Best care, best place

A consultation document for residents of the Central Sussex Partnership area - Brighton and Hove, Mid Sussex and Sussex Downs and Weald

NHS

This document looks at NHS services for the 530,000 local people served by three primary care trusts, one mental health and community services trust, one ambulance trust and two general hospitals, the Royal Sussex County Hospital in Brighton and the Princess Royal Hospital in Haywards Heath, both managed by the Brighton and Sussex University Hospitals NHS Trust. All these bodies are listed at the end of the document.

Together, your local NHS is making a number of proposals to change services over the next few years. This document launches a 16 week consultation period beginning on **2nd November 2004** and ending on **22nd February 2005**.

This consultation process is the second stage in the Central Sussex Partnership Programme, which began in 2001 and involved consultation on a set of proposals - primarily the merger and integration of two trusts into the Brighton and Sussex University Hospitals Trust. Those proposals were intended to secure services for the next three to five years, providing a strong base for the future. Earlier this year there were *Best care, best place* events in Brighton, Haywards Heath, Uckfield and Newhaven, as part of a further discussion phase leading up to this consultation (see Appendix, page 25).

The consultation proposals in this second stage relate to a number of key decisions that need to be made shortly after this period because of continuing pressures on the health and social care system, set out below. We are also asking for your views on how we provide other services in the future, where we offer various ways forward for wider debate. We do want to have a genuine airing of these ideas so that we can proceed in the clear knowledge of what local people want.

The NHS organisations are convinced that, if we can make these necessary changes, we can offer local people the highest possible standards of health care for the long term. We have the potential to benefit from hospital services that combine high quality care across the specialties at the two hospitals managed by Brighton and Sussex University Hospitals NHS Trust, both with A&E departments.

Details of how you can take part in the consultation and discussion process are given at the end of this document.

Gary Needle
Chief Executive
Brighton and Hove City Primary Care Trust

Peter Coles
Chief Executive
Brighton and Sussex University Hospitals NHS Trust

Mike Wood
Chief Executive
Mid Sussex Primary Care Trust

Dr Michael Rosenberg
Chief Executive
South Downs Health NHS Trust

Fiona Henniker
Chief Executive
Sussex Downs and Weald Primary Care Trust

This document sets out proposals for the future of some hospital services over the next ten years which, together with fresh ideas about how we care for NHS patients outside hospital, will set the pattern for the coming years as the NHS develops and modernises the way it provides treatment.

This is not just about hospitals, but about the whole range of care, from the way individuals look after their own health, to the manner in which long term conditions are treated and to the hospital specialties which provide both routine operations and procedures and life-saving care. We want to continue to develop services outside hospital, closer to people's homes.

If the proposals in this document are supported by local people we see a very bright future for both the Princess Royal Hospital in Haywards Heath and the Royal Sussex County Hospital in Brighton, working together to provide the hospital services local people need, and working much more closely with primary care services provided by GPs and other primary care professionals, and the social care sector.

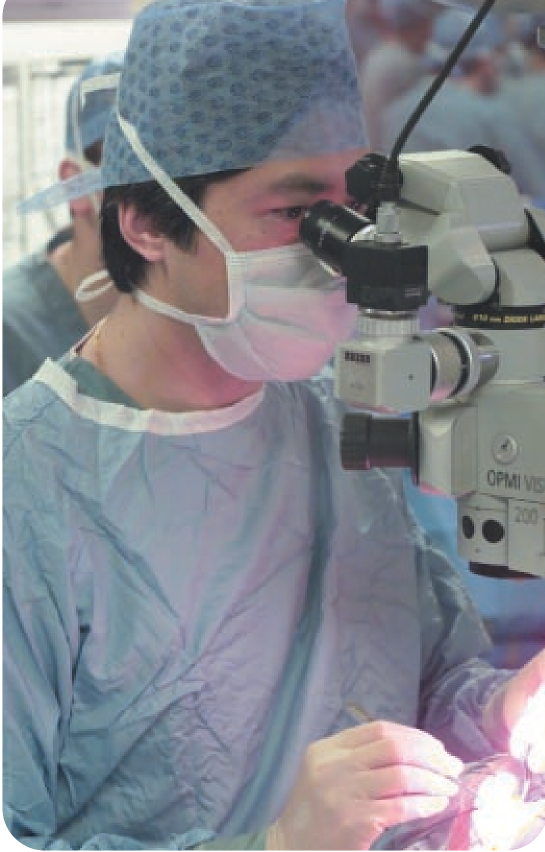
Again, if these proposals are approved, there is a major opportunity for the NHS in this part of Sussex to access major capital investment to renovate aging buildings in both our local communities and at our hospitals.

The services on which we are seeking people's views are:

- Emergency surgery including orthopaedics
- Children's services (paediatrics)
- Maternity
- Neurology and neurosurgery
- Brighton General Hospital
- Developing services outside hospital
- Routine surgery.

But the document also deals with improvements and new ways of working which will see increasing numbers of people coming for diagnosis, x-ray and other scans and tests outside the traditional hospital setting. Many more will be seen in their GP surgery and treated for minor conditions, including some operations, in these settings.

The local NHS collectively believes that advances in technology and new ways of working will create a sea change over the coming years in the way we access health care. These proposals are the first step down that road towards a different, much improved service for all.



Our vision for the future

The NHS organisations have set out a clear vision for the development of services across the area. This states that:

> *"... Every person in our area should have an equal opportunity to be as healthy as possible. When they need to use health and social care services, they should find them person centred, inclusive, timely and accessible. The system as a whole should be efficient, effective and offer services of a consistent high quality..."*

Our proposals involve a number of key service changes that need to take place in order to achieve this vision.

High quality care

Every patient wants the same thing from the NHS: high quality health services that are accessible and convenient, ideally in modern, clean buildings, with care provided by the best professional staff available.

No one wants lengthy waits for treatment, either in a queue for routine surgery or in Accident & Emergency. And the risk of catching a hospital infection like MRSA should be minimal.

