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**Via Email: [bill.hartnett@redditchbc.gov.uk](mailto:bill.hartnett@redditchbc.gov.uk)**

Councillor Bill Hartnett  
Leader of the Council  
Town Hall  
Walter Stranz Square  
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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.

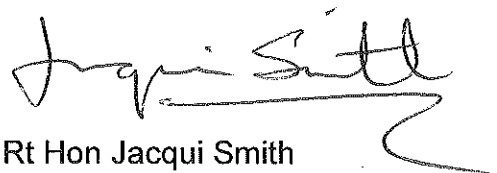
I am still not convinced that any agreement on a new hospital model for Worcestershire will be reached, as the underpinning rationale of the review has been to focus solely on a new model that delivers a financially viable WAHT in essentially its current form. The emerging Sustainable & Transformation 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