

Joint Eastern Arun Area Committee

Fit for the Future Consultation Meeting held at Littlehampton Community School, Hill Road, Littlehampton on Tuesday 7th August 2007

The Chairman, County Councillor Peter Evans welcomed members of the Committee and public to the meeting and introduced Mike Coleman, the Deputy Leader of West Sussex County Council.

Mike Coleman welcomed members to the meeting and explained that this was one of 13 important meetings being held across West Sussex. The County Council's involvement in this consultation process stems from the Local Government Act 2000 that gave local councils the responsibility to act on behalf of residents for the wellbeing of the local area. The Health Overview and Scrutiny Committee at the County Council would consider responses from all 13 public meetings, as would the Joint Health Overview and Scrutiny Committee, made up of members from across councils in the South East. These Committees would put forward a recommendation that would be discussed at full County Council towards the end of the year with a final recommendation to be signed off by him as the Deputy Leader of West Sussex County Council. Mr Coleman encouraged all to put forward their views during the course of the meeting.

The Chairman then introduced Carole Gareze, the Director for Community and Primary Care Services at the Primary Care Trust (PCT), and asked her to briefly summarise the key issues of the PCT's proposals.

Carol Gareze emphasised that health needs are changing; there is an increase in lifestyle diseases and patients with longer-term conditions therefore services need to be modernised for the 21st century. The key message are that no hospitals will close as part of this consultation period and any changes will be over a three to five year period to prevent gaps in service. It is important that nursing services are available 24 hours a day and 7 days a week. It is believed that one major hospital in West Sussex will suffice, as the bulk of activity will happen in the Local General hospitals involving day care and routine/planned operations. From September there will be 21 teams of nurses across West Sussex who will provide 24/7 community care. In most instances cases presented at Accident and Emergency could be treated elsewhere. Only 1% of people in West Sussex require critical care and these cases will be treated at Brighton following further investment. Regarding maternity services, there will be 60-hour consultant cover at the Major General Hospital and a stand-alone midwifery unit in the county.

The three options presented for public consultation are considered to be clinically and financially sustainable by the Primary Care Trust. These options are as follows:

Option A – Worthing Major General Hospital, St Richards Local General Hospital, Princess Royal Community Hospital

Option B – St Richards Major General Hospital, Worthing and Princess Royal Local General Hospitals

Option C – St Richards Major General Hospital, Worthing Local General Hospital, Princess Royal Community Hospital

Carol Gareze emphasised that the PCT are happy to look at other options presented to them as long as they fulfil the criteria of being clinically and financially sustainable.

The Chairman then asked members of the Committee and public to present comments and questions.

Dr James Walsh, County Councillor declared an interest as a member of both the Health and Overview Scrutiny Committee and the Joint Health and Overview Scrutiny Committee.

Summary of Key Issues from the discussion – Questions and Answers

Littlehampton Community Hospital

- Q.** Carol Gareze has said that no hospital will close as part of the proposals, however there is a pile of rubble where the Littlehampton Community Hospital once stood, when will this be rebuilt?
- A.** *The PCT is committed to a local health facility in Littlehampton and a project group will be established to discuss this in detail. The PCT is committed to this resource and it will be part of detailed consultation.*
- Q.** There were several cast iron guarantees that the hospital would not be demolished but it was and then not included as part of the Fit for the Future consultation – residents need a replacement hospital. It is understood that the health service needs to move with the times but it should be taken back to the PCT that there is a determination for the hospital to be rebuilt.
- A.** *The PCT is well aware of the development and a new facility will be built in Littlehampton, in addition, ambulance services are to be based locally as well as teams of nurses. Local community hospitals will be consulted upon following this current consultation.*
- Q.** Has the demography of the area been looked at? There are a number of elderly residents who do not have their own means of transport so getting to Brighton and Hove will be overwhelming. Most people wish to have a good school and a good hospital in easy reach.
- A.** *Demography has been looked at but only 1% of people in West Sussex will need to go to Brighton and Hove for critical care. Most cases will be treated locally.*
- Q.** If Littlehampton Community Hospital were rebuilt would this not mean a reduction in the demand for services from Worthing and St. Richards?
- A.** *Logically, yes, it is hoped that more can be dealt with locally.*
- Q.** The term 'medical facility' for Littlehampton has been used, what does this mean specifically? It could be an extension to an existing GP's surgery.
- A.** *The project group will debate plans that will involve outpatient department. Community Hospitals come in all shapes and sizes. The project will be led by Sara Weech at the PCT and local people will be involved.*
- Q.** There is a large amount of information available from previous consultations regarding Littlehampton Community Hospital and an assurance that this will be not be lost is asked for.