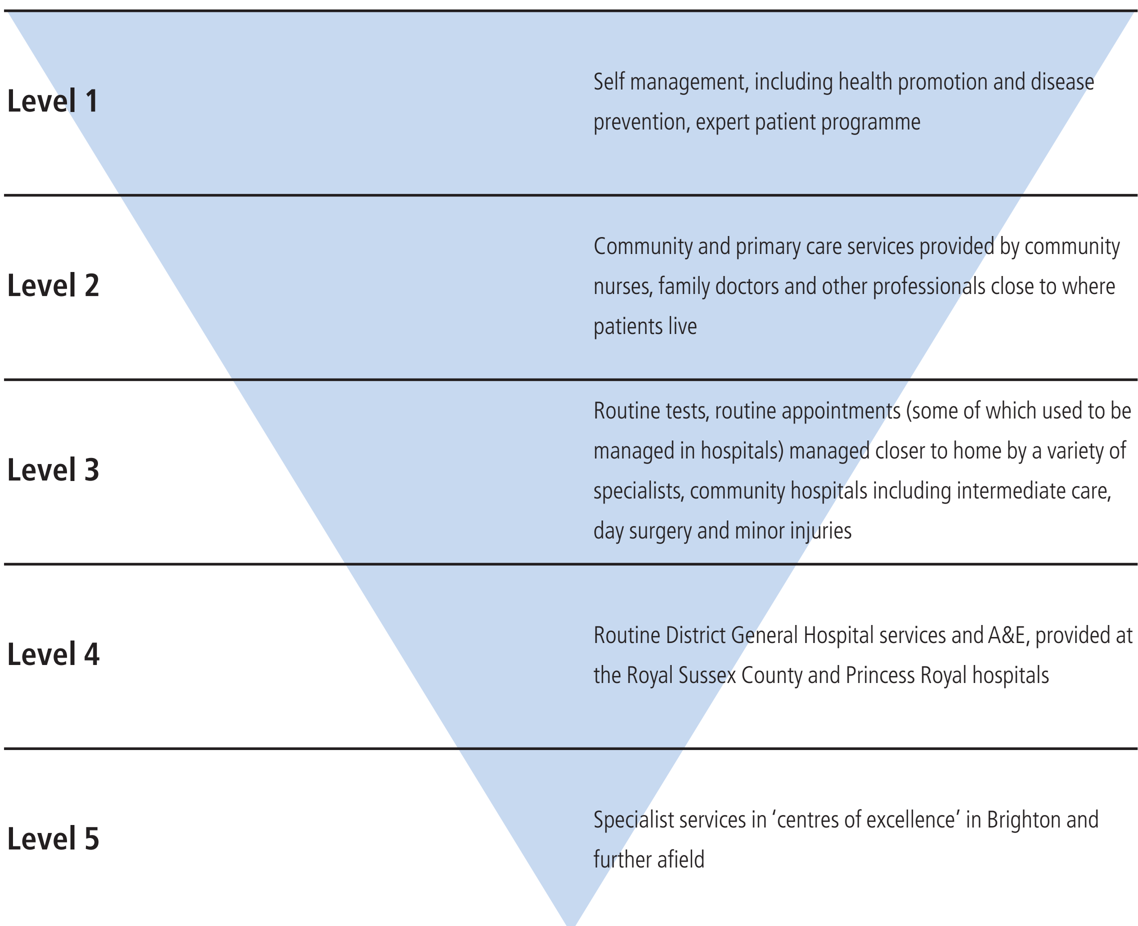
Your local NHS has exactly the same ambitions for patients. We believe we can provide a network of services in both the community and in hospital, with the Royal Sussex County Hospital and the Princess Royal Hospital remaining as strong, viable hospitals, working in partnership under one management team and with joint clinical teams running services at both.

The hospitals do now, and will even more in the future, work in partnership with GP practices, community nursing and therapy services, social services and the voluntary sector, to ensure that your local NHS offers you treatment and care in the most appropriate setting according to your need.

This is why we are calling this document *Best care, best place.*

Providing the best in care and treatment – how we plan to deliver

The diagram below indicates the `pyramid of health care', showing how most people are seen and treated at the top of the diagram, with specialist services limited to a small number of patients at the bottom.



Below we set out how those services at each level of the pyramid work both separately and together.

Self management and health promotion – level 1

The NHS is not just about providing services for people who are ill. We also have

responsibility to promote health and well being and to prevent ill health.

For example, the biggest single thing we can do to improve the health of local people is to help smokers quit. Across the country over 200,000 stopped with the help of the NHS last year.

A new initiative – the Expert Patient Programme – offers patients with long term conditions a six week course to help them understand their medical problem and improve their quality of life.

All too often the simple message that 'prevention is better than cure' is lost in public debates about buildings and money. We want to raise the profile of health promotion and disease prevention for the long term, as well as discussing the immediate future for local services.

Community and primary care services – levels 2- 3

The NHS organisations in our area have already started an ambitious programme of development in local services outside hospital. With the right level of funding it will be possible for many more people to be treated closer to home.

Some of these developments are already well underway, such as a dermatology clinic at the Vale Primary Care Centre in Haywards Heath. We plan to improve the fabric of all our local surgeries and health clinics.

Intermediate care is a service targeted at people who would otherwise face unnecessary prolonged hospital stays or inappropriate admission to hospital or long term residential care.

Of course buildings in themselves are not enough and we need more staff working in the community, taking on new roles. As just one example, our intermediate care teams now provide a service which starts with the needs of the individual patient and brings the service to the patient, rather than expecting often frail older people to come to the service. This is a result of health and social care working together in order to avoid duplication.

> *"The intermediate care team have been brilliant – they are so friendly. Without this service I would have had to stay in hospital for an extra six days."*
>
> **Patient, Mid Sussex.**

We believe we have made good progress, but if we look at national and international best practice we can do more.

There is also good evidence to suggest that people with long term conditions such as diabetes or respiratory disease who frequently attend hospital would not need to go if the right level of care could be provided in the community. Living with a condition like this makes a real impact on everyday life and on the family. Good management, maybe with the help of a specialist nurse or other professional, can make a big difference, prevent crises and help people achieve a good quality of life.

All the NHS organisations are developing plans to improve services for those with long term conditions. These plans build on our

existing community services and include a new initiative called case management. This will provide highly trained nurses or other clinically trained professionals to increase the support to our most vulnerable patients and reduce the number of crisis events which end up in hospital.

