

North East Review Report



North East Review Report

Acknowledgements:

The North East Review Panel would like to thank all those who have participated in the review and helped with the production of this report, including representatives from: local authorities, voluntary organisations, public involvement groups, healthcare professionals, and also members of the public. The contributions made by all stakeholders have been invaluable to the work of the Panel.

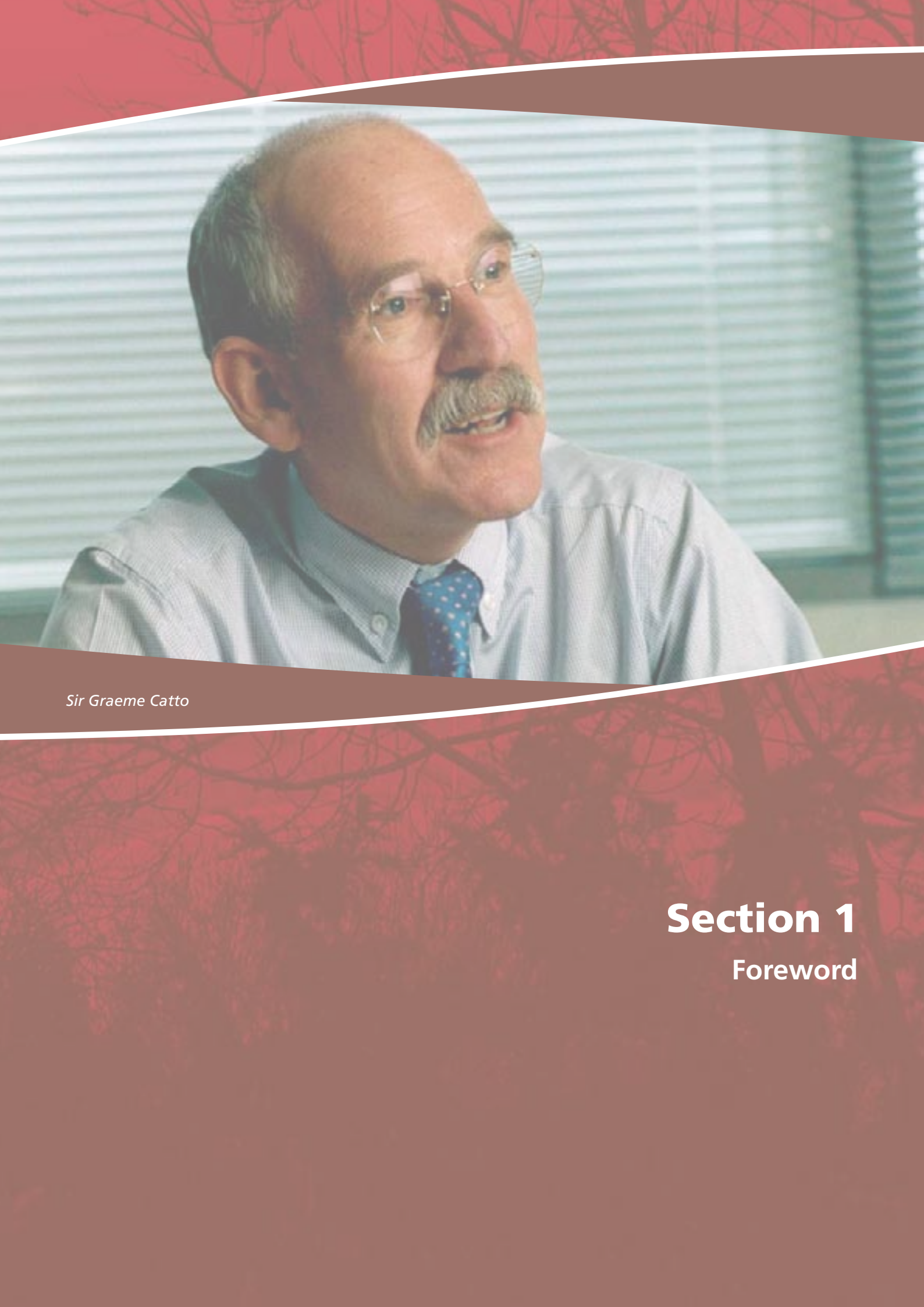
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A series of technical appendices have been compiled and are available to download from the PCT website at: <http://www.westsussexpct.nhs.uk/about-us/north-east-review/>

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Appendices 3-19 can be found online at: <http://www.westsussexpct.nhs.uk/aboutus/north-east-review/>



Sir Graeme Catto

Section 1

Foreword

1. Foreword

Chairing the Panel to review healthcare services in the north-east of West Sussex has been a pleasure as well a privilege. We have heard and read submissions from a variety of organisations and individuals focused on a common desire to seek improvements in health and healthcare for patients and the public locally. The willingness of all concerned to look beyond their immediate interests and help identify realistic solutions for apparently intractable problems made the task of the Panel much easier.

Inevitably, our recommendations will not satisfy everyone. I believe, however, that we have addressed the local issues of real concern. We have not sought to find instant solutions, recognising that many factors are changing quite rapidly, including population growth and treatment options for patients with complex conditions. For that reason, our proposals can be implemented over time to ensure sufficient flexibility to allow for changing circumstances.

