

R/B/6/9/3

Mr Rolley

12 October 2007

Dear Sir

FIT FOR THE FUTURE

The Town Council welcomes the opportunity to respond to the Fit for the Future consultation. In drawing together our response representatives from the Town Council have attended the Primary Care Trust Public meeting in East Grinstead on 28th August 2007, the West Sussex County Local Committee Public Meeting on 4th September, met with Sara Weech, Director of Strategy on 26th September and attended a meeting at the Queen Victoria Hospital on 10th October. The Council has also liaised closely with local stakeholders and the community and studied the consultation document in depth and had regard to similar consultations across the County boundary in Surrey, Kent and East Sussex.

At the outset it is important to emphasise that the consultation leaflets were not, as promised, delivered to households in East Grinstead. In short, many members of the local community were unaware of the consultation. This was raised with the Chief Executive Officer, Mr Wilderspin, at the Meridian Hall meeting on 28th August, and he indicated that he would investigate. Notwithstanding this nothing transpired locally.

There are a number of core statements that the Town Council would wish to make as preliminaries to the more in depth response. These are as follows:-

- * **The case for change, insofar as it is seen by the average citizen, is not made.** One thing that is not discernible from the consultation document is the impact that the changes will have on the quality and speed of care, including critical care. There is, so far as we can see, no evidence based outcome clinical data available.

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Fit for the Future
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West Sussex Primary Care Trust
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WORTHING
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- * **In parallel with any other changes is the recognition of the need to modernise and enhance resources available to our valuable ambulance services.** Coterminous with this is the need to improve access links. All of this will require funding and must be achieved up front before the other changes identified in Fit for the Future are put into place. The issue of access is particularly critical for East Grinstead due to its geographical position on the northern extremity of West Sussex, immediately adjacent to East Sussex and Surrey and close to Kent. We are aware of the findings of the Sheffield study, which concluded that the risks to patients increase in all cases and by an average of about 1% for every 10 km travelled. In August the Ambulance Service did not achieve the 75% category A response time required in Mid Sussex and in virtually the whole of the District the Category B response was below 50%. These are extremely worrying figures and we see no evidence to suggest that this sub-standard performance will improve after the proposed reorganisation.
- * **It is essential that the Primary Care Trust gives detailed consideration to the implications of the change upon the workforce.** This is not an easy area in which to recruit staff due to house prices. Whilst the implications of change might be less onerous for highly paid consultants and senior management staff this is less easy for nurses, clerical personnel and ancillaries.
- * **There is no indication, so far as we can see, as to how the private sector will fit into the health configurations.** How, for example, do private treatment centres fit into the new arrangements? It is understood that in other parts of the country the Primary Care Trusts have identified a specialist hospital category, not an option that West Sussex appears to have considered.
- * **In all the Town Council's consideration of Fit for the Future there are concerns that there is no real evidence of the importance of health education and better management of long-term conditions.** It is known that resources allocated into such areas represent excellent value for money and can assist in saving the health service significantly large sums over time. For example, Seattle, United States, where all members of the public are encouraged to undergo training in CPR, and as a result Seattle is the safest place in the world to have a heart attack. Also the excellent work being undertaken in Australia on the dangers of Melanoma are but two examples. Diabetes and Obesity are two examples of conditions locally that can have major resource implications on the health budget and yet they are reversible with dedicated health education funding.

Whilst Councils cannot expect to be real experts in the broader health field, Councillors locally have noted Dr Ashby's campaign, which has resulted in 180 GPs in the area (including every East Grinstead GP) signing up in opposition to the proposals. The lack of local clinical support is an important consideration. Equally so is the recent report of the Academy of Medical Royal Colleges, published September 2007, which states (p.4) "Evidence for centralisation of non-complex and high volume cases does not exist".

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Turning to more specific responses in relation to Fit for the Future, we need to make clear that East Grinstead Town Council fully supports the campaign to protect the Princess Royal Hospital. Under all current options the Hospital is to be downgraded. This is particularly unfortunate in respect of accident and emergency services. As will be appreciated the Princess Royal Hospital serves a very large catchment area from Horsham, Henfield and villages in the west, north Brighton and villages in the south, East Grinstead and villages in the north, across to Uckfield, Lewes and villages to the east. It is also located in an area that is to be subjected to enormous housing growth in coming years and is well located in relation to Gatwick Airport.

Journey times from East Grinstead to both Worthing and Chichester are lengthy and almost impossible for those without private transport. Although it is appreciated that the population of East Grinstead also use the services provided by hospitals in East Surrey and Tunbridge Wells, there are concerns lest reviews being carried out in those areas should lead to diminution of services there. Although we have been assured that maternity and obstetrics services at East Surrey will be expanded over time to take account of the needs of this part of West Sussex, any health service that reviews itself on a fragmentary basis according to artificial geographical boundaries must give cause for concern on sustainability issues.

As a result of the above concerns we also support the Princess Royal Hospital in fighting to save its maternity and obstetrics services. We are concerned on the evidence produced to date that the alternative arrangements may not be satisfactory for the needs of patients within the Mid Sussex area.

Consequently also the above the Town Council considers it is essential that the Primary Care Trusts in the South East do liaise closely in an holistic way to ensure that the needs of communities living close to county boundaries are fully addressed.

In respect of the Princess Royal Hospital we understand that there is further work being undertaken with regard to identifying an alternative option that would preserve some of the existing services that would be lost under all the current options. We would welcome that and would ask the Primary Care Trust to engage actively with stakeholders in the Mid Sussex area to ensure that a positive conclusion is reached.

At a local East Grinstead level the Town Council wishes to applaud the success of the Queen Victoria Hospital NHS Foundation Trust. The Queen Victoria Hospital is a beacon of best practice. Its specialisms serve the whole of the south east area and its community ward is highly regarded. The Town Council believes that there are opportunities to expand services within the Hospital to meet the wider needs of the Primary Care Trust. We would urge in particular that there should be detailed negotiations with the hospital management with a view to expanding the hours of operation of the minor injuries unit, to expanding elective work for specialist services such as Orthopaedics, hand surgery and possibly dentistry for example and to arranging for more visiting Consultants to the Queen Victoria Hospital, where it is felt that the Hospital can help to deliver positive results. It is also understood that there may be opportunities to make greater use of the critical care beds in the Burns Unit. These are already used for burns and major head and neck surgery. These could produce a useful step down service. It must surely be better to move doctors around than patients. In all of this it needs to be remembered that the Queen Victoria Hospital has an excellent record when looking at patient lengths of stay and this should be attractive to commissioners and should be taken on board by the Primary Care Trust.

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In conclusion the Town Council urges West Sussex Primary Care Trust to review carefully their proposals for healthcare changes as proposed in Fit for the Future, particularly insofar as they relate to the Mid Sussex area. The Council wish to see existing proposals for the Princess Royal Hospital reviewed further to ensure against any diminution of services away from this Hospital, wish to see proper investment in ambulance services, close liaison with other Primary Care Trusts in the south east and every effort made to expand services provided from Queen Victoria Hospital that can assist to achieve the overriding objectives of enhancing patient care in quality, localness and speed for patients within the immediate catchment area.

Yours sincerely

Town Clerk