We are also developing staff we call practitioners with special interests in primary care. These are people like GPs, dentists, nurses, therapists and other health professionals who develop an additional expertise in a defined area, such as diabetes, dermatology, minor surgery and older people's services. These practitioners share a common aim – to improve access to high quality services and bring more hospital procedures such as diagnostic tests and minor surgical procedures closer to people's homes.

These practitioners can improve the quality and range of services delivered across primary care, and really benefit local people.

Hospital services – levels 4 - 5

Over 90% of NHS care is provided outside the general hospital, in your GP surgery, health centre, community hospital or at home. The changes we are making to these services outside hospital will have an impact on the way hospital services are provided. There are also a number of other issues that are directly affecting the way hospital services are provided.

New laws across Europe mean that doctors are no longer able to work the excessive hours they have in the past. This means we have to increase the numbers of doctors – both those in training and consultants – in all specialties, particularly paediatrics, orthopaedics, A&E and obstetrics and gynaecology.

The Brighton and Sussex University Hospitals NHS Trust has already increased the numbers of medical staff. But there is a problem with more doctors working with us and that is that each doctor sees fewer patients.

> *"Medicine has seen many changes over the last few years and all clinicians, both in hospital and the community, now have to do more things for their patients in each consultation than ever before. Nurses are becoming more specialised and doing more tasks that would normally have been done by the doctor, and some GPs have specialised and are doing work that would normally be done by hospital consultants. This means benefits for all – quicker appointments for patients and an appointment in the GP surgery rather than hospital. And nurses and GPs can develop their careers, leaving the complex cases for the consultants."*
>
> **Dr B, GP, Mid Sussex.**

In order to gain and retain skills, doctors must see sufficient patients to gather the experience they need to progress in medicine and surgery. And there are strict guidelines laid down by the medical Royal Colleges and the Department of Health, which are designed to ensure that all doctors are properly trained and experienced.

If there are not enough patients being seen in a particular specialty in a hospital the Royal College concerned can withdraw `accreditation' at that hospital, which would mean that the hospital could no longer train doctors in that specialty. Alternatively, services without the necessary 'critical mass' would not be supported by Department of Health accreditation or clinical networks. Those doctors could become de-skilled and de-motivated and patients would no longer get the best treatment.

Not all hospitals are the same. For example, there are specialist centres for cancer like the Royal Marsden, for burns and plastic surgery like the Queen Victoria in East Grinstead, and for spinal injuries like Stoke Mandeville. For those very few people needing very specialist services it is necessary and desirable for them to travel to specialist centres.

In addition, community hospitals provide a range of diagnostic, outpatient, day surgery and some inpatient services. They also provide intermediate care, particularly for older people who have completed their general hospital care but need specialist rehabilitation help before returning home or moving into a care home.

All the NHS bodies want to provide more care outside hospital wherever possible – in GP practices, local clinics or centres or in people's homes, and more outpatient treatment in preference to inpatient care. Local and national consultation has shown us that people prefer to return to their own home after treatment, and even those having routine operations are now familiar with day case surgery, where the patient has his or her operation and goes home the same day. Over 60 per cent of all operations in our hospitals are now carried out as day case surgery.

It is inconvenient for patients to have to take half a day or more off work just to go to hospital for a simple blood test. Increasingly we want to be able to provide tests like these, and x-ray and other scans, in a local centre, easily accessible and available for extended periods.

We have a hospital Trust which currently has hospitals across several sites, and in the future we will also have a brand new children's hospital in Brighton. Our plans are to establish a network of services that are complementary and that use our scarce specialist staff to best effect across all our hospitals. If we can make the changes proposed, we can then plan strategically to make significant capital investment in new hospital and primary care buildings over the next ten years.

We must make it plain that both the Royal Sussex County and the Princess Royal will keep Accident & Emergency Departments, although we would expect some serious cases – as now – to be transferred from Haywards Heath to Brighton to be treated by specialist surgeons. At present children who suffer accidents may be transferred to Brighton and serious vascular problems are also transferred there. It is important to emphasise that the vast majority of local people will continue to receive A&E services

from their local hospital. So there is no threat to A&E at the Princess Royal.

Which services do we want to change?

Our proposals relate to:

- **Emergency surgery including orthopaedics**
- **Children's services (paediatrics)**
- **Maternity**
- **Neurology and neurosurgery**
- **Brighton General Hospital**
- **Developing services outside hospital, closer to people's homes**
- **Routine surgery.**

The effect of these changes would be that we would have agreement on the location of some of our key services across two main hospital sites for the foreseeable future. And we would also be able to implement plans for major capital developments at both the Royal Sussex County and the Princess Royal. Following consultation we propose to develop what is called a Strategic Outline Case for these developments, and gain Strategic Health Authority and Department of Health approval to proceed.

In the next sections we will outline in more detail the thinking behind our proposals for each of the specialties listed above.
We will also discuss our proposals for improvements to the care people receive outside hospital, as well as outlining the current financial context, which is also a factor in the need to make changes over the coming years.

Proposals for emergency surgery including orthopaedics

It is our strategy to retain two A&E departments – one at the Royal Sussex County Hospital in Brighton and the other at the Princess Royal Hospital in Haywards Heath.

To achieve this objective we need to take a number of factors into account:

- The new legal limits on doctors' hours of work also apply to emergency care
- The need to review emergency surgery for the very small number of patients who need the expertise of specialist surgeons. For example, surgeons who deal with blood vessels (vascular surgeons) already concentrate their expertise and competence at the Royal Sussex County. We will review the other areas indicated below, where this approach may be necessary

- The options for 'joining up' the various emergency and out-of-hours services in mental health services, A & E, ambulance services and primary, community and social services
- The opportunities to develop roles for emergency care staff, for example emergency nurse practitioners, specifically trained to provide the right level of care at the right time in an emergency setting, and the role of ambulance services in emergency care.

Our whole emphasis is about getting the best possible treatment for patients, the vast majority of whom could continue to be seen and treated at the Princess Royal Hospital. For example, all of the below and many more problems could continue to be seen there throughout the 24 hour period:

- Burns or scalds
- Eye injuries
- Fractures
- Chest pain
- Heart attack
- Overdose
- Asthma attack
- Stroke
- Minor head injuries.

As now, after assessment and emergency treatment, some patients may need to be transferred to specialist hospitals. For example, a patient with burns may be transferred to the Queen Victoria Hospital in East Grinstead and a patient with multiple injuries may be transferred to the specialist facilities at the Royal Sussex County.