This Review was undertaken to identify significant gaps in healthcare provision and make recommendations to West Sussex Primary Care Trust (PCT). We have not addressed every issue raised with us, nor identified solutions to every concern. I am certain, however, that our proposals, if implemented over time, will improve the health services available to the people in this area of the county.

The NHS has rightly concentrated on the quality of its services. The public, however, is also concerned about the accessibility of services. The Review confirmed that access is both about bringing services closer to patients and helping patients get to the services they need. Innovative solutions and partnership-working are essential in helping the PCT and its partners resolve this important issue.

It is now for the West Sussex PCT Board to determine the best way forward. I and my fellow Panel members commend this Report which we believe provides a clear, relevant and flexible plan for the future development of health services in this important part of the county.

I am grateful for the support I have received from all involved in this project – the Panel members themselves, the members of the public and partner organisations who contributed evidence, and the PCT Team that supported our work.

Sir Graeme Catto

Chairman, North East Review Panel

North East Review Panel

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Section 2

Executive summary

2. Executive summary

The review of healthcare and health services in the north-east of West Sussex was commissioned by the West Sussex PCT following the *Creating an NHS Fit for the Future* (FFF) programme in 2007/08. The review was led by a panel of nine professional and lay people and chaired by Sir Graeme Catto, President of the General Medical Council.

The work of the North East Review (NER) covered the 360,000 population of the local authority areas of Crawley, Horsham and Mid Sussex, approximately 47% of the county's population. The Panel was asked to:-

- Establish people's current health status and future health needs;
- Review access to primary, community and secondary care services;
- Identify any gaps in services or significant challenges in accessing services;
- Take expert advice and hear the views of local people;
- Make recommendations to the PCT Board.

The PCT agreed that there should be no constraints on the Panel's remit to investigate or recommend. The NER Panel met on eight occasions. The first phase was devoted to primary, community and mental health services; the second phase to secondary care hospital services.

Detailed submissions were received from healthcare experts, local authorities and voluntary organisations as well as a number of individuals. Community engagement included a 100-strong Stakeholder Forum and a series of Public Information events. Focus meetings took place with special interest groups including the elderly, people with long-term conditions, and the black and minority ethnic (BME) communities.

The Panel's recommendations are outlined in each chapter and summarised in Appendix 1 of this Report. In brief, the Panel found:-

- A healthy and relatively wealthy population but with a number of deprived wards in the Crawley area. The PCT in partnership with local authorities had targeted initiatives to support these deprived communities. The take-up of some health services by BME communities was low.
- That whilst the greatest proportion of the population lived in urban areas and towns, those living in rural areas were adversely affected by poorer access to healthcare.
- That the population of this area was likely to increase by a greater proportion than the county as a whole.
- In a number of services, that there had been less investment in the north-east than the rest of the county. This applied especially to therapy services and some aspects of nursing.

- That GP services were generally well-regarded and of good quality. The focus would be on meeting the needs of growing populations.
- Mental health services, although generally well-organised, had significant gaps in primary care mental health, child and adolescent services, and support for those with dementia.
- That Social care had recently made a number of improvements in its ability to work jointly with the NHS and was introducing some innovative plans online to support the growing population, especially the elderly.
- A sub group (Children's Services Working Group (CSWG)) reviewed children's and young people's services and this is in a separate report. Their key findings relate to the need for a strong children's services hub in Crawley together with greater joint working and coordination.
- That a number of the new initiatives in community services which were introduced across the county were very impressive. These would have a beneficial impact on the north-east.
- That community hospitals provided a real opportunity to bring more services closer to home. This applied especially to those aspects of secondary care – outpatients; diagnostics; day care/treatment; minor injuries – which are visited more often and which would reduce the amount of travel.
- That, linked to the shortfall of therapy staff, the most notable gap in support for long term conditions was the absence of a community stroke rehabilitation team for this population.
- That, one of the two issues that in particular was raised frequently was the perception that many of the healthcare gaps and concerns could be solved by building a new general hospital in the north-east. The Panel found there was no evidential basis for a new hospital but did find that the acute and community hospital system was working at full capacity and that this was an unsustainable position. The Panel was also very aware of the history of reviews in this area and felt strongly that a new approach was needed between the NHS, local authorities and the community at large, to address these issues on a strategic basis. Specific recommendations relate to improved integrated healthcare and new facilities on an accessible location.
- That the second issue, which drew considerable comment, was that of access to services. A major drive to implement the PCT's Breath of Fresh Air (BOFA) strategy would make a significant impact, along with a positive approach to basing services at community hospitals. However the Panel believes that the PCT needs a more strategic approach to access to healthcare, and recommends the development of an equitable access strategy¹.

¹ Equitable Access Strategy- The PCT should seek to plan the delivery/availability of services such that they are reasonably accessible to all the population it serves. Access cannot be equal nor is access the sole responsibility of the NHS. However, every reasonable effort should be made to avoid very long journeys, and to deliver services in locations and at times that are convenient for most sectors of the public. Such locally accessible arrangements must take into account both clinical and financial sustainability, although cost should not be the prime determinant.

There are, in all, 45 recommendations. Whilst the Panel is not unrealistic in its expectations, there would be a strong positive message to the people of the north-east of the county if significant progress on some of the key recommendations could be made in the next 12 months.

