birmingham was closer to Redditch this would be the preferred destination for his children but Mr Underwood was concerned he would not be believed if he raised the need to travel to Birmingham rather than Worcester during an emergency.

Mr Underwood noted that there were supposed to be two ambulances for Redditch patients. However in reality he suggested that there was only one as the other served Bromsgrove. Mr Underwood also had concerns about the performance of Trust services.

Unfortunately defibrillators would not save the lives of Mr Underwood's children but good and accessible hospital services could. Mr Underwood questioned who he could hold to account for moving hospital services and for any complications that might arise in the event of an emergency.

Public speaking finished relatively early in the morning. In the absence of the public Members noted that they could achieve more by concluding the meeting and consulting with residents directly. It was therefore agreed that the meeting should close at 12 noon.

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The Meeting commenced at 10.00 am
and closed at 12.00 pm



Health Commission Appendix G

Thursday, 19 January 2017

MINUTES

Present:

Councillor Bill Hartnett (Chair), Councillor Greg Chance (Vice-Chair) and Councillors Debbie Chance, Brandon Clayton, John Fisher, Jane Potter, Yvonne Smith and Pat Witherspoon

Officers:

Kevin Dicks

Democratic Services Officers:

Jess Bayley and Amanda Scarce

13. WELCOME FROM THE CHAIR AND HOUSEKEEPING

The Chair welcomed all those present and advised that the meeting would be recorded.

14. APOLOGIES AND INTRODUCTIONS

An apology for absence was received on behalf of Councillor Juliet Brunner and it was confirmed that Councillor Jane Potter was attending as her substitute.

15. CHAIR'S ANNOUNCEMENTS

The Chair outlined the purpose of the Health Commission and explained that this was the third and final meeting that would be taking place. Two meetings had been held on 12th and 14th January 2017. Unfortunately there had been limited attendance at these meetings, though a significant number of people had viewed proceedings on the Save the Alex Facebook page. Residents were urged to have their say, either by speaking during the meeting or completing one of the commission's surveys. The Chair asked for it to be noted that the deadline for surveys to be completed was Friday 20th January 2017.

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The feedback provided during the Health Commission meetings and in completed surveys would be analysed over the following few weeks and would help to inform the Council's formal response to the three Worcestershire Clinical Commissioning Groups' (CCGs) consultation process. The Health Commission's findings and conclusions would be detailed in a report, due to be presented at a special meeting of full Council on 2nd March 2017. This meeting would be open to the public to attend.

16. PUBLIC SPEAKING

The Chair explained that seven people had registered in advance to speak, though one resident had subsequently provided their apologies. Registered speakers would be invited to talk to the commission first before the meeting was opened up to other members of the public to speak.

The following residents spoke during the meeting. (As some residents did not register to speak in advance some names may not have been spelled correctly. Apologies are extended to those residents where this may have occurred):

a) Ms Margot Bish (spoke twice)

Ms Bish commented that there were a number of key problems that needed to be addressed:

- Two overcrowded A&E Departments in Worcestershire.
- Inaccessible services for Redditch residents. In particular Ms Bish expressed concerns about the accessibility of Maternity and Paediatrics services following centralisation at Worcester Royal Hospital.
- Log jams on the wards, with demand exceeding capacity.

To address these problems Ms Bish suggested that WAHT should work with equivalent trusts in Birmingham and Warwickshire. This would create a larger pool of doctors to treat patients and the doctors could be provided with greater flexibility in respect of working shifts. This model would also make the location more attractive to junior doctors as there would be experienced consultants within the multi-trust arrangement from whom they could learn. Within this structure junior doctors would feel valued and anticipate that they would have opportunities for promotion which would encourage specialists to remain working in the area.

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This multi-trust approach to service delivery was also promoted by Ms Bish for Paediatrics services. The commission was advised that this approach would again attract junior doctors and the larger team would enable the rotation of consultants and registrars. Ms Bish suggested that across the area working patterns already in place at Birmingham City Hospital, whereby trained nurses managed the night shift, could be replicated. Consultants could then be invited to operate during the day across the region and Ms Bish suggested that if some of these consultants worked at the Alexandra Hospital this would reduce the need to refer children over night to Worcester Royal Hospital except in emergency cases. This working arrangement would also have a beneficial impact in terms of accessibility for parents and carers.

Similarly Ms Bish suggested that a multi-agency approach to delivering Maternity Services would provide staff with flexibility and the opportunity for Doctors to rotate in terms of shift patterns. Alternatively a midwife-led unit supported by a single registrar and junior doctor for each shift would potentially provide parents with an option to give birth at the Alexandra Hospital. Ms Bish asked the Health Commission to note that the reason provided for the temporary move of Maternity Services had been that there was a shortage of skilled staff to provide safe services; the rotation of staff in a multi-trust arrangement would address this staffing problem.

The Health Commission was informed that the log jam in Worcestershire could be addressed by making three additions to each hospital; a GP surgery, a Minor injuries Unit (MIU) and a rehabilitation centre. Within this structure patients reporting to A&E not considered to be emergency cases could be referred to the MIU or the GP. The MIU could also provide assistance to the A&E where there was significant demand for services. The flexibility of this arrangement would potentially make the hospitals more attractive places to work for staff.

The suggested rehabilitation centre would provide an alternative to home care whilst making ward beds available for other patients to use. Ms Bish explained that she envisaged that the centre would be operated by carers, rather than nurses, with the support of physiotherapists. The costs involved in staying at these centres could involve patients paying for some of their care. This centre would provide a useful temporary place for rehabilitation and ensure that residents were not discharged too early; Ms Bish explained

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she was aware of a number of elderly people who had been discharged to their own homes from hospital who had subsequently experienced falls causing them more severe physical problems.

Ms Bish suggested that the CCGs' plans in respect of separating planned and emergency surgery was flawed. The location of these two sets of surgery at different sites could lead to one experiencing great demand without receiving support from the other (Ms Bish noted that peak times for each type of surgery were different). By co-locating both planned and emergency surgery Ms Bish suggested that staff in each section could support the other. There would also be a reduction in travel times as and when complications arose in planned surgery.

The Health Commission was asked to note concerns in respect of patients travelling between Redditch and Worcester. Ms Bish commented that some patients would inevitably experience discomfort if they were not able to lie down when travelling due to the nature of their condition. This was not an option when using public transport. The Health Commission was asked to note that the increase in journeys from Redditch to Worcester would impact on traffic on direct routes between the hospitals which would impact on travel times for ambulances. The increased traffic would also have a negative impact in terms of air pollution and climate change.

Like many people in Redditch Ms Bish noted that she did not have access to a car and instead cycled to work. In the event that she or a relation were transferred to Worcester Royal Hospital she would struggle to access the site without taking time off work. This would impact on her income and, in the long-term, on her ability to maintain her livelihood.

The Health Commission was advised that Ms Bish was disappointed with the support that had been provided at a national level. She suggested that there was action that the Government could take to address problems within the health service. In particular Ms Bish urged the Health Commission to encourage the Government to cancel student fees and to reintroduce grants for student nurses and students completing medical degrees who were intending to work in the NHS. Without this action the Health Commission was advised that there was a risk that talented young people would not seek to enter a medical career due to concerns about the debts they

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might incur at university and this would exacerbate staff shortages in the long-term.

Ms Bish had been present at the meeting convened to discuss changes to Paediatrics services in September 2016. She noted that many of the suggestions made by Dr Vathenen, during a meeting in September 2016 to discuss Paediatrics services, had been sensible. She questioned whether WAHT had taken these suggestions into account, and if they had not, the reasons why these suggestions had been rejected.

The Health Commission was advised that Ms Bish had concerns about the future provision of Oncology services in the county. She suggested that there was a risk that these services would also be centralised and provided in Worcester. Ms Bish urged the CCGs and WAHT to review all of the ideas put forward by the public and not to automatically accept the ideas identified by staff previously employed by the trust.

Ms Bish concluded by thanking Mr Neal Stote and the other members of the Save the Alex campaign for their work in respect of local health services. She also thanked all of the staff who had remained in post at the Alexandra Hospital during a challenging period.

b) Mr Peter Farman (spoke twice)

Mr Farman expressed concerns about the approach that had been adopted to review the services delivered by WAHT. The Health Commission was asked to note that when previously consulted about changes to hospital services Redditch residents had made it clear that they would prefer to travel to Birmingham rather than to Worcester if not all services could be retained in Redditch. However, Mr Farman suggested that the trusts providing health services in Birmingham could not provide assistance unless they were properly engaged in the review of services in Worcestershire.

It was suggested that whilst the Worcester Royal Hospital did not have any scope to expand in size the Alexandra Hospital appeared to have the potential to grow. Mr Farman expressed concerns that the planned clinical model that was subject to consultation appeared to be designed to protect services for Worcester but he commented that this should not influence decisions about health services in Redditch.

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Mr Farman suggested that there were three key points that stood out about the proposed new clinical model:

- New parking spaces would be built at Worcester Royal Hospital.
- Four new ambulances would be needed to accommodate the increase in demand for services in Worcester.
- Proposals had been made in respect of providing buses and taxis to transport patients. However, Mr Farman commented that it was unclear whether these proposals extended beyond patients to include family members and friends.

Mr Farman suggested that the concessions provided in the CCGs' documentation did not make up for the centralisation of areas such as Maternity Services.

c) Ms Joan Checkley

Ms Checkley noted that the senior personnel at WAHT were responsible for making decisions about the future of local health services. They were employed in their positions due to their experience and expertise. However, throughout the process nobody had been held to account for previous bad decisions that had been taken about local health services. The Health Commission was asked to note that the changes proposed in the CCGs' consultation document had been identified as necessary to ensure that services in the county were safe and it had been suggested that poor decisions made in the past could not be reversed. However, Ms Checkley commented that in order to improve services and make them safe those previously poor decisions needed to be corrected.

The Trust had originally identified two options for the future delivery of acute services in Worcestershire. One of these options had involved working with Birmingham. However, Ms Checkley expressed concern that Birmingham had not been engaged adequately in this process. Ms Checkley had requested further information on this subject from the trust but despite meetings with representatives had not yet received the information she had requested.

Ms Checkley concluded her speech by thanking Mr Neal Stote for his work on the Save the Alex campaign. She suggested

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that this contrasted with the level of action that had been taken at the national level to support health services in Redditch.

d) Mrs Janet Ralph

Mrs Ralph opened by suggesting to the Health Commission that they should have convened at an earlier date to discuss this matter. Concerns were expressed that the work of the Health Commission was too late to influence the outcomes of the review of health services in Worcestershire.

When Mrs Ralph first moved to Redditch 40 years ago many new residents had been arriving and they had been promised a local hospital. In recent years the services available at the Alexandra Hospital had started to reduce in scale. Recently Mrs Ralph's husband had attended the hospital for a routine operation but had experienced a medical emergency and his life had been saved at the Alexandra Hospital. Mrs Ralph questioned whether this would have been possible if her husband had had to be transferred to Worcester.

The Health Commission was asked to take into account Mrs Ralph's concerns about the extent to which visitors from abroad were paying for health services when they utilised NHS facilities. Friends of Mrs Ralph had recently visited from another country; whilst they had health insurance they had never been asked to provide any details when they had had to access NHS services in an emergency. By contrast when Mrs Ralph's husband had needed to access health facilities in Australia he had needed to provide his insurance details in order to pay for services.

Mrs Ralph raised concerns about the impact of current changes to health services on future generations. In the past young people had been able to train to be a nurse without going to University. Mrs Ralph suggested that young people should be enabled to enter the nursing profession via apprenticeship opportunities and working their way up through the NHS. The Health Commission was informed that at present many young people would be deterred from a medical career, including in nursing, by the costs involved in attending university and the debts they were likely to have when they graduated.

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e) Mr Trevor Magner (spoke twice)

Mr Magner explained that he had moved to Redditch in 2015 from Hemel Hempstead where he had lived for the previous 40 years. There had been a good local hospital in Hemel Hempstead but more recently, despite vigorous campaigning, the A&E Department had been downgraded and patients had to travel 10 miles to the nearest A&E Department in Watford. As this was located close to the football stadium there could be traffic problems impacting on access, particularly on days when football matches were taking place. As a consequence of these changes the staff had been overwhelmed with demand and the parking provision had been poor impacting on access for patients, their friends and relatives. Mr Magner expressed concerns that the same developments appeared to be taking place in Redditch.

The Health Commission was asked to note that there was a growing population in Redditch who would require services. Nationally the population was aging and older patients were likely to need to access health services. In this context Mr Magner suggested that the full range of health services needed to be available for residents to access at the Alexandra Hospital. Mr Magner conceded that some non-urgent surgery could be centralised, however, he explained that he was opposed to the centralisation of services if it resulted in reduced access.

In respect of A&E services Mr Magner noted that assurances had been provided that the service at the Alexandra Hospital would not be affected by the proposed changes. However, he noted that similar changes had been made to health services in other parts of the West Midlands and eventually this had tended to result in the closure or downgrading of the local A&E Department.

Concerns were raised about the travel arrangements between Redditch and Worcester. Mr Magner noted that it could take 40 minutes to travel to Worcester from the Borough if the traffic was clear. However, in cases where there were traffic problems, particularly on the motorway, travel times could be much lengthier. Parking problems at Worcester Royal Hospital could then lengthen travel times further.

Mr Magner explained that he had recently accessed the A&E Department at the Alexandra Hospital having broken his arm in an accident. The service provided by the paramedics and

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hospital staff had been excellent and his treatment from initial admission to discharge had been completed promptly. During Mr Magner's admission to hospital he had viewed an app which monitored A&E waiting times across the country. During that time the A&E at the Alexandra Hospital had been over capacity and some patients had been treated on trollies; demand for A&E services at Worcester Royal Hospital had also been over capacity. Mr Magner had been surprised in this context that staff from the Alexandra Hospital had been required to travel to Worcester to help provide support to meet patient demand at that site.

The Health Commission was asked to note that there was a problem with bed blocking, particularly involving elderly patients who were ready to be discharged but who could not return to independent living in their own homes. In these cases Mr Magner suggested that Worcestershire County Council, which had responsibility for adult social care, should be charged by the hospital a set fee per day until the patient could be discharged into suitable accommodation. Mr Magner suggested that this approach would soon encourage solutions to be identified to bed blocking.

The impact of the centralisation of ambulance services was also addressed by Mr Magner. He expressed concerns that this could lead to an increase in the length of response times, something which Mr Magner advised had occurred in Hemel Hempstead following changes to their local services.

Mr Magner suggested that some of the pressures impacting on the NHS could be resolved if there was improved funding for GP services. He noted that at the national level £400 million had been pledged by the Government to support GP practices in the short-term; Mr Magner suggested that a far larger amount of funding was needed. He suggested that this did not necessarily mean that a seven-day-a-week service from GPs was required. Instead, by increasing funding for GPs Mr Magner suggested that they could help to relieve some of the pressure on A&E Departments.

The Health Commission was advised that more action needed to be taken to boost staff morale at the Alexandra Hospital. In order to do this Mr Magner suggested that there should be no further service transfers to Worcester Royal Hospital and a proper recruitment process should be introduced for the trust.

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Mr Magner commented that MIUs and Urgent Care Centres (UCCs) tended to be closed at certain hours in hospitals. However, he suggested that if these units remained open 24 hours a day they could help to relieve some of the pressures on A&E Departments.

In conclusion Mr Magner rejected the proposals detailed in the CCGs' consultation document and suggested that the changes to services that were causing blockages in terms of delivery needed to be reversed. He also noted that there was a possibility that the bed blocking and delays that might occur as a result of consultation could result in patient deaths. If this was to occur Mr Magner suggested that somebody needed to be held accountable and criminal charges would be reasonable.

f) Ms Jane Lavery

Ms Lavery explained that she lived in Alvechurch and used services at the Alexandra Hospital. She advised that she was more positive about the proposals from the CCGs than many of the other speakers at the meeting as they were better than she had anticipated. In particular she was pleased to find that under the proposals the Alexandra Hospital would be retaining an A&E department and the hospital would not be closing.

The Health Commission was asked to note that the staff working at all of the hospitals in the NHS provided excellent services and had a good reputation. Regardless of the level of demand staff always worked hard to do the best for their patients and this needed to be recognised. There had been well publicised problems in terms of the trust's ability to recruit suitably qualified staff, partly due to the uncertainty about the future of hospital services. Ms Lavery questioned whether, if the Alexandra Hospital was made into a centre of excellence, the trust would have the budget to attract the staff needed to maintain this service.

Ms Lavery commented that she had some reservations about the CCGs' proposals in respect of Maternity, Gynaecology and Paediatrics services. The proposed UCC for the Alexandra Hospital would mean that only children with severe medical problems would be referred to Worcester. Mothers were supposed to be provided about choices in respect of giving birth; however if a mother wanted to use the Outpatients services at the Alexandra Hospital they were required to give

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birth at Worcester Royal Hospital which Ms Lavery suggested limited many women's choices.

Transportation was also a concern raised by Ms Lavery. The Health Commission was advised that Ms Lavery did not have access to a car and would struggle to travel to Worcester. Ms Lavery acknowledged that the CCGs had identified a number of travel options but she questioned whether these would provide adequate solutions to people in her position.

Ms Lavery made reference to car parking arrangements for people visiting Worcester Royal Hospital. The Health Commission was advised that there was a park and ride arrangement available at Worcester Rugby Club and the charge for parking at this site was relatively affordable compared to the charges for parking at the hospital. However, this option had not been well publicised.