The Princess Royal currently sees 30,000 patients in A&E each year. National guidance says that a 24 hour department needs to see more than 50,000 and even as many as 100,000 patients a year. Partly because of this there has been speculation for many years about plans to `run down' the Princess Royal and close its A&E department. This very speculation damages our ability to plan for the long term. But the Princess Royal is not a stand-alone hospital serving just its community, it is part of a major University Hospital Trust, including also the Royal Sussex County, and it is clear it has a viable, long term future, although some changes are needed.

Changes our clinicians have recommended to provide improved services for patients include transferring those who need emergency abdominal surgery and those who are suffering from multiple trauma (injury). We would plan to develop a protocol with the Ambulance Trust so that patients with those injuries generally were taken directly to Brighton.

Orthopaedics is the specialty which includes routine operations on the bones, for example hip and knee replacements, and major injury to the bones, caused by road or other accidents. We have been driving down waiting times for patients for routine operations in recent years, but this year we failed to meet the nine month maximum waiting time for several hundred patients, and the Brighton and Sussex University Hospitals Trust had to work with other hospitals in order to get our targets in line.

The Government has said that no patient should wait for a standard operation for more than six months by the end of 2005. If we do not take action we will not hit that target.

For that reason we want to make sure that we use our doctors in these key specialties to the best possible effect. In orthopaedics we believe the solution is to split routine surgery from emergency work.

The most effective way of improving both waiting times and the effectiveness of our orthopaedic trauma service is by separating routine from emergency work. This would mean that the dedicated surgical team, which works across the Trust, would undertake virtually all routine cases at the Princess Royal Hospital, with the same team operating on a small number of procedures on patients with complex conditions at the Royal Sussex County Hospital. At the same time, all major emergency orthopaedic cases – excluding simple fractures like a broken leg caused by a fall – would be transferred to Brighton. Emergency surgery for other conditions would also take place at Brighton.

This would mean that routine cases would no longer be cancelled because an emergency has arrived at the hospital. Currently around 1000 patients every year have their operations cancelled for this reason and that would no longer happen. The routine cases could be planned more effectively and more could be carried out. Cancelled operations are very frustrating, and the mix of routine and emergency patients makes cross-infection such as MRSA in theatre or on the wards more likely. The risk of cross-infection would be dramatically reduced in both hospitals.

This would mean a relatively small number of patients – we estimate between 1300 and 3300 a year out of over 30,000, depending on the surgical procedures concerned - having to be transferred from the Princess Royal after initial treatment there to the trauma surgery team at the Royal Sussex County or taken directly to the Royal Sussex County by ambulance.

We already have established plans for a new Independent Sector Treatment Centre at the Princess Royal, which will provide care for routine operations in a first class environment, with modern facilities and operating theatres. This unit will serve the whole population of Brighton and Central Sussex and will open as soon as 2006. We will want to discuss with you the extent of other work that could be transferred to the Princess Royal.

It is important to recognise that the large majority of patients who attend A&E go home without the need for an overnight stay, and of those who do need to stay overnight, the large majority need medical, not surgical treatment.

But the Princess Royal would retain an A&E department, 24 hours a day, seven days a week.

We are timing this consultation to give us the opportunity to plan these changes carefully, with the involvement of patients and, crucially, with the ambulance services. We wish to avoid having to make changes in response to an immediate crisis. If these proposals are accepted the changes could take place during the 2005/06 financial year, to be completed by March 2006.

We propose that we continue to have two A&E departments – one at the Royal Sussex County Hospital in Brighton and the other at the Princess Royal Hospital in Haywards Heath. To achieve the best outcomes for patients we propose that most emergency surgery, including orthopaedics, should be carried out at the Royal Sussex County Hospital.

Questions to consider:

- **Do you accept the need to make changes to emergency surgery and orthopaedic services?**
- **Do you support our proposals?**
- **Are there any other options you would like us to consider?**
- **Do you have any other comments?**

Proposals for children's services

We believe the way forward is to provide comprehensive day care for children at the Princess Royal, but inpatient care only at Brighton. Children rarely need an overnight stay and we would continue to provide ambulatory care (walking, not overnight) at the Princess Royal as well as at the Royal Alexandra Children's Hospital in Brighton and then at the new 100 bed children's hospital which is already underway and which will open at the Royal Sussex County Hospital in 2007. It should be possible to deliver the highest quality inpatient care with a top paediatric team who will also have responsibility for managing ambulatory care at the Princess Royal and community care for children in local centres and their own homes.

Our plans are based on keeping children out of hospital whenever possible. Children do not like spending even a night away from home if that is not necessary, but of course we must have a high quality inpatient service available when it is needed. The new children's hospital will meet those requirements.

In February of this year because of medical staffing problems all medical emergencies brought in by ambulance were diverted from the Princess Royal to Brighton. Accreditation for paediatric medical staffing at the Princess Royal Hospital was removed in 1998 and inpatient beds were removed from the hospital shortly afterwards.

In 2002, in line with the changes to supporting the Special Care Baby Unit with advanced neonatal care practitioners, the paediatric service was developed to become

more nurse-led in areas such as the A&E department and outpatients. New consultant specialist outpatient clinics were also developed for local children which will be maintained and strengthened. Currently there are a few children aged over five who receive overnight care, who have suffered broken bones and need a general anaesthetic. The plan is for these children to be transferred to the Royal Sussex County Hospital.

The proposal in this document is that we formalise the current arrangements for children's care and support the transfer of the small number of children requiring a general anaesthetic to repair their fractures. Outpatient care would continue to be provided by the same specialist paediatric team at the Princess Royal Hospital.

We propose that all medical inpatient services for children continue to be developed at the Royal Alexandra Hospital and that paediatric trauma, where a general anaesthetic is needed, is provided at the Royal Sussex County Hospital.

Questions to consider:

- **Do you accept the need to make changes to children's services?**
- **Do you support our proposals?**
- **Are there any other options you would like us to consider?**
- **Do you have any other comments?**

Maternity proposals

We fully understand that women want the greatest possible choice over where and how they have their baby and we are determined to offer the widest possible choice. However, we are faced with the same pressures that we have outlined above, principally the shortage of neonatologists and paediatricians (children's doctors) who are needed to look after poorly or underweight babies in special care baby units, and the need for them to work in an environment where they are seeing enough cases to keep their skills up to date.