At the end of each chapter in the report, there is a list of recommendations. Where these recommendations relate specifically to commitments in the Strategic Commissioning Plan, the following symbol is used: SCP
The recommendations are numbered for ease of reference but are not listed in order of importance.



Section 3

Introduction and background to the Review

3. Introduction and background to the Review

Background to the North East Review

As part of the process of *Creating an NHS Fit for the Future*, an Options Assessment Panel considered a number of proposals for the future delivery of healthcare to the people of West Sussex. One of those options (Option 9) proposed a new acute hospital in the north-east of West Sussex. At that time, the Options Assessment Panel rejected this option as being unsustainable.

During the consultation process, however, people in the north-east of the county expressed considerable concerns about the quality of their healthcare provision. The PCT Board accepted a recommendation that all aspects of healthcare in that part of the county should be reviewed.

Terms of reference for the North East Review

The PCT Board further agreed that the Review be led by a Panel, chaired by Sir Graeme Catto. The Panel would consider evidence on health status, health services and access to them by the people of the north-east, and make recommendations to the PCT Board.

Terms of Reference² for the NER were agreed by the PCT and accepted by the Panel. They are as follows:

- a) Establish the current health status and future health needs of the population in the north-east area.
- b) Review access to health services (primary, community and secondary) including dental health³ and mental health.
- c) Identify any gaps in service provision or significant challenges in access to services that need addressing.
- d) Seek expert advice and the views of local people on how these gaps should be filled.
- e) Make recommendations to the PCT Board.

² See Appendix 2

³ Dental health was initially included in the NER. However, West Sussex PCT has commissioned an oral health needs assessment which will make recommendations on dental services for the whole county.

Scope

The “north-east” was defined, for the purposes of the review, as the whole of Crawley, Horsham and Mid Sussex local authorities.



The NER would consider the extent to which existing primary, community and secondary care services meet the needs of both the current and future population of the area, in terms of both service provision and accessibility and in comparison to the rest of West Sussex.

A number of issues were identified as being outside the scope of the review:

Maternity

Maternity services formed part of the FFF consultation. With the referral by the Joint Health Overview and Scrutiny Committee to the Secretary of State and subsequent referral to the Independent Reconfiguration Panel, work relating to the FFF programme is currently on hold and as such these services are now beyond the scope for this Review.

Tertiary services

These services provided to the population of the north-east both from within the county (e.g. at Queen Victoria Hospital (QVH) in East Grinstead) and from providers outside are currently being reviewed by the Sussex PCTs and thus are not included in this Review.

Third sector provision

A large number of health services are provided by the third sector (voluntary and private organisations). These were not included in the Review, although the Panel has recognised the need for such services to be considered in detail as part of a separate process (see Chapter 17 General issues).

Dental services

An Oral Health Needs Assessment for West Sussex was commissioned prior to the start of the NER. This will provide a detailed outline of the dental needs of the people of West Sussex.

Princess Royal Hospital (PRH)

FFF assured the future of PRH as an acute hospital in its current form: the aspects included in the NER are about where there is room for further development of local services (acute and community).

Carers

A new national carers strategy was launched in June 2008 and a countywide carers strategy is due to be developed in 2009. It is therefore premature for the NER to make recommendations relating to carers.



Section 4

Context for the Review

4. Context for the Review

Policy drivers

The prime purpose of a PCT is to commission healthcare on behalf of its population within the policies and regulations laid down by the Secretary of State, and applied in the local context in dialogue with the community. Commissioning is made up of three elements:

Planning: understanding the health and healthcare needs of the population, and then, based on this evidence, deciding on the priorities and agreeing actions to deliver them.

Buying: contracting different services to provide local healthcare, supporting them to deliver improvements where necessary or introducing new providers and services where required.

Checking: reviewing, monitoring and managing the performance of providers to make sure they are delivering what is required.

One of the key instruments for implementing the PCT's commissioning function is the Strategic Commissioning Plan⁴ (SCP). Strategic commitments and goals 2009-2011 are outlined below.

Strategic commitment	Strategic goal
Tackle the causes of ill health	Improve well-being and reduce disease by tackling lifestyle factors which put health at risk
Treat and support those with ill health	Improve the health of patients with long-term conditions Improve stroke and cardiac services Reduce cancer deaths and variations in cancer death rates across the county
Provide safe, high-quality, accessible services and deliver a good patient experience	Reduce hospital infections Improved paediatric and maternity services Ensure access to specialist services Develop community-based services, specifically those for the elderly
Reduce health inequalities	Reduce health inequalities in deprived areas Improve overall life expectancy and reduce the gap between areas
Offer patients more choice and control over their care and the services they access	Increase the number of people who die at home or in a setting of their choice Increase the number of personal budgets for adults with mental health problems

⁴ See Appendix 2

Lord Darzi's Next Stage Review, *High Quality Care for All* (June 2008) challenges the NHS to place quality, choice, personalisation, patient safety and partnership-working at the heart of its agenda. A key Darzi principle is to "localise where possible and centralise (only) where necessary". The Panel has kept this in mind throughout its review of health services in the north-east.

Local population

There are just over 776,000 people living in West Sussex.