Finally Ms Lavery concluded by questioning whether the feedback from residents to the CCGs could really influence the eventual clinical model that was adopted or whether the outcome was a fait accompli.

g) Mrs Linda Magner (spoke twice)

Mrs Magner explained that when she had first moved to Redditch over 40 years ago there had not been a hospital in the Borough. Mrs Magner had given birth to premature twins in the old hospital in Bromsgrove and had had to visit the hospital three times a day to express milk. The Health Commission was advised that in cases involving premature births in 2017 many mothers would struggle to similarly travel to Worcester to provide the same support to their young babies.

The Health Commission was advised that Mrs Magner worked with elderly people. Clients who had suffered a stroke often needed reassurance and tended to worry about their elderly partners in their absence. These anxieties had been exacerbated by the centralisation of services, with patients worrying about their elderly partners travelling to and from the hospital. There was therefore a risk that the centralisation of health services could cause patients more health problems.

Mr and Mrs Magner had attended the meeting convened by the local MP to discuss temporary changes to Paediatric services in September 2016. During this meeting a former

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member of staff from the Alexandra Hospital, Dr Vathenen, had invited representatives of WAHT to visit Sussex where he was working to view how services could be structured and delivered. Mrs Magner questioned whether this visit had ever taken place.

The Health Commission was informed that nationally there was a shortage of qualified doctors and nurses. These shortages were exacerbated by the financial appeal to qualified medics of operating as locums rather than as permanent members of staff. Mrs Magner explained that one of her acquaintances was a qualified doctor who worked as a locum and he could earn up to three times more working for an agency than in a permanent position. To address this problem Mrs Magner suggested that medics should be encouraged to remain employees in the NHS and, if they left the service, should be required to pay some of the funding back to the service that they had received for their original training.

Mrs Magner suggested that it would be interesting to obtain the following information from WAHT:

- Clarification about the number of locums used by WAHT to provide services.
- Further information about the new consultants announced during the public meeting in September. In particular Mrs Magner questioned whether these consultants had been employed as permanent members of staff.

Concerns were raised about the potential impact of the proposed new clinical model on ambulance services. Mrs Magner commented that in other parts of the country where services had been centralised waiting times for ambulances had increased. She suggested that there was a risk this could occur in Redditch too.

Finally Mrs Magner questioned the objectivity of the questionnaire that had been launched by the CCGs.

h) Ms Nicole Thomas

Ms Thomas explained that she was employed as a Health Care Support Worker based in Evesham, though she was also a Redditch resident. She had observed the impact of the centralisation of Stroke Services in Worcester on demand for

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rehabilitation beds; sometimes there was not enough time available to wipe down the beds after a patient had been discharged before a new patient arrived. Some patients had been referred to the rehabilitation ward too early from hospital and could have a detrimental impact on their health.

The impact of demand for services was having a negative impact on staff morale. Staff were leaving the service for other forms of employment, often because they felt over worked. Many of the patients the rehabilitation ward supported needed help when using the toilet and this took up quite a lot of the time used to provide these patients with support. Patients who had had strokes often experienced depression yet there was too little time available to staff to enable them to support patients in this position.

The Health Commission was asked to note that the journey from Redditch to Worcester could be prohibitively expensive for people on low incomes or in receipt of benefits. A friend of Ms Thomas had a number of siblings, including a child with severe asthma. Recently the child had to be taken to hospital and as their mother did not drive and an ambulance could not be provided the mother had had to pay £50 for a return trip to the hospital by taxi. She had struggled to afford to pay this because she was living on benefits. Journey times on the motorway could take time, particularly in poor traffic, and this created risks for seriously ill children referred to Worcester from Redditch. Ms Thomas suggested that before the changes to services detailed in the CCGs' consultation document were implemented these transportation problems needed to be resolved.

Ms Thomas explained that she understood the rationale behind the proposed changes to services. However, she suggested that a better approach would be to improve existing services rather than to implement the planned changes.

Finally it was commented that *The Five Year Forward View* document, published by the national Mental Health Taskforce in February 2016, placed a strong emphasis on providing support to people with mental health problems. However mental health services had been reviewed and as a result of this some of those services would be closing in the county.

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i) Ms Anne Smith (spoke twice)

Ms Smith explained that she was a resident of the Lickey Hills who used hospital services in Worcestershire. She expressed concerns that in recent years patients had started to be treated more as units than as people. The changes to services would not just impact on patients but also on their friends and families. Enabling people to remain in good health in their own homes could help to save money in the long-term. Ms Smith welcomed the Health Commission as it provided an opportunity for the public to express their views.

Decades ago when Ms Smith had needed to undergo procedures the doctors had arranged for this to be delivered around her availability as a mother with childcare responsibilities. Appointments at that point could be booked via a Doctor's PA and it was suggested that a similar pragmatic approach would be helpful in the current environment.

When Ms Smith first moved into the area that had been a serious collision on the M5. The Alexandra Hospital had accommodated all of the crash victims and had provided an excellent service. There was an expanding population not just in Redditch but in the whole of the north of Worcestershire where residents had traditionally used the Alexandra Hospital; for example a large housing development had been built at Longbridge in Bromsgrove district in recent years. Ms Smith questioned where this increasing population would be able to access health services.

The Health Commission was asked to take into account changes to health services and Ms Smith suggested that these were increasingly being privatised. This included private nursing homes and the referral of NHS patients to private hospitals for elective surgery. Ms Smith suggested that this was not what the public wanted to pay for and she commented that most residents would be prepared to pay more to help maintain the NHS as a free public service.

j) Mr David Cartwright

Mr Cartwright commented that he agreed with much of what had already been said during the meeting. He particularly raised concerns about the potential impact of travelling to Worcester to access services in the long-term on Redditch residents.

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Over the past 25 years Mr Cartwright noted that there had been numerous discussions of potential changes to hospital services in Worcestershire. Every time these changes were discussed residents had been assured that this would be the last time that changes would be made only for further reviews of services to be announced at a later date. The constant changes to health services in Redditch undermined the potential to secure consistency in service delivery and had a detrimental impact on the potential of WAHT to attract new staff. Mr Cartwright urged the commission in its response to the CCGs to request an assurance that no further changes or reviews of services would take place in the foreseeable future.

k) Ms Hannah Cartwright

Ms Cartwright explained that she worked at a nursery in Redditch. Whilst Ms Cartwright did not have any children this was something she was considering for the future. However, she was concerned about the potential need to travel to Worcester from Redditch if she became pregnant and she advised Members that she would be reliant on her parents if this was to occur as her partner could not drive.

The Health Commission was asked to note that there was a risk that the permanent centralisation of Maternity and Paediatrics Services in Worcester could have a negative impact on the economy. Young families might be deterred from living in Redditch permanently due to concerns about access to health services for them and their children. Many of the parents of children at the nursery where Ms Cartwright worked could not drive though their children might have serious medical conditions. They would already be concerned about the proposals and would be questioning whether to continue to live in the area.

l) Ms Jenny Moseley

Ms Moseley advised that she was a mother of four young children. Over five years ago she had been rushed to Worcester Royal Hospital when she had given birth to premature twins. There had been no theatre, no anaesthetist and no pain relief available. The experience had been very distressing and Ms Moseley questioned whether this would change under the model proposed in the CCGs' consultation document.

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The Health Commission was advised that one of Ms Moseley's children had a serious medical condition whilst another had recently had an eye infection. When treatment had been provided the children had been referred to Worcester Royal Hospital. In both cases Ms Moseley's partner had had to stay at home to look after the other children and he could not travel to be with her and their other child. The changes proposed needed to take into account more than just the needs of the patient, particularly when considering services for children; it was also important to take into account the family support unit. Ms Moseley expressed concerns about the potential impact of her absences whilst at Worcester with her younger children on the wellbeing of her older children. She also expressed concerns about her ability to enable her child with a serious medical condition to meet with their consultant and to receive specialist services as she would struggle to travel to Worcester.

The Health commission was advised that the proposed changes detailed in the CCG's consultation document would have the most negative impact on vulnerable residents. Ms Moseley suggested that the proposed changes to services appeared to have been made in response to financial pressures.

m) Mr Richard Portes

Mr Portes commented that he and his family had lived in Redditch since the 1970s and had received an excellent service from staff at the Alexandra Hospital whenever they had had to utilise local health facilities. The Health Commission was advised that Mr Portes did not anticipate that the proposed changes to the clinical model for WAHT could be prevented. However, he suggested that residents and the Health Commission could influence the way that these changes were implemented. In particular, Mr Portes suggested that the CCGs and WAHT should be urged to ensure that the proposed changes were not implemented until the problems with restricted car parking at Worcester Royal Hospital and public transport had been addressed.

The Health Commission was asked to note that the population in North Worcestershire was growing. In this context Mr Portes suggested that it would be helpful to clarify the catchment area for the Alexandra Hospital at a time when the availability of services at that site were reducing.

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Recent media coverage had highlighted problems with bed blocking and the impact on access to services across the country. In part Mr Portes suggested that the problem with bed blocking was caused by funding problems for adult social care. The Health Commission was asked to note that Surrey County Council was attempting to address this by holding a referendum asking its residents whether they would be prepared to increase Council Tax by 15 per cent in order to cover the costs of delivering social care services. Mr Portes suggested that if additional services were to be retained further consideration needed to be given to how those services were funded.

Mr Portes concluded by explaining that he had had a number of appointments at the Alexandra Hospital recently. On each occasion he had met with a different locum and he questioned what message this was sending to potential staff.

n) Mr Neal Stote

Mr Stote explained that he was involved in the Save the Alex campaign and had spoken to the commission on 14th January 2017.

The Health Commission was asked to note a number of concerns about changes to local health services. The option to give birth at the Alexandra Hospital was no longer available to mothers. Children who were unwell would be taken to Worcester and not the Alexandra Hospital. Mr Stote suggested that it was unclear whether children and their families who self-referred to the A&E Department at the Alexandra Hospital would receive treatment. However, he noted that many people would automatically assume that the A&E Department would treat children. There was no sign up at the A&E Department at the Alexandra Hospital to advise people that the department provided services to adults only nor were signs on display notifying people that emergency surgery was not available at the site.

Mr Stote urged residents to read the CCGs' consultation document and to respond. He advised that whilst the Save the Alex campaign had disbanded the hospital still needed to be saved. There remained areas of concern, particularly overcrowding at WAHT facilities, and Mr Stote suggested that it was likely the trust would remain in special measures. The problems that had been experienced by the trust were

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significantly influenced by financial difficulties though Mr Stote suggested that the situation could have been better managed.

The Health Commission was asked to note that the issues that had been discussed during the meeting were not peculiar to Redditch. There were challenges facing the health service across the country and this was impacting on staff morale. In this context Mr Stote suggested that there needed to be a discussion at a political level about how health services should be funded and what services should be available for residents to access locally.

Many of the issues that had been raised by residents during the meeting had been highlighted by the Save the Alex campaign on a number of occasions in recent years. Transport in particular had been a concern for a long time. The hopper bus provided a useful solution; however it was unlikely that this would be used by residents unless the service was effectively promoted to the public.

Mr Stote noted that the CCGs' consultation was not the only review that could impact on local health services. The contents of the Herefordshire and Worcestershire Sustainability and Transformation Plan appeared to suggest that there would be further changes in the future.

The Trust had had a second option available to work with Birmingham in the delivery of hospital services. This option had not eventually been pursued by the trust leading Mr Stote to question whether the voice of the public was being listened to.

o) Ms Leah Brindley

The Health Commission was advised that Ms Brindley's younger sibling had severe asthma. Recently the Doctor had advised her family to take her sibling to Worcester Royal Hospital, however, the family had been told that they needed to transport her sibling there independently though they did not have access to a car. The family had consulted with paramedics and had been advised that the hospital was too full.

Ms Brindley advised that she was unwilling to have children in Redditch following the move of Paediatrics services having watched the impact of the centralisation of services on her family which struggled to pay to travel to Worcester. The

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Health Commission was advised that if Ms Brindley did have children she would opt to take her children to Birmingham rather than to Worcester Royal Hospital.

Questions were raised by Ms Brindley as to why WAHT spent so much on locum staff and could not retain permanent members of staff. It was noted that permanent members of staff were paid much less than locums and she suggested that this arrangement was immoral.

p) Mrs Rosemary Dixon

Mrs Dixon advised that she had lived in Redditch for many years and was a volunteer at the Alexandra Hospital. She thanked the Save the Alex campaign for their work to protect local hospital services and criticised comments made in previous years that had suggested that the campaign had impacted on recruitment problems at the Alexandra Hospital.

The Health Commission was asked to note that the CCGs' consultation document clearly stated that the public were being consulted about a single proposed clinical model for acute services. Mrs Dixon suggested that consequently the public was not being consulted about what services they wanted but about the services they were going to receive in future.

Mrs Dixon commented that the CCGs' consultation document reported that most pregnant women from Redditch had chosen to give birth at Worcester Royal Hospital following the centralisation of Maternity Services. However, this did not acknowledge that women had to give birth in Worcester if they wanted to receive pre-natal care at the Alexandra Hospital.

On a number of occasions Mrs Dixon noted that WAHT had justified the centralisation of services at Worcester Royal Hospital to address safety concerns. However, Mrs Dixon questioned who had caused these services to become unsafe and noted that this was not the fault of the staff.

Public transport was also addressed by Mrs Dixon. She noted that the CCGs' consultation document made reference to the 350 bus, which reportedly stopped at both the Alexandra Hospital and Worcester Royal Hospital. However, Mrs Dixon noted that when she had used the bus she had found that it did not stop at Charles Hastings Way unless a specific request was made to the driver to stop there. If this request was not

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made the bus would continue to the bus depot at Worcester where passengers would need to transfer to another service to reach the hospital thereby lengthening travel times.

The consultation document suggested that it would cost £380,000 per annum to operate a minibus between the hospital sites in Worcestershire. It was noted that a return journey via a minibus would be subject to a charge of £10 each way with a return journey via the 350 bus costing £7. Ms Dixon suggested that the continued provision of the proposed hopper bus for free after the three month trial had ended would be preferable.

q) Mr Andrew Sweeny

Mr Sweeney explained that he had lived in Redditch since 1988. He had not intended to speak but to add to the numbers present at the meeting. Whilst the number of attendees was lower than those who had attended the meeting in September 2016 to discuss changes to Paediatrics services Mr Sweeney commented that this did not necessarily mean that there was a lack of interest amongst Redditch residents in the future of local health services. Mr Sweeney suggested every resident deserved safe health services in return for their contributions in taxes and he commented that the evidence provided for the proposed service changes was inadequate.

The Health Commission was asked to note that the populations in both Redditch and Worcester were growing. Worcester Royal Hospital appeared already to be struggling to cope with increased demand as a result of changes that had already been made to services.

Mr Sweeney suggested that more funding needed to be allocated to the NHS by the Government. He concluded by explaining that he supported Save the Alex's campaign to protect services at the Alexandra Hospital.

r) Ian Johnson

Mr Johnson explained that he had been involved in the Save the Alex campaign for some time. He had read through the CCGs' consultation document and had some reservations about the content. He urged residents to complete the Health Commission's survey and the CCGs' questionnaire in order to demonstrate their views about proposed service changes.

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Thursday, 19 January 2017

s) Mr Mike Spencer

Mr Spencer suggested that a key problem was short-term compartmentalised approaches to thinking about public services. Mr Spencer commented that unfortunately individuals were only often interested in considering potential changes to their service areas rather than the wider implications. He suggested that public sector bodies should take a step back and review changes and the overarching implications at a local level from a more strategic perspective.

t) Ms Sharon Harvey

Ms Harvey made reference to the CCGs' consultation document and noted that a number of case studies had been included within the papers. However, she suggested that many of the scenarios detailed within the document could result in more negative outcomes for the patient if problems such as delayed travel times were taken into account. She suggested that, therefore, the case studies provided were not necessarily realistic and commented that the document should also have addressed the actions that would be taken in a scenario where things went wrong.

The Chair thanked everybody present for speaking during the meeting. He concluded by thanking the Save the Alex campaign for streaming each meeting on their Facebook page and for helping to raise the profile of the commission's work.

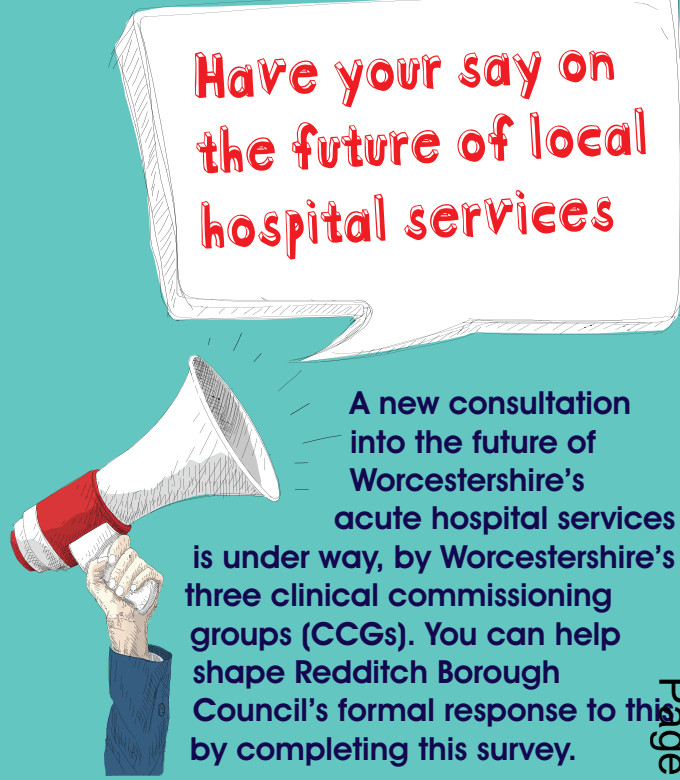
The Meeting commenced at 7.00 pm
and closed at 8.55 pm

Q6: If there is anything else you would like to add for our consideration, please add it here.