One of the most extensive surveys into the views of women was carried out in Central Sussex this year. No fewer than 5,000 women took part, both those with families and those without a child. A very clear message emerged from the survey, undertaken by the National Childbirth Trust, was that women want to retain specialist services at the Princess Royal Hospital and they also want the option of more homely midwife-led services.

It is our proposal, in response to the national shortage of specialist doctors, that the special care baby unit at the Princess Royal Hospital be supported by advanced neonatal nurse practitioners. These are nurses with special training who are able to care for premature babies in a special care baby unit, without 24 hour supervision by a neonatologist. A way forward for the future, to maintain obstetric services at Haywards Heath, would be to use these expert nurses to run the centre, with obstetric cover still provided, as now.

Occasionally it would still be necessary to transfer a baby to the neonatal intensive care unit at Royal Sussex County, but that happens now and in the future there would be more skilled staff at the Princess Royal, assuming we are able to recruit and keep sufficient numbers of these new nurses to cover the full 24 hour period. The service is also supported by a 24 hour rapid response team for neonatal services, which ensures that babies can be transported safely.

The alternative would be to replace the current maternity unit at the Princess Royal with a midwife-led unit either in that hospital or nearby. This would be popular with many women who like the idea of these units and do not prefer the medical model, but it would only enable some 500 babies to be born there each year, and mothers would have to go to Brighton or another hospital such as Redhill for an obstetric delivery.

There would also be a greater risk of a woman having to be transferred in labour to another hospital, and the large number of extra births at Brighton would put more pressure on their maternity department, unless additional space and staffing are provided.

We have identified two options for consideration. The first and preferred option is to continue to maintain obstetric services at the Princess Royal Hospital, by employing Advanced Neonatal Nurse Practitioners. The second is for a midwife led unit at the Princess Royal Hospital, with high risk births at the Royal Sussex County Hospital. Further information on these options can be found in the Maternity Review on our consultation website www.mspct.nhs.uk/consultation, which also includes a further technical paper on the overall proposals.

Questions to consider:

- **Do you accept the need to make changes to maternity services?**
- **Which of our proposals do you support?**
- **Are there any other options you would like us to consider?**
- **Do you have any other comments?**

Proposals for neurology and neurosurgery

Hurstwood Park Hospital is no longer suitable for purpose. It has a viable future of no more than seven to ten years at best. It treats 6000 patients every year, from our region and beyond, who need **neurology or neurosurgery.** These are vital specialties that are not provided anywhere else in our region. Services of this kind are provided by highly skilled neurologists and surgeons and expert teams of nurses and the nearest similar units to Hurstwood Park are at St George's and King's College Hospitals in London.

The review of these services by an expert group covering Kent, Surrey and Sussex confirmed the findings of an earlier investigation that decided these key specialties should be retained in Sussex, but within modern purpose-built facilities and at a new location with the support of a full range of other specialties. Short-term improvements to the buildings will not be sufficient to provide 21st century care.

Patients who have suffered a serious head injury following an accident, or patients with brain tumours, need expert care sometimes urgently and our proposal is to move out of the old buildings at Hurstwood Park and provide a purpose-designed new neurosciences department at the Royal Sussex County Hospital, with extra intensive care beds. There have not been any changes since the most recent review that would indicate that we need to revise the decision made at that time.

We propose to keep neurosciences in Sussex and move over time to a new department at the Royal Sussex County Hospital.

Further information relating to the reviews of neurosciences can be found on our consultation website www.mspct.nhs.uk/consultation

Questions to consider:

- **Do you accept the need to make changes to neurosciences?**
- **Do you support our proposals?**
- **Are there any other options you would like us to consider?**
- **Do you have any other comments?**

Proposals for Brighton General Hospital

Brighton General Hospital is no longer suitable for its purpose and certainly not for 21st century health care. It was built in Victorian times and despite the best efforts of dedicated staff the mainly older people who are currently treated there are not getting the best care because of the outdated environment, which is unsuitable for modern medical and nursing practice. This document proposes that we remove all acute hospital care – general medical and surgical treatment – from Brighton General, and reuse the hospital buildings for primary care services or other uses.

The layout of the old `Nightingale' wards at Brighton General has long been criticised by patient groups and Government inspectors.

The hospital is unsuitable for modern health care and many of the patients occupying its wards would be much better cared for in the community. The latter point is also true of the Royal Sussex County itself. In January of this year a detailed survey was undertaken of all the patients in both hospitals and that established that only 50 percent of them met the criteria for acute hospital care – 56 per cent in the Royal Sussex County and 40 per cent of those in Brighton General. In other words many patients would be better cared for outside hospital, particularly older people, who make up the large majority.

Many patients in beds at Brighton General Hospital have completed their treatment and are waiting for a care home placement or help at home, physiotherapy or psychiatric assessment.

In addition, many patients have to be moved to the main hospital for simple diagnostic tests, which is not good for them and is wasteful of staff time.

It is accepted both by the NHS and local social care agencies that we need more intermediate care – providing rehabilitation for older people – as well as more support in people's homes and more specialist care homes, to care for older people who not only should not be in hospital, but who often deteriorate when they are there. It is unacceptable that this should continue, resulting in old and frail people finding it more difficult to live independently once discharged.

Over recent months considerable changes have been made at Brighton General, including moving some wards to the Royal Sussex County, with the effect that some 40 beds have been transferred between the two hospitals.

Our estimate is that if we improve the way we care for older patients both in hospital and the community, bringing our service up to national quality levels, we could transform the way services are provided, enabling more people to be treated at home or in their communities, replacing care carried out in wards which are inefficient and provide poor environments. The effect of this would be to remove all acute inpatient beds from Brighton General.

This would solve the problem of treating mainly older people in a totally unsuitable environment. It would remove duplication of services and staff between Brighton General and the Royal Sussex County, and make a significant contribution to the more efficient operation of NHS services. But it would require very close cooperation between the NHS bodies and local councils with responsibility for social care provision.

We would then retain outpatient and day case services at Brighton General, and may take the opportunity to open a `polyclinic' on the site, to provide a wide range of primary care services to local people, including diagnostics and scanning. In the Sussex Downs and Weald area a range of services both in the community and at community hospitals will support those patients who have previously been cared for at Brighton General. This will include additional intermediate care services and a greater role for the Lewes Victoria Hospital and the Newhaven Rehabilitation Centre.