- 20% of the population are aged 65 years or over
- 24% are aged 19 years or less
- 53% are female
- 16.8% have a long-term illness
- 3.4% of 16–74 year olds are permanently sick or disabled
- Just under 10% of people are providing unpaid healthcare
- 25% of women aged 65-74 years are providing unpaid healthcare
- 6.5% of the population is from black and minority ethnic groups (BME). In Crawley, this figure is 15.5%

Over a third of deaths (36.9%) are due to circulatory diseases and a quarter of deaths are from cancer. Diseases of the respiratory system account for 10.5% of deaths.

Tackling health inequalities is also a key priority for the PCT, in particular reducing the 13 year gap in life expectancy between the most deprived and most affluent areas. All districts in West Sussex, except Mid Sussex, have become relatively more deprived over the last three years according to the Index of Multiple Deprivation 2007. Littlehampton River ward in Arun District has the lowest life expectancy in the South East, 13 years less than Bramber ward in Horsham District, which has the highest.

Life expectancy by electoral ward (north-east wards in bold italics)		
The 10 wards with the <u>lowest</u> life expectancy in West Sussex		
Ward	District	Life expectancy (2003-05)
Littlehampton River Ward	Arun	70.8
Heene Ward	Worthing	73.8
Central Ward	Worthing	73.8
Marine	Arun	74.1
<i>Bolney</i>	<i>Mid Sussex</i>	<i>74.6</i>
Hotham	Arun	75.8
Littlehampton Ham Ward	Arun	75.9
Selden Ward	Worthing	75.9
Yapton	Arun	76.0
<i>Broadfield North</i>	<i>Crawley</i>	<i>76.0</i>

The 10 wards with the <u>highest</u> life expectancy in West Sussex		
Ward	District	Life expectancy (2003-05)
Forest	Horsham	81.6
Trafalgar	Horsham	81.8
Chichester West	Chichester	81.8
Pound Hill South and Worth	Crawley	81.9
Buckingham Ward	Adur	82.3
Wisborough Green	Chichester	82.5
Rogate	Chichester	82.7
Pulborough and Coldwaltham	Horsham	82.7
Donnington	Chichester	83.0
Bramber	Horsham	83.0

Fit for the Future

The FFF initiative is a key part of the background for the NER. FFF sought to ensure that acute hospital services in West Sussex were clinically sustainable, financially affordable, and deliverable. The development and consultation process generated a very large volume of public and stakeholder ideas from which a shortlist of options for the future was developed.

The final choice of model of service was made on the basis of eight criteria and over 60 dimensions or sub-criteria. The eight main criteria were:

- Acceptability
- Accessibility
- Clinical sustainability
- Deliverability
- Financial sustainability
- Health outcomes
- Wider fit
- Workforce issues

The model of service chosen was based on creating a Major General Hospital (MGH) linked to a Local General Hospital (plus) (LGH+). Both sites would have A&E, acute medicine, elective surgery, outpatients and diagnostics but three specialities would be centralised at the MGH site. These were inpatient consultant-led obstetrics, inpatient paediatrics, and emergency surgery. The model was seen as applicable on the south coast (Worthing and Chichester) and already in operation in central Sussex (Brighton and Haywards Heath).

A feeling of “broken promises” in the north-east

This Review cannot be fully understood without regard to the history of previous service changes in the north-east and of reviews that have taken place in recent years. In particular, the conclusions of the “Bagnall Review”⁵ have made a lasting impression on local people in the north-east area. Significant developments in recent years include the merger of Crawley and Horsham NHS Trust with the East Surrey Hospital (ESH) and Community Healthcare NHS Trust in 1998. They also include the subsequent transfer of services from Crawley to East Surrey and, more recently, the transfer of responsibility for Crawley Hospital to West Sussex PCT.

These service changes and the feelings associated with them are an important part of the background and reflect the great interest in this Review by local members of parliament and other elected representatives as well as the general public.

Some concerns were expressed at the start of the Review:

Confusion as to what would/ would not be included in the Review

Initially, the PCT did not consider it appropriate to include the question of a new hospital in the NER in view of the previous FFF decision. By the time the Panel had been formed and its work started in June 2008, the position had changed. The PCT gave the Panel the freedom to look at all aspects of healthcare but made the proviso that there would need to be significant new evidence before any major change in the way services are organised could be contemplated.

Concerns that the outcome was predetermined

The chair of the NER, Sir Graeme Catto, stated in November 2007 that the evidence presented during the FFF process did not support the case for a new hospital in the north-east of the county. However, he equally made clear his view that there was a good case for a review of services in the north-east and that any review should not be fettered or restricted in any way. The PCT and the Panel have stated that nothing is ruled out of the Review’s remit, and the Panel’s work to date provides clear evidence of this.

⁵ See Appendix 4 for a summary of the Bagnall Review and the full report.



Section 5

Review process and community engagement

5. Review process and community engagement

The Review process

To ensure that the programme of engagement and evidence-gathering was as comprehensive as possible, the NER established the NER Panel; the Stakeholder Forum; a process of public engagement, stakeholder engagement, staff engagement, gathering evidence; and communication through a monthly bulletin and press releases.