Q7: We would like to include real, anonymised, case studies in the report we will publish at the end of this process. If you want your experience to be included please give a brief overview of it here and provide your contact details, as we cannot include your case study without your contact details. Your details will not be published or used for any other purpose.

Leave this blank if you don't want to add anything.

Q7a: Contact details if required



Have your say on the future of local hospital services

A new consultation into the future of Worcestershire's acute hospital services is under way, by Worcestershire's three clinical commissioning groups (CCGs). You can help shape Redditch Borough Council's formal response to this by completing this survey.

Your views will go to the council's cross-party public Health Commission.

Put your completed survey into the box provided, or return to: Health Commission, Democratic Services, Redditch Borough Council, Redditch Town Hall, Walter Stranz Square, Redditch B98 8AH.

This survey is also available online at www.redditchbc.org.uk/consultations.

Respond by 20th January

REDDITCH BOROUGH COUNCIL
making a difference
www.redditchbc.gov.uk

Page 155
Agenda Item 5

Q1: Where do you live or work in Redditch?

- Abbey Ward
- Astwood Bank & Feckenham Ward
- Batchley & Brockhill Ward
- Central Ward (town centre)
- Church Hill Ward
- Crabbs Cross Ward
- Greenlands Ward
- Headless Cross & Oakenshaw Ward
- Lodge Park Ward
- Matchborough Ward
- West Ward
- Winyates Ward
- Don't know/ not sure

Q2: What services provided by the Alexandra Hospital have you used in the last five years?

Q3: How would you travel to hospital sites at Evesham, Kidderminster, Redditch and Worcester?

Q4: If you have any views about parking provision available at the hospital sites at Evesham, Kidderminster, Redditch and Worcester, please tell us here

Q5: To what extent do you agree with proposed changes put forward by Worcestershire Acute Hospitals NHS Trust:

(1 is strongly disagree and 10 is strongly agree - please circle your answer)

Most planned orthopaedic surgery from Worcestershire Royal Hospital to Alexandra Hospital

1 2 3 4 5 6 7 8 9 10

Some planned Gynaecology surgery from Worcestershire Royal Hospital to Alexandra Hospital

1 2 3 4 5 6 7 8 9 10

More planned surgery, e.g. breast surgery from Worcestershire Royal Hospital to the Alexandra Hospital

1 2 3 4 5 6 7 8 9 10

More ambulatory care from Worcestershire Royal Hospital to the Alexandra Hospital

1 2 3 4 5 6 7 8 9 10

More day case and short stay surgery to Kidderminster Hospital

1 2 3 4 5 6 7 8 9 10

All hospital births from the Alexandra Hospital to the Worcestershire Royal Hospital

1 2 3 4 5 6 7 8 9 10

Inpatient children's services from the Alexandra Hospital to the Worcestershire Royal Hospital

1 2 3 4 5 6 7 8 9 10

Emergency surgery from the Alexandra Hospital to the Worcestershire Royal Hospital

1 2 3 4 5 6 7 8 9 10

Basing the Worcestershire Urology Centre at the Alexandra Hospital

1 2 3 4 5 6 7 8 9 10

Submission to Redditch Borough Council Health Commission

Date: 20/1/17
Author: Dr Jonathan Wells

Forward

I have been a GP at Hillview Medical Centre in Redditch since 1993. I was chair of Redditch & Bromsgrove CCG from 2013 to 2016, and was fully involved in the acute hospitals review from its inception. The following provides councillors with an overview of the process so far and some questions for the future.

JSR: Joint Services Review - Jan 12 to March 13

Senior clinicians from Worcestershire Acute NHS Trust (WAHT) approached Worcestershire PCT in Autumn 11 to express concern about the medium-term clinical viability of paediatrics and obstetrics. The JSR was established in Jan 12, clinically led by doctors and nurses across Worcestershire, and came up with 13 possible options (Reference 1). Option E1 was the model most likely to result in clinical and financial sustainability for WAHT, but this model would have meant very significant patient outflows to Birmingham. Redditch & Bromsgrove shadow CCG was asked to go and talk to University Hospitals Birmingham (UHB) to check that this would not be a problem. It became clear that UHB did not have the capacity to take such large-volume emergency flows from the R&B area, and in late summer 2012 we introduced what became known as Option 2 into the JSR process. This would have involved UHB taking over the running of the Alexandra hospital site.

The JSR agreed the clinical case for change around overnight paediatrics and consultant-led maternity, confirming that WAHT needed to centralise those services at its WRH site. Given that 24hr A&E could not continue without overnight paediatrics, it was also confirmed that WAHT needed to centralise A&E at the WRH site.

It needs emphasising that Option 2 was introduced as an alternative to Model E1. At no stage did the Birmingham hospitals offer to run overnight paediatrics and consultant-led maternity. The UHB offer was actually the broad equivalent of Model C. As a result of the introduction of Option 2, WAHT looked again at Model C and by March 13 this had become Option 1. This phase of the JSR finished with Worcestershire Clinical Senate agreeing that Options 1 and 2 should both be fully worked up.

ASR: Acute Services Review - Apr 13 to Aug 13

Worcestershire PCT was disbanded on 31 March and the 3 Worcestershire CCGs were established as formal statutory bodies on 1/4/13. WAHT decided to set up its own internal process called the ASR, to work up Options 1 and 2 as they applied to WAHT (Reference 2). No discussions with UHB were held. The process seemed to be in deadlock until NHS England Local Area Team stepped in with a plan to move things on.

FoAHSW: Future of Acute Hospital Services in Worcestershire - Sep 13 to Jan 14

NHS England Local Area Team established FoAHSW acting on behalf of the 3 Worcestershire CCGs, and agreement was reached around the role of an Independent Clinical Review Panel (ICRP). This was to review Options 1 and 2 as produced by WAHT. The 3 CCGs produced prospectuses detailing their commissioning requirements for acute hospital services, on which the public were consulted (Reference 3). The 3 local councils of Redditch, Bromsgrove and Stratford made a joint submission highlighting the significant socioeconomic, access and transport issues (Reference 4).

The ICRP reported in Jan 14 (report Reference 5, blog Reference 6). It concluded that overnight paediatrics and consultant-led maternity should be centralised at WRH. It included a separate annex explaining this decision in detail, including its opinion that no other provider would be able to provide these services at the Alex site. (see annex 1 pages 26-32, Reference 5, and my blog about this subject Reference 7). The ICRP did, however, agree with the RBCCG prospectus that the A&E at the Alex should not be closed, and recommended a new Keogh-type 24hr networked Emergency Centre with A&E consultants remaining on site.

The ICRP looked at the work done internally by WAHT on Option 2, and decided that Option 2 was not viable, as it would have caused "significant inequality in the provision of safe and sustainable services to the population of Worcestershire" (Reference 8).

It should be noted that at a later date Save The Alex obtained confirmation via Freedom Of Information requests that UHB were not involved by WAHT in the process, and were unable to provide input into the assumptions made by WAHT around the effects of Option 2. It has also been confirmed that the ICRP did not speak with or engage UHB in coming to its conclusions around Option 2. ICRP suggested a modified Option 1, but did not consider a modified Option 2, and the subsequent reviews did not revisit the arguments around Option 2.

FoAHSW - Feb 14 to Jun 15

The 3 Worcestershire CCGs took over the project from NHS England, which stepped back into an assurance role, accepted the ICRP report, and work started on defining further the new Modified Option 1. I was appointed as chair of the clinical subcommittee and established 3 Task & Finish Groups to work up Emergency Care, Women & Children and Planned Care. Development of the model was hampered by poor communication within WAHT and exclusion by the Trust of key Alexandra-based consultants from the process. A Modified Option 1 model was presented to West Midlands Clinical Senate (WMCS) in Dec 14. Publication of its report (Reference 9) was delayed by purdah until Jun 15.

WMCS Report 1: Jun 15

The WMCS report confirmed support for key ICRP recommendations including centralisation of maternity/paediatrics and the requirement for an A&E at the Alex site. However, it did not assure the overall proposed model as clinically safe and sustainable, with significant concerns over the model for delivering A&E at the Alex. These concerns were particularly around sustainable staffing of the A&E, emergency paediatric presentations to the Alex site, and the lack of widespread support from the clinicians at the Trust (a problem highlighted by the resignations of 5 ED consultants and latterly 3 acute consultant physicians).

Emergency Closures

Emergency closures of services at the Alex site were undertaken with centralisation at WRH: Feb 14 Emergency intra-abdominal surgery; Aug 15 Emergency gynaecology; Oct 15 Maternity; Sep 16 Paediatrics.

WMCS Report 2: Jun 16

Further work was carried out and a revised clinical model was published in Jan 16 and sent to WMCS for review. This model removed the Paediatric Assessment Unit at the Alex. The second WMCS report was published in Jun 16 (Reference 10) and approved the clinical model whereby WAHT would provide a Modified Option 1, allowing it to go forward to the NHS England assurance process.

However, WMCS highlighted a range of concerns and provided a series of recommendations. These are explained in my blog (Reference 11), and include:

- concerns about acute medicine at the Alex (my blog focussing on Acute Medicine is at Reference 12)
- concerns about the care of children at the proposed Alex Urgent Care Centre/Adult A&E

- a stipulation that A&E consultants should be at the Alex site 16 hours per day in the absence of on-site paediatrics
- a recommendation of 20 A&E consultants across WRH and the Alex
- a requirement for the A&E consultants to rotate between sites to ensure paediatric management skills are retained
- the need for further ambulance capacity
- concerns around capacity at the WRH site

NHS England gave the go-ahead for public consultation, which started on 6 Jan 2016

Outstanding areas of concern

1) Modified Option 1

R&B CCG accepted the outcome of the ICRP report of Jan 14 on the basis that a clinically sustainable model could be found by which WAHT provides Modified Option 1; that the model is financially sustainable; and that the other recommendations in the report would also be implemented.

With respect to the ICRP recommendations for maternity:

- Plans for consultation on a freestanding Midwife Led Unit have been abandoned
- There is no 7-day Maternity Assessment and Day-case Unit at the Alex site
- Capacity is not in place, most notably at Birmingham Women's Hospital, in order to ensure choice of provider
- Women choosing alternative providers are not able to have antenatal care locally

With respect to the Adult A&E and Urgent Care Centre, WMCS report 2 made a series of recommendations as set out above. To date these have not yet been implemented, and the Urgent Care Centre is still in the planning phase. The recommendations around A&E staffing are very challenging and it remains to be seen if the Adult A&E will be clinically sustainable.

With respect to the Acute medicine service at the Alex, WMCS report 2 felt compelled to detail a series of concerns, despite this service not being within its terms of reference (Reference 11).

- 3 consultant physicians have resigned, and there is an over-reliance on locum and agency staff across all grades including consultant, middle grade and nursing
- cross-county working has not been implemented
- recruitment of new consultants to the Alex site will be very difficult given the lack of support services

It can be seen that there are a large number of recommendations made by the independent clinical panels which have not yet been implemented, and this situation will need to be monitored closely.

2) Financial sustainability

Reconfigurations are normally expected to result in clinically and financially sustainable solutions - this was the aim of the JSR when it was first set up. However, WAHT ended 15/16 with a £59M deficit, and is projecting a £37M deficit for 16/17. The reconfiguration currently being consulted on does not resolve this problem, with only a £3.5M saving confirmed. Financial sustainability of WAHT as an organisation is therefore not secured by these changes, and downward financial pressure will remain on the range of services provided by WAHT, increasing the likelihood of further closures in the future.

3) Capacity at the WRH site

Worcestershire Royal Hospital is a PFI hospital which was built to serve Worcester City; it was not originally intended to be a County Hospital. There is long-standing concern amongst local GPs as to capacity at the WRH site, and Worcestershire Local Medical Committee has also expressed these concerns on repeated occasions.

The events over the last few weeks have reinforced the validity of these concerns. Whereas the situation has deteriorated nationally over the Christmas period, the problems at WRH have been persistent for many months if not years.

The downgrade of A&E at the Alex, together with the lack of emergency surgical support, means more and more patients from Redditch & Bromsgrove are being shoe-horned into WRH, either directly via ambulance, or transferred following initial attendance at the Alex. This helps explain the persistently poor performance at the WRH site.

Despite the clear capacity constraints, a £29M capital bid has not yet been secured, and it will take many months for building work to be complete if and when the funding becomes available. Meanwhile, the Herefordshire & Worcestershire STP has proposed a 44% reduction in community beds (Reference 13 page 60)

4) The role of UHB

Redditch & Bromsgrove CCG accepted the ICRP report in January 14 as a way of moving the process on, mindful of the fragility of the existing services, and the fact that Modified Option 1 was meant to provide a wider range of services than the

original option 1, including a sustainable Adult A&E. However, there are serious questions about the sustainability of both the Adult A&E and the acute medicine service as a result of the removal of so many support services.

The process has focussed on acute hospital services within the Worcestershire county border, and solely on WAHT as the provider of those services, despite the protestations of Save The Alex about the proximity and relative ease of access to UHB for the Redditch & Bromsgrove population. It's inevitable given the geography and public transport links that patient flows to the north of both emergency and elective patients will continue to increase significantly.

Dame Julie Moore wrote to Bill Hartnett as recently as August making clear that UHB would have been keen to be involved (Reference 14) and reiterating concerns about flows north to the QE site. Given the challenging and ongoing capacity constraints at WRH, it seems entirely logical to involve UHB properly in the process. This could mean the direct involvement of UHB in supporting the remaining Alex acute services, or allowing more emergency patients from Redditch & Bromsgrove to be transferred up to the QE rather than being shoe-horned into WRH – currently our patients have no choice in the matter.

References

1. JSR 13 models
2. ASR project summary
3. RBCCG prospectus
4. Local councils' submission re prospectus
5. ICRP report
6. ICRP blog: <http://tinyurl.com/gp26qby>
7. Maternity services blog: <http://tinyurl.com/zhly9c9>
8. ICRP references to Option 2
9. WMCS report 1
10. WMCS report 2
11. WMCS report 2 blog: <http://tinyurl.com/hywmltt>
12. Acute medicine blog: <http://tinyurl.com/hsrl6c8>
13. H&W STP
- 14: Dame Julie Moore letter

Documents for references 1-5, 8-10, 13-14 at <http://tinyurl.com/zavp8vs>

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Ref: JMLTR HARTNETT 1708 2016

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17 August 2016

Via Email: bill.hartnett@redditchbc.gov.uk

Councillor Bill Hartnett
 Leader of the Council
 Town Hall
 Walter Stranz Square
 Redditch
 Worcs B98 8AH

Dear Councillor Hartnett

Announcement of emergency temporary change to paediatric inpatient services at the Alexandra Hospital from September 2016

Thank you for your letter dated 29 July 2016 concerning the ongoing challenges around the future of acute services in Worcestershire and in particular services at the Alexandra Hospital, Redditch. I do share your concern with regard to the latest decision to implement an emergency change to paediatric inpatient services from September. It is very frustrating that after 4 years, there still remains a lack of agreement on the reconfiguration of hospital services within Worcestershire. During this period the financial performance of Worcestershire Acute Hospitals NHS Trust (WAHT) has deteriorated significantly and the majority of the centralisation proposals within the Future of Acute Hospital Services in Worcestershire (FoAHSW) that have yet to be consulted upon, have been implemented 'temporarily' on safety grounds.

Against this backdrop University Hospitals Birmingham NHS Foundation Trust (UHB) has seen a significant increase in patients from the Redditch & Bromsgrove area choosing to receive their treatment and care at the Queen Elizabeth Hospital (QEH). Our Emergency Department (ED) for example has experienced a 6% overall increase in activity year on year over the last 3 years. This compares to an increase of 8% to 9% in attendances from Worcester residents over the same period. The corresponding figure for Redditch & Bromsgrove CCG (R&BCCG) residents is 9% to 12%.

Likewise whilst overall emergency admissions growth at the QEHB is 10% over the last 3 years the increase in R&BCCG admissions is 17%. Specific areas of emergency growth include General Medicine and Stroke. With regard to Stroke it is worth noting that in 2013 we were informed by Commissioners of a decision to centralise specialist stroke services at WAHT 24 hours before it was implemented. This resulted in an additional 4-5 stroke patients per week extra coming to UHB each with an average length of stay of 2 weeks. There had also been no discussions with health and social commissioners in Worcestershire with regard to an agreed rehabilitation pathway or access to social care support.

Growth in GP outpatient referrals from R&BCCG residents is also above the Trust average. Last October we were informed by R&BCCG that they had written to their GPs asking them to stop sending referrals to WAHT for a 3 month period due to waiting time pressures. Instead GPs were asked to send referrals elsewhere including to Birmingham providers. I understand we have recently received a further request from the CCGs to accept additional GP referrals to support WAHT, however, due to the unplanned growth in referrals already experienced we are unable to agree to this.

The planned centralisation of emergency surgery on the Worcester site will lead to a further increase in both emergency surgical admissions to QEHB and in GP elective referrals for those North Worcestershire patients who choose not to travel to Worcester for their elective surgery. The lack of an emergency surgical presence at the Alexandra Hospital will also result in trauma cases from the Redditch & Bromsgrove area being diverted to QEHB rather than Worcester.

The increasing use of Birmingham health services by Worcestershire residents is clearly evident yet it is disappointing that despite a commitment made at a stakeholder forum in June 2015 (following the Stage 1 West Midlands Clinical Senate report) that the Trust would be involved in the modelling of patient flows this has not occurred. Since then only 1 further stakeholder forum has taken place. This lack of engagement is a great concern to Trust as the operational impact of the planned reconfiguration of services in Worcestershire is likely to have a further material impact on capacity at QEHB. The growth experienced to date has already placed significant pressure on our clinical specialities and has contributed to an increase in waiting times for our local Birmingham population as well as an increase in elective waits for those patients (including Worcestershire residents) who require specialist treatment including cancer surgery. The latter is treatment and care that only UHB can provide.