We propose to remove acute inpatient services from Brighton General Hospital reproviding some services at the Royal Sussex County Hospital, and providing alternative care in the community. Further details on the community services that we plan to provide at the Brighton General Hospital site will be available as the consultation proceeds.

Questions to consider:

- **Do you accept the need to move acute services off the Brighton General site?**
- **Do you support our proposals?**
- **Are there any other options you would like us to consider?**
- **Do you have any other comments?**

How things are now

Brighton and Sussex University Hospitals Trust currently runs services from 177 properties – some over 180 years old. The cost of upgrading its buildings to a decent standard would be £15 million

Other plans for the future

The proposals we have set out above are for formal consultation and we would welcome your views on them by the close of the consultation period. We also want to share with you our ideas about the overall shape of health services in the future, so that we are as clear as possible about the range of services the local population can expect to receive in the next ten years.

- By then we will have dramatically reduced waiting times for surgery, so no patient waits more than **18 weeks** from GP referral to operation, and most would be seen much quicker.

- We expect to see much more diagnosis taking place outside hospital, with the use of **modern scanners such as CT and MRI**, saving people the need to travel for a simple blood test or x-ray or dermatology examination. And, for example, opticians are already starting to do some of the work of doctors in testing people's eyes for early signs of disease.

- By separating routine and emergency surgery we will see much **reduced cross-infection rates** in our hospitals and routine operations would no longer be cancelled.

- Patients will be seen in hospital in medical and surgical **assessment units** before a decision is made on whether they need to go to a ward for treatment.

- We would put major investment into both hospitals and primary care centres, removing many of the **old buildings** that have served their purpose and outlived their use. We spend money simply maintaining buildings that should be closed down.

- Four or five times the current number of outpatients who are **treated in primary care** could be seen there by GPs, other primary care practitioners and hospital doctors, rather than attending hospital. This would be particularly useful for people with long term conditions like diabetes. GPs would also be carrying out many more minor surgical procedures. We are planning a new outpatient facility outside hospital in Eastern Road, Brighton.

- Patients will have much **shorter stays** in hospital, with even more routine operations being carried out as day cases, with the patient going home that evening.

- New **specialist nurses** in certain conditions, including advanced nurse practitioners, will be undertaking some of the work currently done by doctors, both in hospital and in the community.

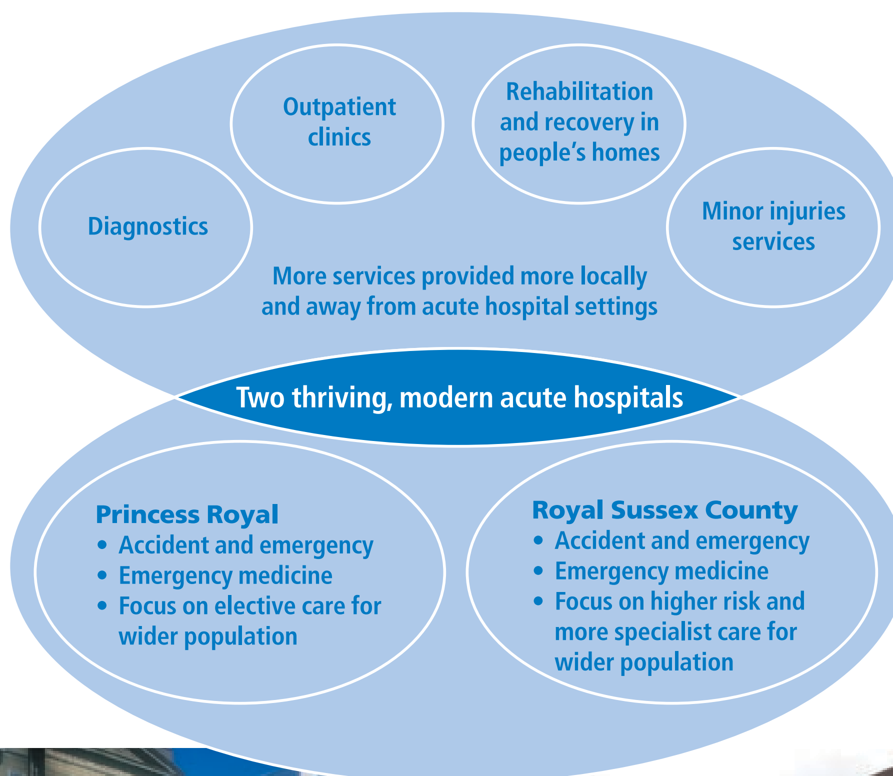
- We will have developed new ways of treating patients with long **term**

conditions, and older people, called care pathways, which will ensure they get the right care at the right time and do not spend too long in a hospital bed.

- By more efficient use of our clinical staff we will continue to build up **expert teams** at both the Royal Sussex County and the Princess Royal in different but related specialties, ensuring that doctors retain their skills by seeing sufficient patients, and that we continue to provide lifesaving and emergency services at both hospitals.

- Working with our colleagues at the new Brighton & Sussex Medical School we will drive forward **training and research** in a range of specialties, with medical students working in primary care as well as hospital.

If our proposals go ahead we would have very robust hospitals at Brighton and Haywards Heath serving local people (as well as the new children's hospital), with the following services provided at each:



Plans we have now

An independent surgical treatment centre is already planned for the Princess Royal site.

At the same time there would be major improvements in primary care. For example, there is a pressing need to improve primary care services and facilities in the Brighton and Hove area. It is planned to do this by a major programme of investment in new buildings and by creating a network of primary and community services across the city, covering three distinct areas which reflect the local geography, Central Brighton, East Brighton and Hove. Each locality would have a number of smaller and larger GP premises together with a community `polyclinic', which would act as a central hub. Together these centres would provide an integrated service across the whole network and patients would be able to use the most convenient location for them.

We will redevelop part of the Brighton General Hospital site as a rehabilitation unit for elderly people who have completed their hospital care and need expert nursing and therapy before returning home or moving to a care home. This care will be provided in a purpose-designed unit with specialist staff who will work hard to return their elderly patients to a full and active life. This will also mean that Brighton and Hove patients, who currently go to the Shoreham and Newhaven rehabilitation centres for this care, can stay in the city. One of the polyclinics could also be located on the Brighton General site.