North East Review Panel

NER Panel members were selected to represent a cross section of expertise in different areas of health and social care. Most Panel members did not have a particular remit focused on the north-east area, with the exception of Dr Amit Bhargava and Dr Minesh Patel who represented practice-based commissioning and brought an in-depth understanding of the needs of patients in the north-east area. The NER Panel met on eight occasions over the course of the review (May to December 08). The majority of the meetings were held in public. Experts from the NHS, West Sussex County Council (WSCC), and local authorities were invited to give evidence at Panel meetings and were then questioned about their evidence by Panel members. Evidence was also presented to the Panel in written format by a wide range of individuals and organisations. Minutes of all Panel meetings as well as presentations and documents submitted to the Panel were made available to the public on the West Sussex PCT website⁶.

Public engagement

At the commencement of the Review, a series of 11 public information meetings was arranged to inform members of the public about the review and to seek their feedback on health services for the people of Crawley, Horsham and Mid Sussex. The meetings were recorded and transcripts of the meetings were made available on the PCT website. Attendance at the public meetings varied but average attendance was around 30 people.

Members of the public were encouraged to contribute information, comments and feedback to the NER by email, phone, post, fax or text. Special addresses and contact numbers were set up to enable this and details were advertised in the press, on the PCT website, and at public information meetings. Over the course of the review, the NER Support Team logged a total of 182 pieces of correspondence (letters, emails and telephone calls). All correspondence was summarised and submitted to the Panel⁷.

⁶ www.westsussexpct.nhs.uk/about-us/north-east-review

⁷ See Appendix 5

Stakeholder engagement

A Stakeholder Forum comprising representatives of local authorities, voluntary organisations, MPs and public involvement groups was established⁸ to provide:

- an opportunity for key stakeholders to learn more about the NER and receive regular updates on the progress of the Review
- an opportunity for key stakeholders to learn more about health status and health services in the north-east area from selected experts
- a forum for informed discussion and debate about health status and health services in the north-east area

There were over 100 members of the Stakeholder Forum, including local authorities, NHS trusts serving the north-east population, Councils for Voluntary Service, Practice Based Commissioning groups, MPs, WSCC, County Local Committees and Local Strategic Partnerships. The Stakeholder Forum was chaired by Stuart Henderson, a representative of the West Sussex Interim Patients Council. The Stakeholder Forum met on eight occasions throughout the NER. Minutes, papers and presentations submitted to the Forum were made available to the public on the PCT website.

In addition to the Stakeholder Forum, meetings were also held between the NER Support Team and representatives of the three local authorities. An MP's briefing was arranged to explain the progress of the review.

The PCT also ran 14 informal focus groups⁹ with the voluntary and community sector and other groups who were interested in learning more about the review.

The NER was particularly keen to engage with representatives of Black and Minority Ethnic (BME) communities, due to the high proportion of people from BME communities living in the Crawley area. A meeting was held with some representatives of Crawley's BME communities and attended by four members of the Panel. Feedback on health services from BME communities was also gathered during a baby clinic at Bewbush Children's Centre and from a meeting with Friends, Families and Travellers (an organisation working with gypsy and travelling communities in Sussex).

Staff engagement

A number of staff meetings were held to inform staff about the review and to seek their views on health services in the north-east area. Comments and submissions made by staff were included in summaries of evidence received by the Panel¹⁰.

⁸ See Appendix 6 for the Stakeholder Forum terms of reference

⁹ See Appendix 6

¹⁰ See Appendices 8 and 9

Gathering, disseminating and examining evidence

The review gathered both formal and informal evidence, to ensure that evidence was not discounted just because there was no available supportive data. Formal evidence included verbal and written presentations to the Panel and Stakeholder Submissions, which included verifiable data. Informal evidence (gathered at public meetings, at focus groups, through correspondence and phone calls, at the Stakeholder Forum, at staff meetings and at other events) was also collated and summarised for Panel members.¹¹

The Stakeholder Forum members were provided with summaries of evidence received and also heard evidence in the form of presentations. Stakeholder Submissions were circulated to all Forum members.

Evidence received was considered in detail by the Panel. Two workshops were set up to provide an opportunity for the stakeholders and Panel members to jointly consider evidence on secondary care services.

Communication

An NER bulletin was issued on a monthly basis. This was circulated electronically to over 400 stakeholders. Paper copies were also sent to 224 individual addresses and were made available at public meetings. A section of West Sussex PCT's website was dedicated to the NER. As well as providing information on the Terms of Reference for the Review and key dates, the web pages also provided a library of all key documents relating to the Review, including agendas, minutes, presentations and key evidence.

Scrutiny

Both the process and the outcomes of the NER are subject to scrutiny by the West Sussex Health Overview and Scrutiny Committee (HOSC). At a meeting on 12 May 2008, the HOSC agreed to establish a NER Taskforce to scrutinise and report back to the HOSC on its findings. Terms of Reference for the Taskforce (including membership) can be found in appendix 15. An interim report on the NER process was presented to the HOSC on 1 December 2008 confirming that the Taskforce was generally satisfied with the public and stakeholder engagement processes. A final report is due to be presented to the HOSC on 24 February 2009. West Sussex PCT will consider the views of the HOSC on the process and outcomes of the Review at its Board meeting on 26 February 2009.