You may be aware that the impact of FoAHSW has been discussed at the Birmingham Overview & Scrutiny Committee (OSC). I understand the chair of the Committee has written to their counterpart at Worcester expressing concern about the proposals and their impact on Birmingham. He has also requested that a Joint OCS is established to deal with the formal public consultation on the proposals.

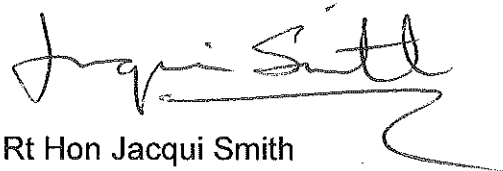
I am still not convinced that any agreement on a new hospital model for Worcestershire will be reached, as the underpinning rationale of the review has been to focus solely on a new model that delivers a financially viable WAHT in essentially its current form. The emerging Sustainable & Transformation Programmes across the West Midlands, the publication of the Keogh report into Emergency Care and the findings of the Dalton Review that advocates the creation of hospital chains all I believe signal the need for a change in approach. In addition, the proximity of Redditch to the QEHB and improved transport links will mean that a significant number of GPs and patients will continue to look to QEHB and Birmingham as their local health system regardless of the commissioned pathway.

The original Joint Service Review in 2012 identified an Option 2. Under this option services run by WAHT at Alexandra Hospital would be run by an alternative provider however this was rejected by the Independent Clinical Review Panel (ICRP) on the grounds it would result in 'significant inequality in the provision of safe and sustainable services to the population of Worcestershire'. This decision was disappointing as I do believe that UHB could have developed an exciting and innovative proposal for the Alexandra Hospital and its local population.

Yours sincerely



Dame Julie Moore
Chief Executive



Rt Hon Jacqui Smith
Chair

Birmingham Children's Hospital 
NHS Foundation Trust

DM/JW

11 August 2016

Clr Bill Harnett
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Dear Clr Hartnett

Announcement of emergency temporary change to paediatric inpatient services at the Alexandra Hospital from September 2016

Thank you for your 29 July letter on the above. Ms Marsh is currently on annual leave and therefore I wanted to respond in her absence. In your letter, you asked for our views on the changes to paediatric inpatient services in Redditch and whether it would be appropriate for representatives from Birmingham Children's Hospital (BCH) to attend a "Health Commission" to share our views.

On the measures announced, it is clearly a matter for the Worcester Acute Hospitals NHS Trust (WAHT), in conjunction with their commissioners and regulators, to decide whether services need to change temporarily on grounds of safety. You may be aware that BCH has been providing support and advice to the Trust on paediatric services through a formal partnership agreement since the beginning of 2016 following the 'inadequate' rating of these services in the 2015 Care Quality Commission report. In supporting the Trust, we have noted the daily struggle they have had in maintaining safe staffing levels, particularly in paediatric medical rotas, and have noted how this has become more difficult as the year has progressed.

On the "Health Commission", as indicated above we do not think it would be appropriate for BCH to give a commentary or opinion on decisions taken by the relevant parties in Worcestershire. Ms Marsh is meeting with local NHS commissioners (Mr Trickett – Accountable Officer, Ms Emerson, Director of Commissioning and Service Design – NHS Redditch and Bromsgrove Clinical Commissioning Group), on the 5th September 2016 to discuss issues associated with the provision of paediatric care in Worcestershire who I feel will be in a better position to provide the local NHS view on the measures taken.



CHAIRMAN
Dame Christine Braddock DBE DL

CHIEF EXECUTIVE OFFICER
Sarah-Jane Marsh



However, as the regional centre for specialist paediatric services, we would of course be willing to contribute in any way we can to the discussion about the future of paediatric services at the Alexandra Hospital. It would be helpful if you could send us more details of the working arrangements of the Commission when you have them.

Yours sincerely



David Melbourne
Deputy Chief Executive



About the CCG's Draft Prospectus on the future of **Acute Hospital Services in Worcestershire**



Submission Document
8th November 2013



Bromsgrove
District Council
www.bromsgrove.gov.uk



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FORWARD

"Redditch has the largest areas of deprivation across the county and that brings with it associated health problems. Indeed the prevalence of stroke, asthma and high blood pressure in Redditch are higher than the national average with over 28 per cent of adults obese.

With a clear link between physical and mental health problems and deprivation, the removal of key health services from the Alexandra Hospital to an inaccessible central base would put some of our most vulnerable residents at risk".

Cllr Bill Hartnett, Leader of Redditch Borough Council



"Transport and access are key factors when considering the reconfiguration of hospital services.

While any removal of services at the Alexandra Hospital will impact on our residents, if there has to be change then the simple fact is this area enjoys good bus, road and rail links to Birmingham, whereas Worcester is inaccessible for many.

The NHS ignores this fact at its peril".

Cllr Roger Hollingworth, Leader of Bromsgrove District Council



"With the Alexandra Hospital right on the County boundary, it serves many communities in South Warwickshire. The established transport network facilitates people getting to the Alex. Any loss of services will make the alternative far more remote and act against the local population".

Cllr Chris Saint, Leader of Stratford On Avon District Council



Introduction

Redditch is a place like no other. Since its designation as a New Town in 1964 it has grown exponentially such that today it is a busy and populous area, with a wide spectrum of people. However, the area has substantial challenges and faces significant obstacles to ensure its future improvement, prosperity and viability. Redditch is capable of moving forward and achieving its ambitions for the future and making the town a positive and favourable place to live and work. However, loss of services at Alexandra Hospital, Redditch, represents a significant threat to future viability, livelihood and health not only for residents of the district, but thousands of other people who live in the surrounding districts of Bromsgrove, Studley, Alcester and Stratford and their various towns and villages which are serviced by the Hospital and its acute care provision.

The loss of health provision at Alexandra Hospital would be detrimental to any district, but the particular circumstances of Redditch place the town in a precarious position and makes its potential effects catastrophic

The loss of health provision at Alexandra Hospital would be detrimental to any district, but the particular circumstances of Redditch place the town in a precarious position and makes its potential effects catastrophic. The economic, social and physiological context of the borough and its inhabitants means that amending service provision at the Alexandra Hospital or reallocating services to Worcester Royal Hospital or to Birmingham Queen Elizabeth Hospital is highly problematic and detrimental to residents. It would fundamentally undermine the 'duty to promote the health service' including 'the promotion...of a comprehensive health service designed to secure improvement— (a) in the physical and mental health of the people of England, and (b) in the prevention, diagnosis and treatment of illness' as well as 'provid[ing] or secur[ing] the provision of services'; 'the duty to improvement in quality of services' and; the 'duty to reducing inequalities...between the people of England with respect to the benefits that they can obtain from the health service' that are outlined in the NHS Act 2006.

...failure of duty to the residents of Redditch and surrounding areas that would ultimately have a negative effect on their lives

This document outlines the particular circumstances that make Redditch and its surrounding areas acutely vulnerable to any losses at Alexandra Hospital and highlight the inherent problems of moving service provision to Worcester and Birmingham. It offers evidential proof that health service provision must remain, at a minimum, at its current levels at Alexandra Hospital in Redditch and that any alternative would be a significant failure of duty to the residents of Redditch and surrounding areas that would ultimately have a negative effect on their lives. The maintenance of existing services at Alexandra Hospital is not only crucial to the health of the local population but also to the future of the district.

Population

Loss of services at the Alexandra Hospital will mean that some nearly 200,000 people are deprived of not only their primary source for acute health provision, but also the most convenient and nearest hospital...

As of 2012, the population of Redditch stood at 84,419; an increase of 7 percent from 2001 when the population was 78,807. The growth rate in the Borough was faster than that of Worcester as well as major conurbations such as Stoke and Coventry. Indeed, Redditch has already surpassed the ONS 2008-based population projection for 2031 which stood at 83,500. In Bromsgrove, as of 2012, the population totalled 94,285. Whilst as of 2011, Stratford-Upon-Avon had a population of 120,485, with some 19,013 people in Studley (5,879), Alcester (6,083) and Bidford and Salford (7,051) in the west of the region, located next to the Worcestershire/Warwickshire boundary and near to Redditch. Loss of services at the Alexandra Hospital will mean that some nearly 200,000 people are deprived of not only their primary source for acute health provision, but also the most convenient and nearest hospital. Worcester Royal Hospital or Queen Elizabeth Birmingham will face immediate added pressure from these additional patients and in the short-term may struggle to adapt to the increased numbers. Indeed, current populations for Worcester (99,604), Wyre Forest (98,074), Wychavon (117,670) and Malvern (74,980) total 390,328 which represents the general current catchment population of Worcester Royal Hospital. With the current populations of Redditch (84,318), Bromsgrove (94,285) and the westerly regions in Stratford-Upon-Avon (19,013), a total of 197,616 additional patients will be concentrated on Worcester Royal Hospital, totalling 587,944, an increase of 51% immediately, meaning that the hospital would have to meet double its current demand straightaway. This is likely to impact negatively on services and see efficiency decrease. Even if these numbers can be accommodated successfully it will increase demands on the hospital and its staff exponentially.

As well as having to cope with existing demand, there is also the issue of future demand. Revised ONS mid-2011-based Population Projections for Redditch until 2021 predict a projected population increase of 3,600 and a total population of 87,900. Additionally, with the largest net inflow in the district of almost 600 people per annum, according to the ONS mid-2011-based population projections, the population in Bromsgrove is set to see the largest percentage increase with an extra 5,900 and a total population of 99,700 increase from 2011-2021. Meanwhile in Stratford-Upon-Avon the district is projected to experience substantial growth, increasing in population size by 24% between 2010 and 2035. Some 6,700 people will be added to the population in the five-year period from 2010-2015, a further 12,600 by 2025 and 9,600 by 2035 to contribute to a population of 149,100. By 2020 the population is set to rise by 13,200 to 133,400.

...increase will place considerable strain on Worcester Royal Hospital and/or Queen Elizabeth, Birmingham.

Across these three districts, the population is set to increase by some 22,700 by 2020-2021. The 9,500 increase in population for Redditch and Bromsgrove would have predominantly used the Alexandra Hospital, whilst a proportion of the remaining 13,200 population of Stratford-Upon-Avon would also have used the hospital. This increase will place considerable strain on Worcester Royal Hospital and/or Queen Elizabeth, Birmingham both of which will have their own growth to accommodate. Indeed, in relation to Worcester Royal Hospital, the hospital also serves Worcester,

whose population is set to rise by 2.7% to 101,400, Malvern whose population set to rise 6.2% to 79,400; Wychavon whose population set to rise by 5.9% to 123,900 and Wyre Forest whose population set to rise by 3.5% to 101,600. In total the population of Worcestershire that will be under the purview of Worcester Royal Hospital by 2021 will total some 593,800 an increase of 27,300 from 2010. With the addition of the population of Stratford-Upon-Avon in 2020 of 133,400, a proportion of which may use the service, the total population increases to 727,200. Instead of a patient population of 406,300 in 2021 from the existing four areas that are predominantly serviced by Worcester Royal Hospital (Worcester, Malvern, Wychavon, and Wyre Forest), the additional future populations of Redditch and Bromsgrove will mean the hospital has to cater for a population of 593,800, an additional 187,500 patients (46.1%), up to a maximum of 727,700 with the addition of Stratford-Upon-Avon, totalling an additional 320,900 patients (79%). Whilst it may be feasible for an extended Worcester Royal Hospital to accommodate natural increases in population, a move from its current catchment of 390,328 to between 593,800 and 727,700 in ten years, representing an increase of between 52% and 86% is hugely impractical and unrealistic. Best service, efficiency and patient care cannot be guaranteed in such instances, thereby negating the duties outlined in the NHS Act. Maintaining services at the Alexandra Hospital will help to spread the numbers more evenly and to dissipate the potential challenges and restrictions caused by overwhelming services. In order for the region to be best and most successfully served, not only for now, but in the future, it is therefore vital that Alexandra Hospital keeps its current provision.

...Redditch and Bromsgrove set to have some of the largest elderly communities in the region in the future therefore it reasons that acute health services should be concentrated in these areas.

Analysis has identified that Redditch's growth is naturally driven i.e. there are significantly more births than deaths and forecasts for Redditch indicate that this pattern is likely to continue with a projected population of over 88,000 by 2030, signalling an increase of over 10,000 residents (11%). Projections further indicate that by 2021 Redditch's over-65 population will have rapidly increased, with the over-90 population in Redditch and Bromsgrove set to treble, and these older groups necessarily place additional demands on acute hospital services. Already the effects have begun to be registered, with an additional 498 (11%) admission episodes for people aged over 65 in Redditch during the five-year period from 2002/2003 to 2007/2008. The majority of admissions for this age group per category have doubled – with 517 (75%) additional admissions for coronary heart disease; 93 (55%) additional admissions for cerebrovascular disease; 192 (46%) additional admissions for cancer; 102 (68%) additional admissions for falls; 15 (63%) additional admissions for coronary artery bypass; 38 (58%) additional admissions for hip replacements and 32 (44%) admissions for knee replacements.

Statistics by gender are even more compelling, with admissions for falls in men aged 65 and over increasing by 163%, knee replacement admissions by 126%, cerebrovascular disease by 99% and similarly high figures for hip replacements (70%) and coronary heart disease (68%). Whilst in women aged over 65, admissions for coronary bypass have increased by 100%, with coronary heart disease by 83% and cancer by 76%. Redditch's over-65 population is likely to have caught up with that of Worcester by 2021, with Bromsgrove and surrounding areas also increasing. Again this will increase pressure on services and it is therefore vital that the Alexandra Hospital can alleviate these issues by continuing to serve the local populations. In addition, many of these people and their age-related incidences will require quick responses and fast treatment and, as outlined in more detail below in

the transport section, this can only be guaranteed at the Alexandra site. Even those elderly who do not need to access acute health services in an emergency or hurry require easy, safe and convenient access, including the shortest possible journeys and the least complicated public transport options. Not only does Redditch offer this, whilst Worcester Royal Hospital and Birmingham Queen Elizabeth do not, but the location of the Alexandra Hospital also has some of the best access options in the region thereby ensuring that the future elderly population of the town are well-catered for. Given that this group suffer amongst the most in terms of health, as well as often facing accessibility and economic concerns, their needs should be amongst those prioritised. With Redditch and Bromsgrove set to have some of the largest elderly communities in the region in the future therefore it reasons that acute health services should be concentrated in these areas. A failure to do so will lead to unnecessary inequalities in health service provision that will disadvantage those in Redditch and Bromsgrove. The data suggests that the health need in Redditch and Bromsgrove, not to mention other areas currently serviced by the Alexandra Hospital, will by the start of the next decade be as great, and even potentially greater, than that in Worcester and the south of the county. Therefore services should be safeguarded in Redditch.

...natural increases represented by the population increase over the next decade or so will exacerbate services.

Redditch experiences the second highest number of births in the region, with only 219 births fewer than Worcester whose population of 99604 is 15185 (18%) larger than Redditch (2008-2011). In the same period, Redditch also emerges as area with the highest under 16 conception rates in the district and is second only to Worcester in the under-18 conception rates. Redditch has also seen the second highest (Worcester first) increase in the percentage of births with a low birth weight. Whilst birth rates in Redditch have been relatively consistent, it is only likely that as the population of the region increases by some 10,000 residents by 2030, these will grow proportionately. Whilst it may be possible for the current additional over 1000 Redditch births to be absorbed into an expanded Worcester Royal Hospital, natural increases represented by the population increase over the next decade or so will exacerbate services. With Redditch's high proportion of the district's under 16, under 18 and low birth weights the extra complications and demands of these births will place further strain on services than lower rates would. Births in Redditch, Bromsgrove and Stratford – the three largest districts that are currently serviced by the Alexandra Hospital – will contribute an additional 3214 (as of 2011) births to the Worcester Royal Hospital and with Worcester, Malvern, Wychavon and Wyre Forest having 4132 births in the same period, Worcester's capacity will be increased by some 78%. When considering the sub-region of Birmingham, there are some 25,000 births per year which will have to be accommodated between the two sites rather than three and with population increases throughout the various districts in the region by 2030 capacity will have to be significantly increased. Whilst the service providers may be able to cope with current levels of demand, it is unlikely that they will be able to support the region in the foreseeable future and certainly not in the long-term and it is likely that the region will require additional not fewer service providers.

Redditch, Bromsgrove, and the nearby areas of Studley, Bidford and Alcester already have a significant population and any loss of services at the Alexandra Hospital would place immediate substantial demands on services at Worcester and/or Birmingham. Whilst it may be possible for these services to react to and accommodate this initial influx, population projections for the areas

highlight significant growth in the near-future that would place extreme pressure on the services in Worcester and Birmingham. These services will also be facing increases in the populations of their existing catchment areas that are likely to be significant as well. The loss of services at the Alexandra Hospital will see increased pressure and demand on these other services that far outweighs existing demand and is beyond the levels of adequate, natural growth. Services are likely to become stretched and as a result less efficient. The provision of effective health services is critical in safeguarding lives. It is therefore vital that services are retained at the Alexandra Hospital to ensure that residents not only in Redditch but across the county and indeed across the wider sub-region are provided with the best possible health provision. Maintaining service at the Alexandra Hospital will help to spread not only existing demand but also future demand. Furthermore, with the projections of significant increases in the older age groups in Redditch and Bromsgrove, as well as national trends pointing towards longer life expectancy and growth in these demographic groups, it is likely that there will be increases in age-related diseases and incidences that will increase demand on acute health services. Again maintaining services at Redditch will help to meet this demand successfully and effectively. But, furthermore, it will also ensure that this group, who are likely to both require the services more and also to present particular issues with regard to access, are ensured good access to health provision. In contrast, transferring services to Worcester or Birmingham does not take into account the particular needs and demands of this group and will increase inequalities in their health provision. In order to effectively meet the Government's health aims of freedom, fairness and responsibility, as well as the requirement to reduce inequalities, services must be retained in Redditch.