The transport problem

Throughout the earlier *Best care, best place* discussion period, transport has emerged as a significant issue. A comprehensive travel survey looking at public transport access to hospitals was carried out as part of the Central Sussex Partnership Programme review in 2002. In order to build on this the NHS organisations have asked groups called Local Strategic Partnerships, which bring together the various organisations with responsibility for transport (for example local councils, the voluntary sector and commercial companies providing transport services) to put transport at the top of their agenda. We have timed this consultation so as to allow time to plan changes to transport, particularly ambulance services, in a sensible and measured way.

We need to look at routine issues, such as ensuring bus networks connect with rail networks and hospitals, car parking and patient transport. We are also working with the Sussex Ambulance Trust to ensure that any changes to services are planned ahead and taken into account. Rapid and efficient access between the two main hospital sites, as well as to and from intermediate care and community facilities, is essential in any of the possible scenarios for the future.

Population growth

The NHS organisations with colleagues in local government prepare detailed projections of housing and population growth. It is not always easy to predict precisely how government plans will translate into local housing development and population growth. Our planning therefore needs to take into account a number of possible scenarios for both new housing and

population growth. Nevertheless, it is important to know that the most significant changes in the way health services are provided have historically tended to arise from advances in technology and in the way services are provided, as well as changes in the numbers and age of the population.

Financial issues

We do need to make sure that effective, modern treatment is affordable, and that we don't spend more than our available budget. We do not want to pretend that financial issues are not one of the contributing factors behind these proposals. Many of these developments will help us work more efficiently and use our resources more effectively. At the same time they will also help improve the clinical outcome for patients by reducing emergency admissions to hospital, reducing the length of stay in hospital and enabling people to remain independent for longer. Additionally, there are other ways in which we can save money. They include:

- Doing things more efficiently and cutting duplication
- Reducing reliance on other hospitals and private providers for planned routine surgery
- Making better use of existing resources, taking acute services out of buildings we no longer need, like Brighton General Hospital.

But we should emphasise that these proposals are not about making cuts to services. On the contrary, we believe we will enhance the services we currently provide if these proposals go ahead.

If our proposals are agreed, we are confident that we will be able to bid for a multi-million pound investment over the next ten years, but a capital investment that we can afford in terms of running costs and staffing. This investment would be for both main hospitals and primary and community care premises.

As we receive contributions during the consultation process about the way forward for services we will produce an overall financial model which will demonstrate how we intend to manage within the resources available.

What could happen if we don't make these changes

We have set out above proposals for the future which we think will provide a sustainable and improved NHS for local people based on quality service, good access, reduced waiting and modernised care and buildings. People will only go into hospital if they need hospital care, and they will come out again as soon as their treatment is completed. However, NHS organisations are

concerned that if we don't develop a long-term strategic vision and put these changes in place, we will constantly be reacting to a crisis - which is exactly what happened with children's services earlier this year.

If we don't make these changes, this is what could happen:

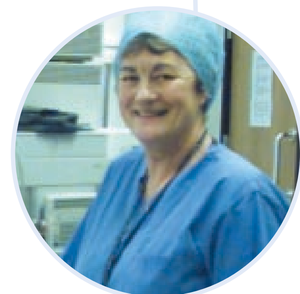
Orthopaedics – keep routine and emergency orthopaedics at both hospitals. The Trust would not be able to provide full surgical consultant cover over the 24 hour period, operations would continue to be cancelled and the Trust would not be able to meet waiting times targets. In addition, the NHS is already committed to building a new routine surgery unit at the Princess Royal, so these proposals are about expanding on that initiative.

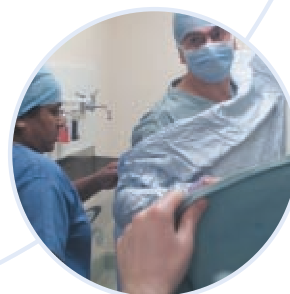
Maternity – Unless we employ Advanced Neonatal Nurse Practitioners, it will be impossible to provide 24 hour cover at both hospitals. The alternative option would be to have a midwife-led service at the Princess Royal Hospital which would mean significant numbers of women travelling to Brighton.

Neurology and neurosurgery – in order to provide safe services next to a full range of hospital specialties we either need to move these services to Brighton or close the unit and move them to a London hospital.

Brighton General Hospital – the simple fact is that this hospital is too outdated to continue to provide safe care. Alternative options relate to the best use of the site for health and social care services in the future. We welcome your views on this.

In general it is the view of all the NHS organisations that a failure to act now could put at risk patient care in some of the crucial specialties. We do believe that the proposals would provide more integrated and higher quality care for all local residents, young and old.





The consultation process

Your views do count…..

We really want to hear what is important to you so we can ensure we are providing the best possible care within the resources available to us. This consultation is centred around the following questions:-

- Do you agree with our overall vision for the provision of health care, which we are calling *Best care, best place*?
- Do you support our analysis of the need to change?
- Do you feel that there are any other options we have not considered?

We are formally consulting on the proposals in the document relating to:

- Emergency surgery including orthopaedics
- Children's services
- Maternity services
- Neurology and neurosurgery
- Brighton General Hospital
- Developing services outside hospital
- Routine surgery

We would also like to hear your views on our future plans to provide services closer to home, particularly diagnostics, outpatients and the management of longer term illnesses.

We have explained why we feel change is needed. We have described some of the issues, such as European legislation on working hours, and the financial and clinical issues that have led us to making these proposals. However, we have been careful not to close our minds to alternative suggestions which may emerge during consultation. To help with this during the first phase of the process, the eight week period from 2 November, we want to explore the proposals with the public and all our stakeholders. We can then test our proposals and any other options which emerge in more detail. This will result in a publicly available Working Paper exploring the issues which emerge during the first phase.

Please register your views by completing the response sheet, overleaf.