¹¹ See Appendix 7



Section 6

Population – now and into the future

6. Population – now and into the future

Population of West Sussex

According to WSCC, the number of people living in West Sussex in 2007 was estimated at 776,300. This is an increase of 3%, or 21,300 people, since 2001. The population is expected to increase by 9% or 70,100 people from 776,300 in 2007 to 846,400 by 2026. This shows a fairly consistent growth in the overall population with an average growth of 0.5% per year between 2007 and 2026 (see table below).

Current and future population can be estimated in a number of ways, based on different assumptions about housing growth, immigration and emigration, birth rates and so on. For example, the imminent publication of the South East Plan may impact on the amount of new housing in West Sussex¹². There is also uncertainty around projections of migrant workers which may be affected by short-term economic circumstances.

For planning purposes, West Sussex PCT uses population projections produced by WSCC as these are most robust at county level. Given the different ways of calculating population growth, it is not easy to achieve consensus between statutory organisations on how local populations within the county will change. It is also important to note that whilst projections to 2016 are deemed to be reasonably robust, those to 2026 and beyond will inevitably have a greater margin of error.

Overall population of the north-east

WSCC data also provides an estimate of the growth in the population in the north-east. However, Crawley, Horsham and Mid Sussex local authorities use different assumptions to calculate population projections for their districts. The bottom row in the table below is based on an upper limit figure provided by the three local authorities serving the north-east population.

Population projections for West Sussex and the north-east area			
	2001 ¹³	2007 ¹⁴	2026 ¹⁵
West Sussex PCT population projection (based on WSCC data)	755,000	776,300	846,400
North-east area (based on WSCC data)	-	360,300	406,300
North-east area (based on data provided by Crawley, Mid Sussex and Horsham local authorities – upper limit ¹⁶)	-	360,300	433,804

¹² The South East plan is yet to be formally agreed.

¹³ Source: WSCC http://www.westsussex.gov.uk/communityandliving/population/forecasts/fiveyearages_wsx.pdf

¹⁴ Source: Eastern Region Public Health Observatory. Table_15_Primary_Care_Organisations_quinary_age_groups_2007_1.xls <http://www.erpho.org.uk/download.aspx?urlid=18020andurlt=1>

¹⁵ See Footnote 12

The population projections table shows that whilst the PCT is projecting that the population in the north-east will increase by approximately 46,000 people between 2007 and 2026, the upper limit from the local authorities suggests that the increase could be nearer 70,000 people. This is approximately 24,000 more people than the PCT projection. Therefore, around 66% of the growth projection predicted by the local authorities is already included in the PCT's planning assumptions based on the WSCC figures. It should also be noted that the local authorities have suggested potentially a higher growth in the elderly proportion than the PCT has projected.

Population of West Sussex by local authority area

Population of West Sussex (including the north-east) by local authority area				
	Total population 2007	Total population 2026	Increase in the population	% increase in population
Adur	60,600	61,600	1,000	2%
Arun	146,400	155,900	9,500	6%
Chichester	109,400	120,700	11,300	10%
Crawley	100,100	109,000	8,900	9%
Horsham	129,900	144,800	14,900	11%
Mid Sussex	130,300	152,500	22,200	17%
Worthing	99,600	101,900	2,300	2%
West Sussex	776,300	846,400	70,100	9%

Projected population increases vary by local authority area. According to WSCC, the population of West Sussex is projected to increase by 9% between 2007 and 2026, compared with 13% in the north-east: Crawley 9%; 11% in Horsham; 17% in Mid Sussex.

Population of West Sussex by age

People under the age of 65 account for 80% of the population of West Sussex (620,000 people). By 2026, the number of people under 65 is expected to increase by 7% (approximately 42,400 people). Over the same period, the number of people over 65 years is expected to increase by 21% (approximately 33,500 people) to 190,000 people.

¹⁶ This data combines the upper limits of the population projections provided by Horsham, Mid Sussex and Crawley local authorities.

Population of the north-east by age and sex

West Sussex Population aged over 65 years and projected to 2026 by locality						
	Total over 65 population	Total over 65 population	Increase in the number of over 65s from 2007 to 2026	% increase in the over 65 population from 2007 to 2026	Proportion of the population of over 65s by year	
	2007	2026			2007*	2026
Adur	12,800	14,500	1,700	13%	21.1%	23.5%
Arun	37,600	37,500	-100	0%	25.7%	24.1%
Chichester	25,500	29,100	3,600	14%	23.3%	24.1%
Crawley	14,300	20,200	5,900	41%	14.3%	18.5%
Horsham	22,400	32,800	10,400	46%	17.2%	22.7%
Mid Sussex	22,000	33,100	11,100	50%	16.9%	21.7%
Worthing	21,500	22,400	900	4%	21.6%	22.0%
West Sussex	156,100	189,600	33,500	21%	20.1%	22.4%

* based on 2007 population

Areas in bold indicate north east area.

Figures may not sum due to rounding to the nearest 100.

The proportion of the population of over 65s will increase by an average of 47% for the north-east area as a whole between 2007 and 2026. This compares with an increase of only 21% across the whole of West Sussex.

Within this, as at 2006, there were 26% more females than males in the county between 65-84 years. In the over 85s, there were more than twice the number of females than males. It is estimated that by 2026, the difference will have decreased. It is predicted that there will be 18% more females between 65-84 years than males in the county. In the over 85 years, there will be 73% more females than males. Overall, this imbalance between male and females which is most marked in the oldest age groups will need to be monitored and appropriate services put in place to address the differing needs of the population.