Transport

One of the key benefits of the Alexandra Hospital is its accessibility not only for the population of Redditch, but also for the neighbouring districts of Bromsgrove, Studley, Alcester, Bidford, Salford and Stratford-Upon-Avon which do not have their own acute health service provision. Shorter transport times and improved accessibility cut demands on emergency calls but also improve efficiency, as well as allowing more people to access services more sustainably. It allows people to access services quicker and more effectively, which can oftentimes produce better results and save lives. Furthermore it provides greater convenience for patients and visitors, allowing them to take less time out of their days, including potential time off work. For those accessing services regularly, this means considerably less cumulative time in travelling. However, one of the main benefits of shorter journey times is the opportunity to reduce the need to travel, especially by car, which has widespread benefits not only at a local level or regional level but also a national level.

The location of Alexandra Hospital in Redditch means that the population of Redditch can use a variety of means to access the services and there is no reliance on cars as the only viable mode of transport. With the majority of the population, as well as that of Studley (1.2miles), being within 5 miles of the hospital this greatly improves transport options. As the Government's White Paper "Creating Growth, Cutting Carbon: Making sustainable local travel happen" outlined, "Walking is the most common mode used for trips of less than one mile (79%). As trip length increases, walking becomes less prevalent, accounting for approximately one third of 1–2 mile trips and just five% of 2–5 mile trips. Cycling is at its highest where trips are 1–2 miles long (3% of trips) and 2–5 miles long (2% of trips). Bus use is at its highest (12%) where trips are 2–5 miles in length." These figures show that the Alexandra Hospital offers the majority of the population from Redditch and Studley the

requisite factors to facilitate other, sustainable means of transport, aside from the car. Although cars are inevitably used for journeys to the Alexandra Hospital as well, the hospital offers, at least a realistic and viable opportunity for alternative travel methods and can be used to support and encourage active travel plans.

Travel times to access acute health services will inevitably be increased and convenience and efficiency will decrease.

In contrast, Worcester Royal Hospital is situated 22.9 miles from Redditch (further in outlying areas) and 20.8 miles from Studley, whilst the Queen Elizabeth Hospital in Birmingham lies 11.7 miles from Redditch and 16.3 miles from Studley. Alcester lies 5.8 miles from the Alexandra Hospital, Bromsgrove 8.6 miles, Bidford 10.7 miles and Stratford-Upon-Avon 13.7 miles. In comparison, it is 16.8 miles from Alcester to Worcester Royal Hospital, 12.4 miles from Bromsgrove, 19.4 from Bidford and 23.8 miles from Stratford-Upon-Avon. In terms of distances to Queen Elizabeth Hospital, Birmingham, it is 20.8 miles from Alcester, 12 miles from Bromsgrove, 25.7 miles from Bidford and 30.6 miles from Stratford-Upon-Avon. All of these distances greatly exceed the optimum distances for encouraging walking, cycling or taking the bus. Residents of Alcester will be forced to travel an additional 11 (189%) or 15 miles (259%) to access acute health provision. Residents of Bromsgrove will have to travel an additional 3.8 (44%) or 3.4 (40%) miles. Residents of Bidford will be forced to travel an additional 8.7 (81%) or 15 (140%) miles, whilst those who travel from Stratford-Upon-Avon will see an increase of 10.1 (74%) or 16.9 (123%) miles. Travel times to access acute health services will inevitably be increased and convenience and efficiency will decrease. Although the distances from these areas to the Alexandra site in Redditch are largely outside those for walking or cycling and thus require vehicular transport, travel times and availability of public transport offer real options for residents other than by car.

...traffic and congestion is going to suffer significantly, only exacerbating the poor accessibility and travel times.

Although the distances from Alcester, Bromsgrove, Bidford and Stratford-Upon-Avon militate against walking or cycling to either the Alexandra Hospital or Worcester and Birmingham, whilst the location of the former is well-connected to these areas by public transport and has shorter journey times, the latter both have increased travel time and reduced availability of public transport services that make the car the predominant and unparalleled choice. And with a total population of some 227,904 in these areas, as well as the 90,298 from Redditch and Studley potentially using the Worcester Royal Hospital and Birmingham Queen Elizabeth traffic and congestion is going to suffer significantly, only exacerbating the poor accessibility and travel times. Additionally, as major cities, both Worcester and Birmingham experience significantly high levels of traffic and many of the routes from Redditch and surrounding areas to the hospitals are busy, again aggravating travel and accessibility, which will consequently diminish bus and taxi services as well.

Whilst the White Paper outlines that rail travel “becomes increasingly popular for longer trips, ranging from 4% of trips of 5–10 miles in length to 12% of trips of 25 miles and over” and would offer a means of transport to services in Worcester and Bromsgrove that would potentially challenge the dominance of the car, in reality there are a number of issues that make rail travel from Redditch and surrounding areas to either Worcester or Birmingham difficult, inconvenient and unappealing and negate moving services from Redditch. Indeed, firstly neither Studley, Alcester or Bidford, as

well as many of the various wards within these areas have railway stations. The nearest train station to Studley is Redditch which is located 5.7 miles away, from Alcester the nearest station is Wilmcote located 7 miles away, whilst Redditch is 9 miles away. All of these distances exceed those for walking, cycling or bus use and would therefore require either travel to the station by car or bus, both of which bring associated costs, including fuel costs and parking charges for the car and ticket charges on the bus on top of the train ticket fares. Even those in Redditch, particularly the least physically able, may need to take the bus or car to reach the train station and face the associated costs. It is likely therefore that people will be discouraged from using the train and will opt to take the car directly to Worcester Royal Hospital or Birmingham Queen Elizabeth.

In addition the rail journey from Redditch to Worcester would take approximately 1 hour 30 minutes, involving a change at Birmingham New Street, in comparison to a car journey of approximately 30 minutes. Journey times by train and car are relatively similar from Redditch to the Queen Elizabeth Hospital in Birmingham, 27 and 23 minutes respectively, but with the costs outlined briefly above for train travel, as well as the fact that trains from Redditch only run half-hourly and offers a less comfortable and convenient service, as well as their being the prospect of delays and anti-social behaviour, the car would continue to be a more favourable option for many. For elderly people, those with injury and illness, having to wait for trains, negotiate the platforms and exits/entrances, and get from the train station to the hospital frontage is additionally likely to be impractical.

Travel from Redditch to the Queen Elizabeth Hospital costs £6 for a single ticket, £10 return and £30.70 for a 7-day season ticket...Travel from Redditch to Worcester Shrub Hill or Foregate Street would cost £12.60 for a single ticket and around £18.90 for a return...

Furthermore for those using the train there would be the associated charges for travel. Travel from Redditch to the Queen Elizabeth Hospital costs £6 for a single ticket, £10 return and £30.70 for a 7-day season ticket. Bus tickets to and from the train station may also be necessary for those who cannot drive or walk, or who live further afield in Studley, Alcester or Bidford, alternatively taxi arrangements with their associated charges. For those parking at the train station there is a set daily charge of £4.40, weekly charge of £16, monthly charge of £45 or annual charge of £451. Travel from Redditch to Worcester Shrub Hill or Foregate Street would cost £12.60 for a single ticket and around £18.90 for a return again with associated charges for travel to and from the station and any parking charges. Whilst day parking charges at the Alexandra Hospital are only slightly more than for a single train ticket, with a 6-24 hour stay costing £7.50, shorter stays offer cheaper options, with up to two hours costing £3.00, 2-4 hours £4.50 and 4-6 hours £6.00. Return tickets at £10, however, which would be the most likely option, would be more expensive. Whereas train travellers will face a fixed cost and are unable to find a cheaper option. Savings are even more pronounced when compared with train travel to Worcester, where even single tickets cost more than a 24-hour stay at the Alexandra Hospital. Travel from Bromsgrove to the Queen Elizabeth Hospital costs £6.80 for a single ticket, £9.80 for a return, and £26.70 for a 7-day season ticket. Travel from Bromsgrove to Worcester Shrub Hill or Foregate Street costs £3.80 for a single ticket, with return tickets starting from £4.70. Current car parking charges at the station are £3 per day but with a new railway interchange planned, these charges are subject to review. Whilst train travel to Worcester is comparable to a 2-4 hour stay at the Alexandra Hospital, car parking charges at the station or bus travel may increase the costs. Furthermore, a stay of up to 2 hours at Alexandra Hospital is cheaper than any rail option to

Worcester. Train travel from Bromsgrove to Birmingham offers a less economically sustainable option, with a 24-hour stay at Alexandra Hospital only 70p more than single ticket. With car parking prices at Worcester Royal Hospital equivalent to those at Alexandra Hospital and similar prices at Birmingham Queen Elizabeth, it is likely that should services be transferred from Redditch, patients from Redditch, Bromsgrove and neighbouring areas will more likely drive than take the train. As such, again this offers a severe threat to the congestion, traffic and accessibility of the hospital, as well as to the environment and climate change, and to the health and wellbeing of the population of Redditch, Bromsgrove, Studley, Alcester and Bidford. Although parking prices are comparable with Alexandra Hospital, the additional distance for patients from these areas will mean that fuel consumption to Worcester and Birmingham is significantly more than to the Alexandra site and again will prove not to be economically sustainable or fair for residents.

At present there are 156 parking spaces at Redditch train station and 25 at Bromsgrove, although this is set to increase to 350 with the planned changes scheduled for summer 2015. With Redditch serving as the nearest station for residents of Redditch and Studley, and offering one of the nearest services for residents of Alcester and Bidford, the 156 existing parking spaces which are currently in high demand by commuters, would be substantially below required levels and there is no capacity on or near the site to be sufficiently expanded. Given the location of Alexandra Hospital there is currently no demand on the train station for hospital users in Redditch and its surrounding areas. However, as one of the possible travel choices for travel to Worcester and Birmingham demand will be significantly increased. Similarly, with no train route for hospital users travelling from Bromsgrove to Redditch but train routes both to Worcester and Birmingham, despite the plans to extend Bromsgrove car parking to 350 by 2015, this would be insufficient. For the some 13,108 households in Redditch, Bromsgrove and nearby areas without access to a car or van, train may be the preferred viable transport method, given its relative journey times to buses and prices to taxis. As such, the current facilities at both locations would not be able to support potential levels. Trains from Redditch currently run half hourly to Birmingham, including the University station of the Queen Elizabeth Hospital and to Birmingham New Street for connecting trains to Worcester, but it should be pointed out that from December 2014 this will be increased to three trains an hour. Trains from Bromsgrove to Worcester and Birmingham only run hourly.

In terms of the taxi, this creates additional costs for travellers, on top of rail fares, which for a large majority of the population in Redditch would be unfeasible.

Finally, Worcester Shrub Hill Railway Station is located 1.5 miles from Worcestershire Royal Hospital, whilst Worcester Foregate Street Station is located 4.4 miles from the Hospital. Whilst the distance from Shrub Hill Station to the Hospital falls within the optimal distance to encourage walking, this would add significantly to the overall journey time from Redditch or Studley, taking the total up to around 2 hours. If appointment times need to be met or the hospital needs to be reached, or there is inclement weather, walking is likely to be unfavourable. Similarly, it would increase the time taken out of a person's day and if they need to get back to work, for childcare arrangements etc, again walking would not be favoured. Cycling from the station to the hospital would similarly not be favourable, despite being within the optimal range, because of having to transport a bicycle. It is likely therefore that buses that run from both Shrub Hill and Foregate Street Station or taxis would be the preference, limiting the transport options, particularly the healthiest choices, for those travelling from Redditch and neighbouring areas. In terms of the bus, which are discussed in more

detail below, again this poses a problem in scheduling and delays, potential costs for non-pensioners, as well as the issue for the elderly, ill or injured of having to wait in potentially inclement weather and negotiate embarking and disembarking. In terms of the taxi, this creates additional costs for travellers, on top of rail fares, which for a large majority of the population in Redditch would be unfeasible (see section on Economy).

Rather than presenting patients with viable and sustainable transport choice and options, transferral of services outside of Redditch will provide patients with few realistic choices and will significantly limit the options compared with those available to them at the Alexandra Hospital site.

Whilst getting to the Queen Elizabeth Hospital in Birmingham is relatively feasible from Redditch, Bromsgrove, Henley in Arden and Tanworth in Arden by rail, particularly when compared with bus services which are longer and less frequent, and is perhaps more viable than travel to Worcester Royal Hospital given the limited corridors out of Redditch, when viewed against the additional comfort, convenience and accessibility of the private car, there is little incentive to travel from Redditch, Bromsgrove and neighbouring areas to Worcester Royal Hospital or Queen Elizabeth Birmingham by train and would offer significant financial disincentives which further disadvantage these populations and introduces inequalities between areas in the county as to their access to, and the provision of, health services. Rather than presenting patients with viable and sustainable transport choice and options, transferral of services outside of Redditch will provide patients with few realistic choices and will significantly limit the options compared with those available to them at the Alexandra Hospital site.

At present there are a number of buses that run within Redditch to the Hospital (55/55A/56/56A/58A/59), all of which have a travel time from the bus station of around 20m. These buses directly service Walkwood, Crabbs Cross, Oakenshaw, Church Hill, Winyates, Matchborough and Woodrow. In addition, bus services link Alcester, Bidford, Studley, Stratford, Bromsgrove, Worcester, Birmingham and various locales in between directly to the Alexandra Hospital. The 142/143 service travels from both Bromsgrove and Studley to the Alexandra Hospital and its route also takes in Webheath, Headless Cross, Lakeside and Greenlands in Redditch, ensuring that much of Redditch has direct access to the Hospital. The journey from Studley to the Hospital takes around 10 minutes on this route and from Bromsgrove to the Hospital about 1 hour. The 247/248 service from Evesham offers direct access to the Hospital via Bidford, Alcester and Studley. The journey from Bidford to the Hospital takes about 20m on this route, from Alcester about 15m and from Studley about 5m. In addition the 145 and 182/183 services from Bromsgrove alight at Redditch Bus station from which passengers can take onward buses directly to the Hospital. A bus journey from Bromsgrove to Redditch Bus Station takes around 20m and onward journeys a further 20m, resulting in a total journey time of around 40m. Although there is no service that runs directly from Stratford-Upon-Avon to the Alexandra Hospital, the 26 runs from Stratford-Upon-Avon to Redditch Bus Station, taking around 55m, whereby an outbound bus can be caught directly to the Hospital. Alternatively the route takes passengers through Studley, alighting them in the town centre after 40m, which lies 1.2 miles from the hospital and therefore potentially within walking distance, or allowing them to catch either the 142/143 or 247 which will pick them up from the same place and will get them to the Hospital within 10 minutes, meaning the Alexandra Hospital can be reached from Stratford-Upon-Avon in 50 minutes. Bus services from Redditch bus station to the Hospital run

every 20 minutes to half hourly; the 142/143 and 247 run hourly; whilst the weekend 248 service runs every two hours. Bus services to the Hospital start as early as 0500 and run through to 23.30. Typical prices for a day pass within Redditch that will include unlimited journeys to the Hospital cost from £1.50, with concessions for children, as well as family tickets available and free travel for pensioners. A week pass costs around £6 and a month pass around £22. For the main 142/143 route from Bromsgrove and 247/248 from Bidford, Alcester and Studley prices are only slightly more from around £1.80 per day, £7 per week and £28 per month. The bus currently offers a feasible and practical travel choice, especially for the population of Redditch, although Studley is well-linked to the Hospital and Bromsgrove and Alcester and Bidford all have fairly regular direct connections, and in particular is a cost-effective solution for pensioners.

...there is just one bus from Redditch that directly serves the Worcester Royal Hospital... Stratford-Upon-Avon, Bidford and Alcester only have direct bus services to Worcester Bus Station on Sundays and Bank Holiday Mondays...there is no direct service between Studley and Worcester so the majority of travel from Stratford-Upon-Avon, Bidford, Alcester and Studley to Worcester would require a bus connection to Redditch and then an onward journey to Worcester.

In contrast, at present there is just one bus from Redditch that directly serves the Worcester Royal Hospital (350). Indeed this is the only bus that runs between the two areas. However, this service is currently at risk as it is subsidised by Worcestershire County Council which is consulting on the withdrawal of up to £3million of bus subsidy. Potentially this could result in the removal of the only direct bus link between Redditch and Worcester. In Bromsgrove, there is also only the one service (144/144A) that runs to Worcester. However, the service does not directly travel to the Hospital and alights instead at Worcester Bus Station from which an onward bus would be required to reach Worcester Royal Hospital. Stratford-Upon-Avon, Bidford and Alcester only have direct bus services to Worcester Bus Station on Sundays and Bank Holiday Mondays, whilst there is no direct service between Studley and Worcester so the majority of travel from Stratford-Upon-Avon, Bidford, Alcester and Studley to Worcester would require a bus connection to Redditch and then an onward journey to Worcester. The bus journey from Redditch to Worcester Royal Hospital takes around 55m. Travel from Stratford-Upon Avon to Redditch Bus Station takes around 55m, from Bidford around 35m, Alcester 25m and Studley 20m, resulting in a journey time from Stratford-Upon Avon to Worcester of around 1 hour 50m, from Bidford of 1h 30m, Alcester 1h 20m and Studley 1h 15m. Compare this with a travel time from Stratford-Upon-Avon to Alexandra Hospital of around 45m, Bidford 20m, Alcester 15m and Studley 5m, which see increase in journey times of 1h 5m, 1h 10m, 1h 5m and 1h 10m respectively correlating to 1.4, 3.5, 4.3 and 14 times the current journey time to Alexandra Hospital, highlighting the disadvantageousness and inferiority of transferral of services from the Alexandra Hospital site.

