Submission to Redditch Borough Council Health Commission

Date: 20/1/17
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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