- A.** *This information will not be lost and will be part of the work of the Project Group.*
- Q.** Can the PCT assure that they will stand by their word and never close Zachery Merton in Rustington?
- A.** *An assurance cannot be given, as local facilities are not part of this consultation. Local hospitals will be considered once this consultation is complete.*

Finance, Business Case and Consultation Process

- Q.** One thing that was not mentioned in Carol Gareze's summary of the proposals is finance – this is surely the key reason for the whole process. At the beginning of the process it was indicated that the PCT had a deficit. However it appears that there is now a surplus of £9million that may reach £52million by 2012/13.
- A.** *Finance is not the key – it is important to be financially sustainable and it is also important to reinvest the surplus so to attract a high calibre of staff.*
- Q.** The benefits for the public should be shown in a business case. Not just financial figures but others. Projected figures should be set against current figures, which should include the number of current medical successes in each hospital and the anticipated number of medical successes in each hospital. Without this a correct decision is unlikely to be arrived at.
- A.** *The consultation document was designed to be simple but figures would be made available.*

ACTION: The Chairman requested that Carol Gareze arrange for these figures to be sent to him.

- Q.** This is already a done deal. What role did the Clinical Reference Advisory Groups (CRAGs) have in this process?
- A.** *Groups were asked to help advise the Fit for the Future process in terms of what would be clinically safe. In most cases consensus has been reached but this does not indicate that discussions and debates have ceased.*

Accessibility

- Q.** It is important to mention accessibility and the A27 and the inevitability of extended travel times. The A27 is more like a coastal car park than highway and it is important to discuss how ambulances will get through.
- A.** *Accessibility underpins all the options and residents can go to the website and enter their postcodes to see the maximum travel time resulting in each of the three options. The worst-case scenario for travel times is presently 61 minutes and this could rise by 24 minutes. However, work will be repatriated to Brighton and Hove from Southampton and London which will reduce times for some patients up to 59 minutes.*
- Q.** Originally travel times in peak periods were asked for and were told that it would take time to get these figures together – the consultation document does not include such figures. A proper business case is still awaited and the Joint Health and Overview Scrutiny Committee have called on the Secretary of State for Health to suspend this consultation.

- A.** *Comprehensive work has been done on travel times with a full financially built up business case. The PCT has confidence in this consultation and that it will not be suspended.*
- Q.** Those who do not have their own transport could have to spend over two hours on a bus to get to a hospital in Portsmouth.
- A.** *I would hope that fewer patients would need to go to Portsmouth, as there will be facilities in West Sussex.*
- Q.** There are a number of elderly residents in this area. How has the risk to life been analysed regarding road travel as in the next 10 years there will not be a reduction in travel times. What will be the cost to family members having to travel long distances to see patients? It is fine to station ambulances close by but how does this help if it takes one and half hours to get to hospitals – have additional ambulances been costed into the proposals?
- A.** *There will be investment in ambulance services and in most cases ambulances go past local hospitals onto Major General Hospitals now. An analysis of risk had been done. However, there is no data available for the impact on those visiting their relatives.*

Ambulance Services

- Q.** It is said that care always begins when the ambulance arrives however, definitive treatment is hospital based therefore how could this be right?
- A.** *Ambulances are critical to care even though acknowledged that some procedures are hospital based.*
- Q.** Referring to the consultation document, budget figures for investment in the ambulance service in 2012 compared to 2007 show an increase that is only just above the rate of inflation. Therefore, these figures should be looked at again as they are a crucial part of the proposals.
- A.** *There are plans to advance the ambulance service, comments surrounding the figures would be reported back to the PCT and clarification provided for the next meeting.*

ACTION – The PCT undertook to provide clarification regarding budget figures for the ambulance service for the next public meeting.

Worthing has a critical care unit

- Q.** Worthing has a critical care unit and has recently had a facelift to expand facilities and the fact that investment is to go into Brighton and Hove in combination with these proposals has knocked morale at Worthing hospital.
- A.** *The investment to make Brighton and Hove a critical care hospital means in all aspects and not just by creating a unit.*
- Q.** Brighton has been chosen to become a Critical care hospital but it has a dubious record.
- A.** *The hospital is a very good teaching hospital – it is the powers that be that have made the decision.*
- Q.** What would be the cost of turning either Chichester or Worthing into a critical care hospital?

A. *The PCT undertook to provide these figures for the next meeting.*

ACTION – The PCT undertook to provide capital spend figures for the next public meeting.

Increase in housing and population in West Sussex

Q. The Toddington Lane development is one of many which will mean extra demand on local health services.

A. -

Q. Regarding housing, the PCT have worked out their proposals over the next 10 years however, the Government is working to housing figures over 20 years – this is not very joined up.

A. *The proposals cover a minimum of 10 years.*

There should be two Major General Hospitals in West Sussex

Q. Due to population increases in the next ten years, surely there will be a need for both Chichester and Worthing to be Major General Hospitals?

A. *The proposals are based on a prediction of population sizes.*

Conclusion

Peter Evans as Chairman of the meeting said that in summary, he felt that the people who had spoken tonight were not in favour of any of the three options outlined in the PCT's document and it seemed to him that there was a fourth and fifth option, so proposed the following:

- **Propose option 4 – Littlehampton Hospital must be rebuilt regardless of options 1 – 3**
- **Propose option 5 - There is a need for two Major General Hospitals in West Sussex to sustain the ever-increasing West Sussex population.**

Those present unanimously supported these two proposals and confirmed they were happy for Peter Evans to write to the PCT confirming this was the view of the Eastern Arun residents in response to the consultation.

The Chairman thanked those present for attending the meeting.