Whilst Birmingham may offer a slightly better bus linkage than Worcester for those in Redditch and outlying areas, there are still huge inequalities and weaknesses in services...

At present, there are two bus services from Redditch to Birmingham (150/X50 and 146), neither of which travel directly to Queen Elizabeth Hospital, and would therefore require an additional bus. In Bromsgrove, the 144/144A service connects to Birmingham but again not directly to the hospital. The X20 provides a route from Stratford-Upon-Avon to Birmingham, but Bidford, Alcester and Studley have no direct connection and would require an initial bus connection to Redditch. The bus

journey from Redditch to Birmingham takes between 50m and 1h 20. With bus connections from Bidford, Alcester and Studley, shortest travel times to Birmingham would be around 1h 25m, 1h 15m and 1h 10 minutes respectively. Again compared with existing travel times to Alexandra Hospital, the population of Redditch would suffer at least a 30 minute additional journey, notwithstanding the additional bus journey to the Queen Elizabeth Hospital. Those from Stratford-Upon-Avon would have an additional journey of around 50m, from Bidford of around 1h 5m, Alcester 1h and Studley 1h 5, correlating to 1.1, 3.25, 4.00, 13 times the current journey to Alexandra Hospital respectively. Whilst Birmingham may offer a slightly better bus linkage than Worcester for those in Redditch and outlying areas, there are still huge inequalities and weaknesses in services when compared with those available to the Alexandra Hospital. Indeed, as well as increased prices, bus services from Redditch to Birmingham generally run only hourly, with no service on Sundays or bank holidays. The 150/X50 service runs from 5.52 a.m with the last bus from Redditch at 6.30p.m. reaching Birmingham at 7.25. The last return 150/X50 bus from Birmingham departs at 5.49 arriving in Redditch at 7.10. The infrequency of the buses from Redditch to Birmingham, especially on Sundays, Bank Holidays and evenings, as well as the significantly longer journey times and indirect access to the Queen Elizabeth Hospital make it a much less viable and accessible service than that in the current location at the Alexandra site. Particularly for the less able and elderly, the extended times of, and between, journeys will take a lot more time and effort out of their days, and more time in difficult weather conditions. There is also the added concern of negotiating two bus journeys.

Whilst bus travel is possible to both Worcester Royal and Queen Elizabeth Hospital, Birmingham, it is far from convenient, frequent or comprehensive and for many will not pose a viable transport choice. It will severely reduce and restrict accessibility to acute health services for those in Redditch, Bromsgrove, Bidford, Alcester and Studley from existing levels available at the Alexandra Hospital site. Whilst the Government aims to enable people to make more sustainable choices, to offer a wider range of genuinely sustainable transport modes and to improve local transport, the removal of health services from Redditch and transferral to Worcester or Birmingham will undermine all of these goals by making the bus a less viable and sustainable option. The option of bus travel will be much less appealing for those visiting Worcester Royal Hospital or Birmingham Queen Elizabeth than the Alexandra Hospital, given the extended journey and waiting times, the infrequency of services and the reduced convenience and more people are likely to turn to the private car adding to problems of congestion, carbon emissions, and health. Indeed, although bus services could potentially be increased, they will still be unable to compete with the private car in terms of comfort, convenience and reliability.

...only 22% of Redditch's population can reach Worcester Royal Hospital during weekdays...

According to the Worcestershire Acute Hospitals Accessibility Study 2010, 99% of the Redditch population can reach Alexandra Hospital via passenger transport within 60 minutes during the day and evening on weekdays, with 98% on Sundays. In comparison, only 22% of Redditch's population can reach Worcester Royal Hospital during weekdays, whilst none of the population can do so during evenings or on Sundays. Similarly, only 4% of the population can reach Kidderminster General Hospital during weekdays, rising to 26% on Sundays, but falling to 0% on evenings. Moreover, the Alexandra Hospital offers the significantly most accessible choice for the population of Bromsgrove, with 73% able to reach the hospital on weekdays, rising to 75% on evenings, with 8% at weekends. In comparison only 32% can reach Worcester Royal Hospital during weekdays, falling to 13% at

weekends and 3% on Sundays. The loss of service provision at the Alexandra Hospital would severely disadvantage the population of Redditch and Bromsgrove and their ability to access acute health services. Furthermore, the populations of Redditch and Bromsgrove would have the worst accessibility rates across the whole county, with Malvern having 78% of its population being able to reach Worcester Royal Hospital on weekdays, 67% on evenings and 31% on Sundays; Wychavon with 62% on weekdays, 44% on evenings and 29% on weekends with satisfactory levels of accessibility also at Kidderminster General Hospital during days (23%) and evenings(33%); Wyre Forest with 99% of the population able to reach Kidderminster General Hospital during days, 96% in evenings and 95% on Sundays and; Worcester with 100% of its population able to access Worcester Royal Hospital during weekdays and evenings and 98% on Sundays. Whilst the lowest accessibility rates to the closest hospital in the county are those for Wychavon with 62% weekdays, 44% evenings and 29% weekends, Redditch and Bromsgrove would be significantly worse off with rates of 22% weekdays (Worcester), 0% evenings and 26% (Kidderminster) and 47% weekdays (Kidderminster), 13% evenings (Kidderminster/Worcester) and 35% Sundays (Kidderminster) respectively. In all instances, less than half of the population of either Redditch or Bromsgrove would be able to reach Worcester Royal Hospital or Kidderminster General in under 60 minutes by passenger transport, whilst in many instances three quarters of the population cannot do so, with even 100% in the case of the Redditch population in the evenings. The Worcestershire Acute Hospitals Accessibility Study confirmed that 'passenger transport access is not competitive when compared with access by car', noting that 'during evenings and Sundays, passenger transport access to the Worcestershire Royal Hospital is markedly poorer.'

It may follow that when it is not necessarily an emergency but people need treatment they may be more likely to call out an ambulance than they would be if services were in Redditch.

Not only are the bus and train times and arrangements to Worcester Royal Hospital and Queen Elizabeth Hospital Birmingham largely inconvenient and impractical, particularly when compared with public transport options for local populations to the Alexandra Hospital, for those in full health, but for those who are ill, injured, elderly and disabled, of which there will evidently be a large number, public transport to Worcester and Birmingham becomes even less practical and, in cases, unfeasible. Having to negotiate the longer journeys and waiting times and change overs on journeys on public transport to Worcester and Birmingham compared with those to Redditch when not in full health is severely disadvantageous. Furthermore, for those who require treatment outside of the running hours of the buses and trains, options to Worcester and Birmingham are again significantly more limited and disadvantageous than to Alexandra Hospital. Indeed, in these instances, a taxi journey in Redditch to the Alexandra Hospital would cost around £5.00, in comparison one to Worcester would be £30.00 and to Birmingham £25.00. It may follow that when it is not necessarily an emergency but people need treatment they may be more likely to call out an ambulance than they would be if services were in Redditch. As such, this could place unnecessary pressure on the service and ultimately cost lives. Furthermore, when people are taken into hospital, they may automatically be taken to Worcester or Birmingham instead of Redditch, which will mean that visitors and discharged patients will have to make transport arrangements. It is not fair, particularly when people are ill or injured, to force them to travel twice the distance than they would if they were taken to the Alexandra Hospital. This is particularly unreasonable for elderly people and given the information outlined in the section above on population about the increase in this age group in Redditch it will disadvantage a significant number of people.

Reducing emissions is...a priority both in order to mitigate climate change and make people healthier, neither of which will be achieved by transferring services to Worcester or Birmingham.

The car is overwhelmingly likely to be the most common mode of transport to either Worcester Royal Hospital or the Queen Elizabeth Hospital for those in Redditch and Studley. As well as undermining the Government's policy to enable choice, the transferral of services from Redditch to Worcester or Birmingham and the subsequent reliance on the car will also severely negate the Government's policy to reduce greenhouse gases and other emissions from transport. As they outline, 'transport is a major source of greenhouse gas emissions. Around a quarter of domestic carbon (CO₂) and other greenhouse gas emissions in the UK come from transport. Transport is also a source of emissions which have an impact on air quality. Reducing greenhouse gases from transport will help the government's long term goal of reducing the UK's greenhouse gas emissions by at least 80% compared to 1990 levels by 2050.' The Worcestershire Acute Hospitals Accessibility Study Jan 2010 highlights as a particular concern the emergence of a borderline air quality management area close to the Worcestershire Royal Hospital as it suggests that congestion caused by persons trying to access this hospital is actually contributing directly to this phenomenon with its associated health disbenefits. Transferral of services from Redditch to Worcester or Birmingham will not only fail to reduce greenhouse gas emissions but will likely serve to increase them, as the car will become the most viable form of travel to the acute health services whereas the bus, walking and cycling are equally viable at the current location of the Alexandra Hospital.

Both the Marmot Review and Our Health and Wellbeing Today outline the fact that climate change represents significant and potentially catastrophic risks to our health as well as a challenge to health services. As transport accounts for approximately 29% of the UK's carbon dioxide emissions, it is a leading factor in climate change. Reducing emissions is therefore a priority both in order to mitigate climate change and make people healthier, neither of which will be achieved by transferring services to Worcester or Birmingham. The Marmot Review also outlines that transport 'contributes significantly to some of today's greatest challenges to public health in England, including road traffic injuries, physical inactivity, the adverse effect of traffic on social cohesiveness and the impact of outdoor air and noise pollution'. It also highlights that 'there is clear evidence of the adverse effects of outdoor air pollution, especially for cardio-respiratory mortality and morbidity. It is estimated that each year in the UK, short-term air pollution is associated with 12,000 to 24,000 premature deaths.'

Furthermore, reducing the reliance and use of motorised transport has also been identified as a key factor in tackling obesity, which is a particular problem in Redditch (see health section below), and it has been suggested that emphasis needs to be given to overcoming the obesogenic norm and replacing it with active travel. Again this would be challenged by a transferral of services away from Redditch, whilst it could be maximised if health provision services remained at the Alexandra Hospital site. Significantly, these actions will also help to tackle climate change and sustainability. Furthermore, the report confirms that excessive car use to access acute hospital sites by staff, visitors and patients can often cause congestion which can act to 'significantly reduce accessibility by all modes (including emergency service vehicles)' and extend journey time. The report highlights that there are known congestion problems at the Worcester Royal Hospital site which affects bus and emergency service vehicle time and reliability of services.

Relocating services outside of Redditch in either Worcester or Birmingham will not only encourage the use of obesogenic modes of transport, but given their distances from Redditch, will actively prevent walking and cycling and thus contribute to the growing levels of obesity.

The Government's concept of enabling choice with regard to modes of transport would therefore be contravened by the loss of services at the Alexandra Hospital and the relocation to Worcester Royal Hospital or Birmingham Queen Elizabeth Hospital. Similarly, their goal to 'encourage sustainable local travel...by making public transport and cycling and walking more attractive and effective' would be completely undermined and even reversed in these circumstances. Redistributing services outside of Redditch and removing acute health services from the current site would increase travel distances by around 15 miles and deny any of the population of Redditch and Studley access to acute health services within 5 miles – the distance at which the Government recommends that many journeys could be alternatively made by walking or cycling. Redistribution of services outside of Redditch would not only discourage these methods of travel but would largely prohibit them and removing the opportunity for people to walk or cycle not only increases the carbon footprint and congestion, worsens air quality, and undermines the UK's climate change goals, but significantly also negates physical activity and contributes to poor health.

Indeed, as the Government's White Paper outlines: 'lack of physical activity and poor physical fitness can contribute to obesity, cardiovascular disease, strokes, diabetes and some cancers, as well as to poorer mental wellbeing...Cycling and walking offers an easy way for people to incorporate physical activity into their everyday lives. The importance of active travel is also emphasised in the Department of Health's Public Health White Paper (Department of Health, 2010).' The Public Health White Paper adds that active travel and physical activity need to become the norm in communities. Taking the opportunity away from patients in Redditch and Studley to access healthcare via active travel disadvantages them significantly and with an already substandard level of health in the district, in which obesity, heart disease and stroke – all of which physical activity and exercise is crucial in treatment – are amongst the key health priorities (see health section), would exacerbate current health problems. As the Government's White Paper outlines, 'obesity is one of the most significant health challenges facing our society, representing a significant risk factor for a number of chronic diseases including cardiovascular heart disease and Type 2 diabetes'. It is already a major issue for Redditch, in which obesity is significantly worse than the England average and other areas in the region. Relocating services outside of Redditch in either Worcester or Birmingham will not only encourage the use of obesogenic modes of transport, but given their distances from Redditch, will actively prevent walking and cycling and thus contribute to the growing levels of obesity. With health services located in Worcester and Birmingham, active travel for the population of Redditch and Studley would be unrealistic, whilst the retainment of the services at the Alexandra Hospital would enable active travel to be a realistic goal, making it more feasible and likely and making promotion of sustainable travel more viable.

Since May 2012, a three-year programme began in Redditch called 'Choose How You Move'. It focuses on enabling and promoting sustainable travel in the borough and informing and encouraging residents to opt for sustainable travel. The programme includes teams visiting all wards in the borough from 2012 to 2014 to offer travel advice; travel training for teens, young adults and vulnerable adults; a school sustainable travel intervention programme; a workplace sustainable travel intervention programme; improvements to walking and cycling routes; improvements to the

bus network; and passenger transport infrastructure enhancements. With a launch event which saw Redditch host the Halfords Tour Cycle Race, significant investment and time has gone into promoting, enabling and encouraging sustainable travel options for residents. However, the positive effects of the programme and the significant investment in improving travel in the borough will be undone by the transferral of acute health services outside of the borough which will challenge the idea of making walking/cycling and active travel the norm instead of the car. It will undermine the message and vision that the borough has sought to deliver via the 'Choose How You Move' campaign and present a disabling rather than an enabling situation for residents.

...across Redditch, Bromsgrove, Studley, Alcester, Bidford, Salford and Tanworth in Arden some 13,108 households have no access to a car or van.

An additional problem of the reliance on the car to access health services at Worcester and Birmingham is the matter of car ownership. In Redditch, there are 7051 households without access to a car or van, representing a substantial 20.3% of the population. Of these households, 1595 (23%) have dependent children. In Bromsgrove, 4771 households (12.5%) do not have access to a car or van, 13% of which (605 households) have dependent children. In total across Redditch, Bromsgrove, Studley, Alcester, Bidford, Salford and Tanworth in Arden some 13,108 households have no access to a car or van. Whilst in the district of Stratford-Upon-Avon, a further 6,622 households are without access to a car or van. These households are likely therefore to be reliant on public transport: train, bus or taxi, which as has already been outlined substantially above, offers poor, inconvenient and limited options to Worcester and Birmingham, and significantly inferior services to those available for travel to the Alexandra Hospital. This will introduce a further level of inequality with regard to the access to acute health services, with those who have access to a car or van having greater choice, but significantly improved accessibility to these services over those who do not have access. That a proportion of those without access to the car, are also amongst the most socially and economically vulnerable, including the elderly and mobility impaired, for whom public transport can be even more of a problem, disadvantages these groups further. For those without a car, the Alexandra Hospital remains significantly more viable and accessible than Worcester or Birmingham.

...the removal of services from Redditch will leave what is already a vulnerable society, with the worst accessibility to health services in the region, and will introduce substantial inequalities with the populations of Redditch, Bromsgrove, Studley, Alcester and neighbouring areas being significantly worse off than all other areas in Worcestershire.

Transferral of services from Redditch to Worcester or Birmingham will deny people the opportunity to make sustainable travel choices and reduce the range of genuinely sustainable transport modes available. Environmentally, fiscally, economically and socially, travel to Worcester or Birmingham provides significantly less sustainability than to the Alexandra site in Redditch. There is no transport incentive or advantage – traffic, cost, distance, speed, emissions, health – to relocating services away from Redditch and in fact there will be significant disadvantages. It would compromise the Government's vision for 'a transport system that is...greener and safer and improves quality of life in our communities', as well as its aim to 'tackle carbon emissions...by encouraging people to make more sustainable travel choices.' Significantly, the removal of services from Redditch, will leave what is already a vulnerable society, with the worst accessibility to health services in the region, and will introduce substantial inequalities with the populations of Redditch, Bromsgrove, Studley, Alcester

and neighbouring areas being significantly worse off than all other areas in Worcestershire. The Alexandra Hospital ensures that people in Redditch and nearby have health provision that is not only comparable with the rest of the region but suitable and practical for those in north and east Worcestershire and west Warwickshire. As such, the duty registered within the NHS Act 'to reduce inequalities between the people of England with respect to the benefits that they can obtain from the health service' would be contravened. Further, transferral of services outside of Redditch will bring significant travel disadvantages that will not only counteract the need to travel, sustainable travel, active travel and carbon emissions and greenhouse gases but will increase traffic and congestion in and around Worcester Royal Hospital and Queen Elizabeth Birmingham making the hospital less accessible and emergency routes significantly more congested. As the previous discussion on population outlined, with numbers in the region set to increase substantially in coming years, the situation is only going to be exacerbated and travel conditions and accessibility worsened. Not only does Alexandra Hospital offer good public transport links and sustainable travel options, but it takes away the pressure and eases congestion at other acute hospital services. In terms of transport, and the resultant issues of traffic, sustainability and health, retention of services at Alexandra Hospital, Redditch, offers a significantly better option than transferral of services to Worcester or Birmingham.

Socioeconomic Climate

It has been established that deprivation and inequalities ... not only contribute to poorer health but also serve as barriers to health and wellbeing.