Of the population as a whole, 24% are aged 19 years or less. For the north-east area, this figure is 25% with a similar proportion in each of the three north-east localities. The average for England is 24%.

Other population characteristics for West Sussex

- 53% are female (51% for the north-east area: 51% in Crawley, 52% in Horsham and 51% in Mid Sussex). The England average is 51%.
- The largest minority ethnic group in West Sussex is Indian, representing less than 1% of the total West Sussex population, the majority of whom

live in Crawley in the north-east where 15.5% of the population are from a BME group. The largest ethnic minority group in England is Indian and totals 2.09% of the England population.

- 16.8% of people have a long-term illness. (In England this figure is 17.9%)
- In May 2008 approximately 25,600 people in West Sussex were in receipt of Disability Living Allowance, this represents approximately 3.3% of the population overall, ranging from 4.3% in Adur to 2.4% in Horsham. It should be noted that DLA is not claimed by all those entitled. Overall, approximately 16% of the population of West Sussex stated that they had a disability or a limiting long-term illness¹⁸
- Just under 10%¹⁹ of people are providing unpaid healthcare. A local survey, specifically targeted towards people aged 65 years and over, found that 25% of women in this age group provide unpaid healthcare.
- Less than 2.4% of 16-74 year olds are long-term unemployed or unemployed. (The rate for England is 4.4%.)

Proportion of the population living rurally

The need to plan services for the rural population was discussed as part of FFF and acknowledged by the PCT. A significant proportion of the population of West Sussex (24%) live in rural areas. These different challenges and opportunities must be considered in planning health services alongside initiatives such as BOFA.

The notably rural areas are Chichester with 61% of its population living rurally and Horsham and Chancetonbury with 60%. (See also Chapter 16, Access, Transport and Rurality).

Projection of future population numbers²⁰

The impact of the increase in population is likely to result in:

- Higher rates of hospital admission for more elderly patients. The Black and Minority Ethnic (BME) usage will also increase.
- Higher rates of some diseases. The disease profiles of the BME community and the new Eastern European population will affect this.
- Better service provision. Models of care will be set up capitalising on technological advancements and initiatives such as BOFA and Care Closer to Home. This will mean that many patients are treated outside of hospitals resulting in better managed long-term conditions.

¹⁷ There is no single data source which describes or quantifies the number of people who are considered (or who describe themselves) as "disabled". The decennial census collects information on two key elements – i. economic inactivity due to permanent sickness or disability; ii. Limiting long term illness.

¹⁸ Source: 2001 Census

¹⁹ Source: 2001 Census – self declared rates.

²⁰ The District authorities have differing views on population growth. The PCT uses the WSCC figures for its planning of services particularly to enable a like-for-like comparison across all parts of the county.

Projected change across the county is in Table 2 in the appendix on population projections.²¹

Population figures from districts around the north-east of West Sussex county with particular emphasis on patients who will flow to East Surrey hospital (ESH)

ESH draws patients from Surrey and the north-east of West Sussex.

The “Gatwick Diamond” includes the three districts in the eastern part of Surrey together with three districts from the north-east part of West Sussex (Crawley, Horsham and Mid Sussex) who will flow to ESH.

The total population of the Gatwick Diamond²² is around 645,000. Surrey and Sussex University Hospitals (SaSH) NHS Trust and PRH are acute hospitals located in the districts covered by the Gatwick Diamond. The catchment population of SaSH is quoted at about 350,000 but based on the number of annual births this could be as high as 410,000. The population served depends on the specialty area/ procedure being considered.

Other proposed population projection scenarios

Crawley Borough Council, Mid Sussex Council and Horsham District Council have projected growth of the population through to 2031 in line with the proposed South East Plan.

WSCC predict a population for the north-east of 406,300 by 2026 and the Office of National Statistics (ONS) sub-regional projections predict 406,800 by 2028. (See below: Horsham's submission). It can be seen that both organisations see a similar overall increase. However, they differ in whether Horsham or Mid-Sussex district will see the most growth. The Panel's recommendation (Chapter 15) will ensure a regular review of population growth in the coming years.

ONS Sub Regional Projections ²³					
District	2008	2016	2028	Increase from 2008 to 2028	% growth
Crawley	100,100	102,100	106,000	5,900	6%
Horsham	131,200	141,300	155,800	24,600	19%
Mid Sussex	130,200	135,800	145,000	14,800	11%
Total north-east population	361500	379,200	406,800	45,300	13%

²¹ See Appendix 10

²² www.gatwickdiamond.co.uk

²³ Quoted directly from the Horsham District Council submission to the North East Review Panel

Comparison of WSCC population projection figures (used by the PCT) and projections produced based on the submissions from District and Borough Councils

District	2007 figures (WSCC)	WSCC projection for 2026	% increase by 2026 (WSCC)	Increase suggested by each District/Borough Council**	Total population based on growth*	% increase by 2026*
Crawley	100,100	109,000	9%	14,704	114,804	15%
Horsham	129,900	144,800	11%	24,600	154,500	19%
Mid Sussex	130,300	152,500	17%	34,200	164,500	26%
Total for north-east area	360,300	406,300	13%		433,804	20%

*as per submissions

Daytime population in Crawley

As Crawley is a major employment centre, (Gatwick airport is situated within Crawley borough) its daytime population increases dramatically. Details of this flow were collected as part of the 2001 census.²⁴

The figures suggest that the numbers of people who come into Crawley to work everyday are 3% greater than the total number of residents in Crawley (99,900 (ONS mid year 2006 estimate)) and 24% greater than the proportion of Crawley called the “workplace population” which comprises 82,296 persons.