Best care, best place public consultation –

Response Sheet

	Yes	No
Do you agree with our overall vision for the provision of healthcare, which we are calling Best care, best place?	☐	☐
Do you support our analysis of the need for change?	☐	☐

What are your views on our proposals relating to:

Emergency surgery including orthopaedics

Children's services

Maternity services

Neurosciences

Brighton General Hospital

Do you feel there are any other options that we have not considered?
(please attach additional sheets if necessary)

Your name:

Address:

Postcode:

Telephone: E-mail:

If you wish your feedback to remain confidential, please tick here ☐

Please return this form or write to us at Consultation Response, FREEPOST NAT 22846, Haywards Heath RH16 3BR. Mid Sussex Primary Care Trust is leading the consultation process on behalf of the local NHS and will coordinate all responses. Each PCT will manage the consultation within their own community.

Other ways to put forward your views

Information displays – in local GP surgeries, hospitals, libraries and other public locations where you will find summary leaflets of this consultation document.

The media – this consultation was formally launched on 2nd November 2004. You should be able to follow reports in your local newspapers, on local radio and other media to learn more about our proposals and how you can become more involved.

Public workshops – are being held on:

- Monday, 29 November, Clair Hall, Haywards Heath, at 4.30pm
- Wednesday, 1 December, Hanover Room, Brighthelm Centre, at 1.00pm
- Wednesday, 8 December, The Meridian Hall, East Grinstead, at 12 noon
- Wednesday, 15 December, Martlets Hall, Burgess Hill at 7pm.

Further workshops will be held in the areas of Mid Sussex, Brighton and Hove, Lewes, the Havens and Uckfield in the new year. They will be widely advertised in the local media and details will be on our website **www.mspct.nhs.uk/consultation**.

Stakeholder presentations - to widen the debate even further we will be holding meetings with our stakeholders and other interested community groups and voluntary organisations. If you would like us to come to your group please contact the consultation co-ordinator on **01444 475710**.

Website – visit our website at **www.mspct.nhs.uk/consultation** to print off further copies of this document and to register your views online.

Email your views to
Consultation.Co-ordinator@mspct.nhs.uk

Fax us on 01444 475757 (please mark your fax clearly FAO Consultation Co-ordinator).

Send an online message by clicking on our website at www.mspct.nhs.uk/consultation. Our web page also includes links to the more detailed papers that support this consultation.

Staff meetings - we will also be holding a series of NHS staff meetings to keep staff as fully informed as possible and to hear their views.

What happens next?

This consultation is running from 2nd November 2004 until 22nd February 2005.

The Health and Social Care Act 2001 places a duty on the NHS to involve and consult patients and the public in developing and considering proposals for change.

NHS organisations are also required to consult the Overview and Scrutiny Committee (OSC) or committees of the relevant local authorities on any proposal for a substantial development or variation to health services.

A further stakeholder workshop is planned for the spring of 2005 where, with our stakeholders and staff, we will be mapping out the best way forward based on the comments we have received. In the spring a report setting out the feedback from the consultation process and our preferred way forward will be considered for approval.

Once the preferred way forward has been agreed, a full strategic outline case will be developed for approval and the process moved through into implementation during 2005.

Please register your response by 22 February 2005.

Appendix

Public participation

The proposals we have described in this document have been developed following a process of extensive discussion with the public, staff, local interest groups, voluntary organisations and other health and social care partner organisations. Many of our stakeholders have taken part in a series of local meetings and four large events, launched as part of the Best care, best place initiative. Findings from this 'discussion phase' have been presented to the various Trust Boards, in order that they could be taken into account prior to this formal consultation stage.

What did you tell us?

The views expressed during this phase were subject to independent qualitative and quantitative analysis in order to be sure they were accurately represented. The results have been used to inform the planning of the changes outlined in this document. Major themes are outlined below, and a full summary of the findings can be found in the Report on the outcomes of the Long Term Service Strategy Consultation Discussion Phase.

Access to services

This was the key issue locally. People wanted to see services sited where they are most used, but they also acknowledged that some travel might be required for specialist services. There was some recognition of the trade-off between travelling to services and reduced waiting times. Transport was, therefore, a key theme for consideration when planning any change of venue for a service.

You will see that our plans aim to ensure that local people can access more services close to home by providing a network of facilities and services across the area. For example, providing more primary care based services will help ensure that no one will have to go to hospital if they could be better cared for in the community. If small numbers of people do have to travel for specialist services, they

will know this is to ensure their care remains high quality and safe. Where there are changes that may result in longer journeys, we will be identifying how patients could be affected and what it will mean for their travel arrangements.

Quality in healthcare

The quality of healthcare received by the patient was seen as very important. This included aspects such as the provision of hospital services and professional standards of the clinicians.

Our plans aim to make certain that local people do receive the highest quality of health care, for example by improving access to all the specialist staff, services and back-up that might be needed. Our proposals will also enable doctors to see and treat sufficient patients in their specialist field to maintain their experience and competence.

Choice in health care

Choice in healthcare was welcomed, and local people believed that choice was paramount to achieving 'patient-centred care.'

We believe our proposals will lead to more flexible services, helping patients receive care as quickly as possible, reducing waiting times and leading to more choice. For example, developing services in primary care will mean patients will be able to pop into their local pharmacist for a blood test or to have their blood pressure checked at their convenience, instead of having to make an appointment at their local surgery.

Ill health prevention

This was seen as very important. People welcome both national and local approaches, acknowledging that responsibility for health care rests with the individual as well as the health service organisations.

Our proposals acknowledge that most people don't need acute hospitals, and can be better cared for in the community. Although the bulk of our resources will always be used to 'treat and cure,' a move away from a dependence on hospital services is a move towards a future where we 'predict and prevent.'

Patient involvement

Local people thought that involving patients in planning their own care and the planning of health care services was crucial.

We also believe this is vital, which is why we've tried to talk to people and engage them in what we're doing from the very start.

What specific public involvement have we done?

We have undertaken some specific work to involve patients and the public in developing options for the future of maternity services. To date this has included:

- Patient involvement on the working groups
- Discussions with the Maternity Services Liaison Committee
- In Sussex Downs and Weald we have had discussions on our Promoting Independence Strategy with a wide range of organisations, patients and carers
- Focus groups involving over 250 women
- Developing Birth Services survey carried out by the National Childbirth Trust and involving over 5,000 women.

This consultation document has been published jointly by:

Brighton and Hove City Primary Care Trust
Brighton & Sussex University Hospitals NHS Trust
Mid-Sussex Primary Care Trust
South Downs Health NHS Trust
Sussex Downs and Weald Primary Care Trust

November 2004