In terms of the socioeconomic climate Redditch struggles in many respects and falls below regional levels. Furthermore, it contains the largest areas of deprivation in the county and is ranked 131 out of 326 local authority areas in England for deprivation which takes into account factors such as income, education, skills, employment, housing, crime. It has been established that deprivation and inequalities in these areas not only contribute to poorer health but also serve as barriers to health and wellbeing.

Redditch suffers from poor educational attainment particularly post-16 and particularly at the highest levels. Indeed, in the ten indices measuring A-level qualifications, Redditch comes lowest in 9 of these and second lowest in the remaining one. In terms of the percentage of pupils achieving any A* grades at A-level are the lowest in the county at 1.7%, compared to the next lowest in Wyre Forest of 2.2%, and the county average of 6.1%. Redditch also fares worst for pupils achieving any grades A* to B at A-level with 37.3%, compared to the next lowest in Worcester of 40.3%, and the county average of 47.4%; pupils achieving 2 or more A*-B grades with 22.1% compared to the next lowest in Worcester of 26.6% and the county average of 30.9%; pupils achieving 2 or more A*-E grades with 80.2% compared to the second lowest of 87.4% in Worcester and the county average of 88.7%; pupils achieving 3 or more A* grades with 0% compared to the second lowest in Wyre Forest of 0.2 and a county average of 0.7%; pupils achieving 3 or more A*-B grades with 13.5% compared to the second lowest in Wyre Forest of 15.5% and the county average of 18.8%; pupils achieving 3 or more A*-E grades with 67% compared to the second lowest in Wyre Forest of 72% and the county average of 75.4%; as well as QCA points per pupil with 595.9 in Redditch compared to the second lowest of 630.8 in Wyre Forest and the county average of 668.0. In terms of achieving 2 or more A* grades Redditch comes second lowest with 1.2% only to Wyre Forest at 0.8%, with a county average

of 2.0%. Educational inequalities are thus shown to be rife in Redditch compared to the rest of the county. Redditch also ranks second lowest in the county in terms of the proportion of residents with no qualifications, with 25.1%, with only Wyre Forest worse with 27.8% and a county average of 23.0%. This accounts for some 16,996 people aged over 16 in Redditch who have no qualifications. Whilst in Bromsgrove there are an additional 16,413 people, in Alcester and Bidford 3,796 and in Studley and Henley 3,616, amassing some 40,821 people across these areas. Redditch also has the lowest proportion of residents with the highest level attainment of NVQ level 4 or 5 with 20.7%, compared to the second lowest in Wyre Forest 22.1% and the county average of 27.2%. The Marmot Review identified that inequalities in educational outcomes affect physical and mental health, as well as income, employment and quality of life, which all contribute to poorer health. Given the relative educational deprivation and inequalities in Redditch therefore acute health services need to be retained at the Alexandra Hospital site to ensure that these vulnerable groups are given the greatest chance of accessibility.

With the highest level of unemployment in the county, it is vital that health services are economically viable and sustainable for the population of Redditch and outlying areas.

Redditch has the highest level of unemployment in the county at 4.6% compared to an average of 3.7%. This totals some 2,877 people, whilst an additional 2,070 (3.1%) in Bromsgrove takes the total to 4,947. In Redditch 26.1% of residents are economically inactive, totalling 16,303 people. In Bromsgrove, 28.2% are inactive, totalling 19,143 people. Whilst in Alcester and Bidford there are a further 4,476 economically inactive people and 4,332 in Studley and Henley. Unemployment and economic inactivity has been found to elevate health risks. Indeed, the marmot Review outlined that unemployed people have 'increased rates of limiting long-term illness, mental illness and cardiovascular disease' and added that 'the experience of unemployment has also been consistently associated with an increase in overall mortality, and in particular with suicide. The unemployed have much higher use of medication and much worse prognosis and recovery rates'. With the highest rates of unemployment in the county, it is likely that health problems in Redditch will be exacerbated and as such it is necessary to retain services at the Alexandra Hospital site in order not to disadvantage the population or to exacerbate existing inequalities further. It is also the case that unemployment brings financial problems. These can result in lower living standards as well as limiting opportunities for healthy lifestyles and practices that can exacerbate or create health problems. In addition, financial problems make it difficult to meet living costs. Moving services away from Redditch to Worcester in particular, or even to Birmingham will force people to incur either additional fuel costs or transport costs, whilst retaining the hospital at the Alexandra site will allow people not only to maintain costs but importantly offer the opportunity to save on costs by allowing patients to walk or cycle to the hospital rather than to drive, take the bus or a taxi. Furthermore, loss of services at the Alexandra Hospital, which is a major employer of local residents, will compound the issue of unemployment and associated problems. With the highest level of unemployment in the county, it is vital that health services are economically viable and sustainable for the population of Redditch and outlying areas.

Of those economically inactive in Redditch, 13% are retired, equating to 8,106 people. In Bromsgrove 16.3% are retired, equating to 11,031. In Alcester and Bidford, a further 2,834 are retired, whilst in Studley and Henley 2,855. In total some 24,826 people are retired in these areas. Again this community are amongst the most vulnerable financially and socially, as well as often

being of an age more susceptible to health risks. It is therefore likely that not only will they need to access acute health services but will need to do so in a way that is economically viable and sustainable. Maintaining services at the Alexandra Hospital site in Redditch is therefore crucial for this community and any transferral of services to Worcester or Birmingham would disadvantage them.

As levels of those who are economically inactive with a long-term illness or disability are amongst the highest in the region, services at Redditch should be prioritised.

Of those economically inactive in Redditch, 3.8% have a long-term illness or disability, accounting for 2,374. This percentage is the second highest in the region behind Wyre Forest and higher than the 3.3% average in the county. An additional 1,714 people in Bromsgrove, 397 in Alcester and Bidford and 313 in Studley and Henley have a long-term illness or disability, totalling 4,798 across these areas. Not only is this group financially disadvantaged but have the additional burden of physical or mental disability meaning that access that is financially viable but also easy and convenient is of a necessity. Given their health and financial constraints they already suffer inequalities in health and everything needs to be done to improve these inequalities. Removing services from the Alexandra Hospital would not only fail to improve inequalities for this vulnerable group but would conversely exacerbate them. As levels of those who are economically inactive with a long-term illness or disability are amongst the highest in the region, services at Redditch should be prioritised.

A transferral of services to Birmingham or Worcester would significantly disadvantage Redditch people economically and exacerbate their financial circumstances.

Although income levels are relatively consistent in Redditch and Bromsgrove as the rest of the county, the percentage of households earning less than 10,000 a year are higher at 13.8% than the county average of 13.4%. The relationship between low income and poor health is well established. It operates in several ways. People on low incomes refrain from purchasing goods and services that maintain or improve health or are forced to purchase cheaper goods and services that may increase health risks. Being on a low income also prevents people from participating in a social life and can leave them feeling they are less worthy or have a lower status in society than the better-off. The relationship can operate in both directions: low income can lead to poor health and ill health can result in a lower earning capacity. Similarly, the average house price in Redditch is the lowest in the county by over £11,000 and is nearly £50,000 less than the average in Worcestershire. Furthermore, Redditch has a higher proportion of households in the lower council tax bands, with only Wyre Forest (24.1%) higher for dwellings in Council Tax Band A. Yet at 21.3% Redditch still lies considerably higher than the Worcestershire average of 15.9%. Redditch also has the lowest proportion of households in Council Tax Band B at 33.1% compared to the county average of 24.8%. The percentage of households earning less than £10,000 a year is also higher than the county average of 13.4% at 13.8% in Redditch. Redditch also has the highest percentage of the population classified as 'hard-pressed' in the region at 23.4%, compared to Worcester at second highest with 20.4% and a county average of 16.1%, as well as those classified as 'moderate means' at 18.6% compared to Worcester at second highest with 10.9% and a county average of 9.4%. Meanwhile the percentage of wealthy achievers is the second lowest at 26% behind Worcester with 22.5% and significantly below the 38.7% county average. This all highlights the lower economic status of those in Redditch and their financial vulnerability again signalling the need to ensure access to health

services that is economically viable and sustainable. The population in Redditch is amongst the least well-placed in the county to take on additional costs. A transferral of services to Birmingham or Worcester would significantly disadvantage Redditch people economically and exacerbate their financial circumstances. Access to health services should be fair and equal and this is only ensured if services are maintained at the Alexandra site in Redditch.

Redditch has the lowest percentage of households owned outright in the county at 26.5%. This compares to a county average of 35.9%. With only 1.1%, the joint-lowest figure in the county, living rent-free, the remaining 72.4%, almost three quarters of households in the district are paying some level of mortgage or rent, which equates to some 25,136 households. In Bromsgrove, there are an additional 22,319 households, in Alcester and Bidford an additional 5,282 households and in Studley and Henley an additional 4,524 households, which equates to some 57,441 households across the district representing 63%. The majority of households in these areas thus have regular, significant financial contributions that they have to make and which account for a significant proportion of their disposable income. The additional costs of having to travel to either Worcester or Birmingham to access acute health services is therefore disadvantageous for a majority of the populations in these areas. Retaining services at the Alexandra Hospital site in Redditch places less financial strain on these groups.

In Redditch 10.4% of the population aged 16-64 claim out of work benefits, representing some 5,760 people, compared to the county average of 9.1%. In addition, there are 3,990 people claiming out of work benefits in Bromsgrove. In Redditch 1,685 people aged 16-64 claim job seekers allowance and 1,103 people in Bromsgrove. Of these, 445 people in Redditch and 350 in Bromsgrove are between 18 and 24. In terms of income support, 1,520 people in Redditch and 885 in Bromsgrove claim the benefit, whilst 1,365 people in Redditch and 945 in Bromsgrove claim incapacity benefit and severe disablement allowance. Many of these people are economically vulnerable and would be significantly disadvantaged by the additional costs of travel to Worcester or Birmingham. Furthermore, a number of these, particularly those on incapacity benefit and severe disablement allowance may require regular treatment and may struggle to access services if they were relocated outside of Redditch.

The Health Profile 2012 for Redditch highlights the rates of violent crime as being significantly worse than in England. Again this emphasises the need to retain acute health services in Redditch in order for fast and effective treatment.

Redditch has the second highest rate of crime in the county at 80.000 per 1,000 population only lower than Worcester at 90.000 per 1,000 population. The rate is significantly higher than the county average of 63.830 per 1,000 population. Whilst Redditch experienced 6,297 crimes in 2011/12, Bromsgrove experienced 4,945, totalling some 11,242. The Health Profile 2012 for Redditch highlights the rates of violent crime as being significantly worse than in England. Again this emphasises the need to retain acute health services in Redditch in order for fast and effective treatment.

There are around 3,300 children living in poverty in the district, with a further 1,600 children in Bromsgrove and 2,200 in Stratford-Upon-Avon, totalling some 7,100 children who are amongst the most vulnerable. Redditch has the only 4 SOAs in the county in the most deprived 10% nationally: E01032232 (Batchley), E01032252 (St. Thomas More First School Area), E01032278 (Winyates

housing estate area around Ipsley C.E. Middle School) and E01032245 (Church Hill - YMCA Surrounding Area). While the causes of deprivation are complex, it has an impact on public health and there is clear evidence for an association between deprivation and key public health indicators. Indeed, a more deprived community will have more healthy inequalities as a result of lower standards of living and diet. Indeed it has been identified that ‘there is a systematic pattern of declining health linked to declining socioeconomic status in England – this is the so-called “social gradient”. There are concentrations of both shorter life expectancy and greater disability and these tend to be, although are not exclusively, in some of the poorest areas of England. This means that people living in disadvantaged areas are more likely to bear a higher burden of ill health.’ Furthermore, as a result of financial shortages, there will be greater difficulty in accessing services both by private and public transport. It has already been established that those in the most deprived areas of Redditch can expect to live around 9 years less than those in the most affluent areas. Again this reiterates the issues outlined above in the transport section. Indeed, as Redditch has some of the most deprived areas not only in the county but nationally, these communities are the most vulnerable to a loss of health services and least capable of being able to access out of town services. These communities, and Redditch as a whole, already suffer significant health inequalities in comparison with the rest of Worcestershire and thus loss of services in Redditch will further disadvantage them. For these reasons, there is a greater need to safeguard services at Redditch than anywhere else in the county.

Removing services at the Alexandra site will make conditions less favourable in Redditch and unnecessarily increase inequalities in health in the region.

Several Governmental documents have outlined the need to reduce health inequalities. Healthy Lives, Healthy People: Our Strategy for Public Health in England identified that ‘people living in the poorest areas will, on average, die 7 years earlier than people living in richer areas and spend up to 17 more years living with poor health. They have higher rates of mental illness; of harm from alcohol, drugs and smoking; and of childhood emotional and behavioural problems.’ Further the Marmot Review: Fair Societies, Healthy Lives states that ‘inequalities are a matter of life and death, of health and sickness, of well-being and misery’. Access to acute health services is thus a priority in these communities. Whilst areas of Redditch are already amongst the most deprived regionally and nationally, the district already experiences inequalities, but the loss of services from the Alexandra Hospital will only exacerbate these inequalities. Indeed, as one of the indices of deprivation, loss of health services will contribute to the further deprivation of the district. The Marmot Review identifies that ‘health inequalities that could be...avoided are unfair’ and ‘reducing inequalities is a matter of fairness and social justice’. Removing services at the Alexandra site will make conditions less favourable in Redditch and unnecessarily increase inequalities in health in the region.

...parts of Alcester and Studley are classified as the most deprived areas in the district of Stratford-Upon-Avon, with Alcester North being identified as the most deprived out of all 71 areas in the district...

In addition, parts of Alcester and Studley are classified as the most deprived areas in the district of Stratford-Upon-Avon, with Alcester North being identified as the most deprived out of all 71 areas in the district, whilst Alcester East was ranked fourth most deprived, Studley South eighth, Studley North 12th and Sambourne 21st and Studley West 29th. All of these areas currently largely rely on the

Alexandra Hospital site in Redditch to access health services and are located closest to the Hospital than any other parts of Warwickshire and further from other health services. Indeed as outlined in the White Paper Healthy Lives, Healthy People: Our Strategy for Public Health in England 'lower socioeconomic groups and those living in the more deprived areas experience the greatest environmental burdens.' Lying furthest from Worcester and Birmingham and without their own train services and infrequent bus services, these communities are likely to be even more vulnerable to a loss of services at the Alexandra Hospital. The transferral of services away from Redditch will undermine the main Governmental public health missions of helping people live longer, healthier lives and improving the health of the poorest, fastest.

The most vulnerable groups in society including the elderly and disabled are often amongst those who suffer the most economic inequalities. With a significant number of elderly in Redditch, Bromsgrove and surrounding areas, which is set to increase exponentially in coming years, as well as a high proportion of people living with long-term illness and disability (see health section below), it is crucial that the most economically viable and sustainable health services are provided to ensure that these groups are not further disadvantaged. In order to meet the governmental goal of improving the health of the poorest, fastest, acute health services must be retained at the Alexandra Hospital.

...residents are less financially secure and able to take on additional costs. At present, the Alexandra offers an economically viable and sustainable option for local residents with regard to access to health service provision...

Redditch already has a precarious socioeconomic climate, with amongst the lowest figures in the region for many indices of economic success. This means that residents are less financially secure and able to take on additional costs. At present, the Alexandra offers an economically viable and sustainable option for local residents with regard to access to health service provision and for many of those who are struggling or who may struggle economically in the future the Alexandra's location in Redditch means that residents can in fact access services without incurring any costs by walking or cycling. In contrast, any transferral of services outside of Redditch, be it at Worcester or Birmingham, will see residents not only incurring costs to access these services but additional costs to those at Redditch, whether in fuel, transport, parking, loss of earnings etc. Whilst people may be able to afford these costs, everyone will be economically disadvantaged by them and given the economic position of Redditch, its residents are amongst the least well-placed in the region to take on these costs.

Furthermore, there are a number of groups who are not only financially vulnerable but additionally physically or mentally vulnerable, including pensioners, the elderly and the disabled. These groups are likely to require acute health service provision yet be least economically or physically capable of accessing them. They already suffer inequalities that make health and service provision difficult and any transferral of services away from Redditch would compound their situation. The loss of services at the Alexandra Hospital will also have a negative impact on local employment which will not only affect those individuals involved but will have a negative effect on Redditch's economic difficulties which will only exacerbate issues of inequality and deprivation. This in turn can impact negatively on health and well-being. An understanding of the particular economic climate of Redditch and the vulnerability and needs of its residents demands that the only economically viable and sustainable option for health service provision is that current service levels are maintained at the Alexandra site.

Anything else would not only severely disadvantage residents but would increase inequalities between Redditch and other districts in the region, challenging its future vitality and sustainability.

Health

...illnesses require good access to health provision and emergency provision and given that the levels in Redditch and Bromsgrove are higher than average this is even more crucial.

Health in Redditch is mixed and there are significant areas where it falls below national levels. Life expectancy in Redditch for men is nearly 2 years lower than in Bromsgrove. There is also more variation in life expectancy within Redditch than within Bromsgrove. It is evident therefore that Redditch has a need for significant health provision and that transferral of services to Worcester or Birmingham will fail to tackle existing inequalities in the district's health. In Redditch and Bromsgrove, the recorded prevalence of asthma, diabetes, hypertension and stroke are all higher than the national average. So too are outpatient first appointments for cancers and circulatory diseases. All of these illnesses require good access to health provision and emergency provision and given that the levels in Redditch and Bromsgrove are higher than average this is even more crucial. Transferring services outside of Redditch will again fail to meet the health needs and particular weaknesses in Redditch and Bromsgrove and will exacerbate inequalities. Redditch and Bromsgrove has a slightly higher rate of emergency admission to hospital than the PCT average, but is significantly higher in the case of circulatory disease. Given that there is a significant demand on emergency services in Redditch and Bromsgrove, more so than from other areas in the region, it is critical that acute health services remain at the Alexandra Hospital as the quickest, most convenient and safest location for dealing with emergencies from these two vulnerable regions. Again taking away services from regions that have a higher demand, particularly when those services are so crucial, will not only disadvantage the populations of Redditch and Bromsgrove but will lead to further, serious inequalities and disproportions across the county. Similarly with mortality rates for Bromsgrove and Redditch close to and slightly higher than the county average, health service provisions need to be maintained at the Alexandra site not removed.

...for those with a long term health problem or disability, the hospitals offer significant disadvantages and transferral of services away from Redditch undermines the needs of this vulnerable group.

There are 6,723 people who have long term health problems or disabilities that limit their daily lives a lot, and a further 7,643 whose problems limit their daily lives a little. In Bromsgrove there are 7,585 people who have a long term health problem or disability that limits their daily lives a lot and 8,863 whose daily lives are limited a little. Across the two districts this totals some 14,308 with significant daily long-term health problems or disabilities and 16,506 with long term health problems that partially affect their daily lives. Overall, there are some 30,814 people with long term health problems. These people are likely to require frequent access to health services, but more significantly good access to health services. Whilst the location of the Alexandra Hospital supports these 30,814 people from Bromsgrove and Redditch with good transport links and easy access, the same is not true of Worcester Royal Hospital or Queen Elizabeth Hospital. Although both hospitals can be accessed by those in Bromsgrove and Redditch, for those with a long term health problem or disability the hospitals offer significant disadvantages and transferral of services away from Redditch undermines the needs of this vulnerable group. It is possible that they may not be able to access

public transport and will have to use the car to access health services. If they did not have access to a car they would be faced with the longer journeys, waiting times and negotiating various routes via public transport to access Worcester and Birmingham as opposed to the relatively short and straightforward services to the Alexandra Hospital. Alternatively, if they accessed services at Worcester and Birmingham by car, they would not only have to suffer longer journey times, with the potential of delays and busy routes, which may be troublesome if they require extra care and attention, but it would cost them more in fuel than travel to Redditch. As they are likely to access services frequently these additional fuel costs would accumulate and would financially disadvantage them. They would also not be able to access services as quickly in an emergency. Again the loss of services at the Alexandra would hit this already vulnerable group considerably.

...they already suffer health inequalities and work should be done to reduce these as a matter of 'fairness and social justice'.

In addition to the 30,814 people in Bromsgrove and Redditch with a long term health problem, there are 8,505 people with a long term health problem or disability that limits them a lot and 11,829 that limits them a little in Stratford-Upon-Avon, of which a proportion would currently use the Alexandra Hospital and would need to access Worcester or Birmingham should there be a loss of services at the Redditch site. There are some 51,148 people across the three districts with significant health problems. For those within Stratford-Upon-Avon who currently access Alexandra Hospital, they would be even more geographically and financially disadvantaged by a transferral of services to Worcester or Birmingham. The Marmot Review highlights that these social groups are at risk of having a low income and relying on state benefits and therefore are not economically well-placed to take on the additional costs associated with travel to Worcester or Birmingham. Indeed they already suffer health inequalities and work should be done to reduce these as a matter of 'fairness and social justice'.

In Our Health and Wellbeing Today it is highlighted that people with disabilities experience unequal access to health services and inequalities in health. Particular barriers can be demonstrated for some specific groups, especially people with learning disabilities, who experience poorer health outcomes and shorter life expectancy. However, transferring services out of Redditch to Worcester or Birmingham will in fact increase the health inequalities of this already vulnerable group. People with long term health problems and disabilities not only require good, accessible health provision, but should be prioritised. Their convenience, comfort and wellbeing is of paramount importance, even more so than those without long term health problems, and is central to their livelihoods and fulfilment. They already face significant struggles and traumas and everything should be done to maintain and improve their quality and equality of life. Indeed Healthy Lives, Health People: Transparency in outcomes identifies that 'there is evidence that disability impacts on the length and quality of life, and can adversely affect access to services' including the fact that 'access to services can be difficult for people with a physical, cognitive or sensory impairment'. The location of the Alexandra Hospital helps to achieve these aims by offering convenient health provision for those with long term health problems and disabilities in Redditch, Bromsgrove, Studley, Alcester, Bidford and inlying areas. A transferral of services away from Redditch to Worcester or Birmingham would seriously compromise their quality and equality of life and increase, rather than decrease, the differences between those with and without long term health problems.

Redditch has the highest predicted levels of future health problems amongst its population in the region by a considerable way.

There are 4,556 people in Redditch who class themselves as being in bad or very bad health, whilst only 32.1% of the population are considered to be healthy in comparison to 37.6% in Worcestershire. In Bromsgrove, 4,514 people class themselves as being in bad health or very bad health, whilst 32.8%, again lower than the Worcestershire average, are classed as healthy. Indeed, Redditch and Bromsgrove rank lowest in the county, with 42.5% in Worcester being classed as healthy, 42.2% in Wyre Forest, 37.5% in Malvern Hills and 37.5% in Wychavon. Again this highlights the increased need for, and demand on, health services for the populations of Redditch and Bromsgrove above those elsewhere in the region. Furthermore, Redditch has the highest predicted levels of future health problems amongst its population in the region by a considerable way. Indeed, 32.1% of the population are classified as having future problems in Redditch, whereas the second highest figure is 13% for Worcester.

Similarly, in terms of population classed as possible future concerns, Bromsgrove ranks highest with over half of its population (52.6%) classified. The second highest figure is 45.6% in Wychavon, whilst the county average is 40.4%. Again this suggests as outlined in the population discussion above that whilst current demand may be able to be met at Worcester or Birmingham future demand from Redditch and Bromsgrove will be considerable and that a continued service at the Alexandra Hospital is a significant force in not only serving Redditch, and Bromsgrove, but also in maintaining a balance across the county and at the wider sub-regional level. With more people estimated to have health problems in the future in Redditch than in any other region in the county, it is crucial that services are safeguarded at the Alexandra site. Indeed, it is vital to ensure that the population of Redditch receives not only appropriate and sufficient health provision, but also to ensure that the population of Redditch is not disadvantaged in comparison to other districts in the region and is given equal, fair and proportionate health service provisions. Given the significantly worse future health expectations in Redditch than any other district in the county, removal of services from Redditch and transferral to Worcester and Birmingham, with the associated inconveniences to the population of Redditch, will create significant inequalities for the population of Redditch compared to all other populations in the district.

...those who are economically and socially deprived and obese, active transport offers one of the easiest and most affordable solutions to treating and preventing obesity, therefore maintaining services in Redditch where this can be encouraged offers huge advantages over transferring services to Worcester or Birmingham.

Amongst the other key health issues in Redditch is that of obesity, which is significantly worse than the national average. It is also a significant problem in Bromsgrove. Not only is obesity itself a health problem but leads to numerous associated health risks that require treatment, including diabetes, heart disease and cancer. Risks for other diseases, including angina, gall bladder disease, liver disease, ovarian cancer, osteoarthritis and stroke, are also raised. With an above-average incidence of obesity in Redditch and Bromsgrove therefore, it is important that services are secured at the Alexandra site to enable fast and effective treatment. Although diet is one element in tackling obesity, many governmental reports identify the importance of physical activity which is necessary regardless of diet, and one of the first and most inclusive stages in this involves walking, cycling and

active travel. Indeed, the paper Start Active, Stay Active, notes that 'the easiest and most acceptable forms of physical activity are those that can be incorporated into everyday life. Examples include walking or cycling instead of travelling by car, bus or train'. The Government outline that they 'will take steps to make it easier for people to opt for "active travel", rather than relying on driving or public transport'. However, in 'Tackling Obesities' the author outlines that promotion of active transport will not succeed without tackling broader issues such as commuting distances and the distance to services such as health services. Moving acute health services from Redditch, which is in walking or cycling distance for many, and relocating them in Worcester and Birmingham which are outside active travel distances and more geared towards the private car will undermine active travel goals. Indeed, whilst it has been outlined that the job is to 'transform the environment so that it is less inhibiting of healthy lifestyles' and to provide opportunities for people 'to make healthier choices', transferring services from an accessible, local site in Redditch to a more remote site in Worcester or Birmingham takes away these opportunities. Although it may be argued that people can still walk and cycle even if they cannot do so to the hospital, one of the main interventions in obesity is the behavioural change brought about by intervening in an obesogenic environment, that is undoing the dominance on motorised transport. Crucial to this is effecting change in habits, for 'considerable psychological effort [is] needed to combat the temptation of an unhealthy lifestyle and...freedom of choice can sometimes, counter-intuitively, make it *more difficult* to resist temptation.' That is active transport must become the norm and as well as promoting these options, interventions must also encourage a shift in behaviour by making these actions habitual.

Therefore by relocating health services in Worcester or Birmingham at a distance which encourages obesogenic behaviours will not facilitate behavioural change. Whereas maintaining them in Redditch where active transport becomes a viable option will enable it to become the norm and will not compromise behavioural change. Challenging the obesogenic norm and enabling active transport including walking and cycling in Redditch will not only help to combat health and obesity in those already overweight, but will also help to prevent it in the general population. Further, it will help to improve health more generally by reducing the risk of many chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions.

Moving services to Birmingham or Worcester whereby the obesogenic norm will be encouraged is unlikely to help the problem of obesity in Redditch or Bromsgrove and in fact potentially exacerbate it and other associated health problems by encouraging more people to use the car when accessing acute health services, thereby potentially increasing the costs to health service providers and placing further demands on services. The Government outlined that it is vital that action on obesity reduces health inequalities. However, relocating services outside of Redditch will increase inequalities. Further it has been established that obesity is linked to social and economic deprivation and whilst acute health services in Redditch allow these vulnerable communities to easily and sustainably access treatment, they will struggle to afford the additional transport costs to Birmingham or Worcester which will further exacerbate their inequalities. For those who are economically and socially deprived and obese, active transport offers one of the easiest and most affordable solutions to treating and preventing obesity, therefore maintaining services in Redditch where this can be encouraged offers huge advantages over transferring services to Worcester or Birmingham.

...as this demographic is likely to have issues over mobility, transport options and financial constraints, transferring services to Worcester or Birmingham with their associated costs and locations will severely disadvantage them...

In Our Health and Wellbeing Today it is outlined that 'in the future we are likely to have more people living in poorer health and this presents a significant challenge for health services and wider society'. Central to this is the fact of an ageing population and whilst this is a national phenomenon, as outlined in the population discussion above, it is set to be particularly pronounced in Redditch and Bromsgrove, with the population over 65 set to rise dramatically and the population over 90 set to treble. Many health conditions increase with age and people become increasingly frail and vulnerable. Incidences of age-related chronic conditions such as diabetes, dementia, arthritis etc are likely to increase substantially as are age-related incidences such as falls. Furthermore, functional disability rises with age: 20% of men and women aged 55–64 years report difficulty in at least one of six activities of daily living, such as moving about the house and getting dressed. These rates rise to 58% of men and 65% of women aged 85 years and over. With an increase in the older population and in life expectancy, as well as general increase in the population, demand on services will be even more acute. This will be particularly pronounced in Redditch and Bromsgrove where these vulnerable age groups are set to rise exponentially. Not only is it important therefore that services remain at the Alexandra site in Redditch to enable this growing demand to be met and to spread and relieve pressure on other acute health services in the Redditch, but specifically as this demographic is likely to have issues over mobility, transport options and financial constraints, transferring services to Worcester or Birmingham with their associated costs and locations will severely disadvantage them and lead to further inequalities. They are amongst the groups the most needing of acute health services but also least able of accessing services, it is therefore vital that accessibility is prioritised. Indeed in meeting the governmental target to design communities for active ageing and sustainability, acute health services need to be safeguarded at Redditch.

Taking services away from Redditch will undermine this sense of worth and make residents feel as if they are less important... A loss of services at the Alexandra Hospital will thus significantly affect the morale and self-worth of local residents...

There is also a sense in which the Alexandra Hospital is not only a place of well-being and care but its very presence gives residents peace of mind. As a symbol it gives residents a sense of protection and safety. Furthermore it offers a sense that their health and well-being is taken seriously and that they as individuals are recognised and valued. Taking services away from Redditch will undermine this sense of worth and make residents feel as if they are less important. Indeed, compared to health service provision across the region, as has been outlined throughout this discussion loss of services at the Alexandra Hospital will place Redditch, Bromsgrove and nearby areas in a largely inferior position to many of the other towns and districts in the region. Although other areas may not have their own acute health service provisions, many of them lie closer, and have better access, to such services than Redditch will, but significantly these areas have not had services taken away from them and so will not have the same sense of injustice and loss as will be experienced in Redditch. A loss of services at the Alexandra Hospital will thus significantly affect the morale and self-worth of local residents, which may lead to anger, antipathy and resentment that may present itself in manifest ways. Given the particular challenges in Redditch and in order to ensure its future vitality and viability, residents need to feel valued and protected and that their issues and concerns are

being met. Removing services from Redditch will undermine this and severely dent the confidence and respect of residents towards the authorities and will take away some pride and interest in the local community and not encourage people to engage and improve the area.

Whilst reaching services in Worcester and Birmingham is theoretically feasible, is it neither beneficial or adequate to the demands or needs of those in Redditch, Bromsgrove, Alcester, Studley, Bidford and inlying areas.

Health in Redditch and Bromsgrove is already a significant concern, showing poorer statistics in many crucial areas both regionally and nationally. Indeed, Redditch and Bromsgrove have significant demands on acute health services and these are likely to see significant rises in the coming years as the population of the districts rises and ages. Given the health status of the districts and the particular levels of deprivation in Redditch and Alcester, access to acute health services needs to be good, easy and convenient for the local populations. Whilst reaching services in Worcester and Birmingham is theoretically feasible, is it neither beneficial or adequate to the demands or needs of those in Redditch, Bromsgrove, Alcester, Studley, Bidford and inlying areas. Significantly, it would also contravene the aims and requirements to reduce health inequalities and would likely exacerbate not only existing health issues and inequalities but those in the future. It would leave Redditch with amongst the poorest health options and opportunities in the region, despite it being amongst the most needy and underprivileged. Poor health and wellbeing brings significant associated problems for individuals as well as local communities, as those in poorer health tend to be unhappier, play a less active role in society and are less able to contribute to communities and the economy. Furthermore, poor health in the districts is likely to place massive demands on Worcester and Birmingham immediately, whilst future projections highlight the likelihood that services will prove inadequate. Health in Redditch needs to be prioritised, especially with regard to its particular demography, and maintaining services at the Alexandra Hospital will be the most effective solution in improving health and health inequalities. Conversely, transferring services outside of Redditch will inhibit healthy behaviours and choices and raise levels of inequality particularly for those who are disabled or have a long term illness, who are poor or elderly.

Conclusion

The Government has outlined that when addressing health it is important to understand and respond to the particular needs of a society, acknowledging that different communities will have different circumstances and needs. This document has outlined the particular context that surrounds health service provision in Redditch and surrounding areas and placed its unique situation in the broader regional and national context to explain the significant challenges facing the area. In terms of population, transport, the socioeconomic context and health, it has clearly been established that Redditch has both significant demands on health service provision not only now but in the near future and that the best way to meet these not only in terms of local outcomes, but regional and national outcomes is for service provision to be maintained at the Alexandra Hospital site in Redditch. Transferral of services to either Worcester or Birmingham would seriously jeopardise not only Redditch's long term health and viability but would also place significant demands on services that have their own immediate and future challenges to meet. Furthermore, the net effect of any transferral of services would undermine the local, regional and national communities. Whilst Birmingham would provide a more feasible location for services outside of Redditch than Worcester, both options would exacerbate existing inequalities faced by the people of Redditch and would jeopardise their access to and experience of health provision and overall health.

Travel to Worcester compared with Birmingham costs more, takes longer and is less likely to occur. The Redditch area has socioeconomic ties with the conurbation and so people will vote with their feet to access health care at Birmingham in preference to Worcester, if services are lost at the Alexandra Hospital in Redditch.

There are too many factors that militate against the populations of Redditch, Bromsgrove and inlying areas successfully accessing services at Worcester and Birmingham and as many of the factors are interrelated they could not easily or sufficiently be overcome. Although the relocation of services will affect all areas of society, the most vulnerable in the population are also likely to be those that are least equipped to respond to a relocation of health services and will inevitably suffer the most. It is these groups especially that should be protected and the focus for providing and safeguarding services and removal of services will only result in further disadvantaging them.

Redditch as a whole already suffers a number of health inequalities and the removal of services from the Alexandra Hospital would contravene the Government's duty to reduce health inequalities. Furthermore, it would undermine the Government's core values with regard to health of freedom, fairness and responsibility, by limiting the choices available to residents in the area and taking away the best choices and offering instead inferior choices. Rather than empowering individuals to make healthy choices and giving communities the tools to address their own, particular needs, as outlined in the Government white paper Healthy Lives, Healthy People: Our Strategy for Health in England, taking service provision away from Redditch will disempower residents in Redditch and surrounding areas. The Government emphasises that individuals should feel that they are in the driving seat for all aspects of their and their family's health, wellbeing and care and that they are given an environment that supports them in making healthy choices and that makes these choices easier. Access to health service provision is central to this and removing services from the Alexandra Hospital therefore negates these values. Overall the transferral of services away from Redditch would completely oppose the difficult and challenging context of local need and fail the local

population, whilst undermining Governmental values and duties to health provision. Redditch would become amongst the most deprived area in the region in terms of health provision despite its particular circumstances demanding higher levels of provision than elsewhere. The success, health and sustainability of Redditch and surrounding areas both today and in the future depends on the safeguarding of services at the Alexandra Hospital.



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