This level of difference is within the tolerance for planning purposes of health services and since these in-commuters have been working in the area for some years and will be included in the current workload (utilisation) of the local hospitals, the yearly demand planning as part of the Strategic Commissioning plan will have accounted for them.

²⁴ The question in the 2001 census was about the 'daytime population' figure and it was defined as "people aged 16-74 at the time of the Census who lived and worked in the area (or did not work) and those people who lived outside the area and worked inside the area. The 'workplace population' was people aged 16-74 who were in employment and whose usual place of work was in the area."

Key findings

- The population of the north-east area (along with the rest of the county) is projected to increase with the highest percentage increases being seen in Crawley, Mid Sussex and Horsham in the north-east area and Chichester district outside the north-east.
- In West Sussex county, the population will be 9% higher in 2026 than in 2007 which is an average growth of 0.43% per year.
- The population in the north-east area will increase by 13% from 360,300 in 2007 to 406,300 by 2026.
- There is disproportionate growth of the elderly population, particularly in three localities of the north-east. In West Sussex, the actual increase will be broadly similar in terms of numbers of people in the over 65s as in the under 65s even though the total proportion of the under 65s is only 20% of the baseline population. This is a significant factor in planning appropriate health services. It has significant implications for service provision and the resources required to cater for a growing elderly population and it will also have a potential impact on other sectors of the community.
- There will be a significant imbalance in the number of females to males which is already being seen in some areas particularly in the over 85s. The imbalance between females and males will also influence the best way to provide appropriate services.
- The largest minority ethnic group is Indian, representing less than 1% of the total West Sussex population (the majority of whom live in Crawley in the north-east where 15% of the population are from a BME group).
- Horsham locality in the north-east area has the largest proportion of the people who live rurally (19%). The West Sussex county rural population average is 11% with Chichester at a high of 36%.



Section 7

Universal health and well-being

7. Universal health and well-being

Health inequalities in West Sussex

Overall, people in West Sussex are affluent and healthy compared with the national picture, with Horsham and Mid-Sussex being the most affluent districts in the county. However, there are pockets of deprivation within West Sussex, and differences in life expectancy between different parts of the county are larger in West Sussex than in other parts of the South East Coast Strategic Health Authority. Evidence suggests that these differences are increasing.

The population of West Sussex is ageing with increasing numbers of people giving up work to become full-time carers. There are also increasing numbers of people with learning difficulties, physical and sensory impairment and mental health problems who have higher levels of need for health and social care services.

Across West Sussex, the proportion of children living in income-deprived households increased from 12.5% in 2004 to 13.6% in 2007. It is estimated that across West Sussex there are 144,000 obese adults. Data shows that 8.9% of reception-aged children are obese and 14.5% of children in school year 6.

It is estimated that 167,000 adults in the county smoke; 137,000 are harmful or hazardous drinkers; and 24,000 are dependent drinkers. The number of hospital admissions for alcohol-related harm in the county has risen from 657 in 2002/03 to 1189 in 2006/07.

In 2007 there were 408 teenage pregnancies of which just over half were terminated.

The top five causes of premature mortality for women in West Sussex are breast cancer, accidents, lung cancer, coronary heart disease and suicide and undetermined injury. The top five causes of premature mortality for men in West Sussex are coronary heart disease, accidents, suicide and undetermined injury, lung cancer and liver disease. The majority of these diseases are preventable.

Efforts to reduce health inequalities in West Sussex focus on building the resilience of individuals and communities with an emphasis on positive lifestyle changes. Services are developed on the principal of progressive universalism – providing services for all but targeting more resources on those who are in most need. Across West Sussex there are very many services provided by both the statutory sector and other organisations which contribute to improving health and preventing disease. These include:

- Universal services such as education, primary care and community care, especially health visiting.
- Leisure services including physical activity and culture.
- Community development and community planning services.
- Community Partnership Teams and Neighbourhood Alliances.
- Services that support economic development and regeneration.
- Skills development.
- Healthy Living Centres.
- Services provided by the third sector.

These services are primarily delivered through partnership-working, in particular through Local Strategic Partnerships although informal partnerships also have a role to play.

Crawley has the highest proportion of children in income-deprived households in the county (18.7%); Mid Sussex and Horsham have the lowest (8.8 and 8.9% respectively). Mid Sussex has one of the highest levels of obesity in the county. Crawley has one of the lowest rates in the county for participation in physical activity, despite the excellent leisure facilities in the borough. Binge drinking rates among young people are particularly high in Mid Sussex. Crawley has a high proportion of working-age people in receipt of sickness benefits, despite the presence of Gatwick Airport in the borough as a major employer. Crawley has the highest teenage pregnancy rate in West Sussex.

Crawley has a high proportion of people from BME communities compared with the rest of West Sussex. Patterns of mortality and morbidity vary between ethnic and racial groups, and national research shows that people from BME communities generally report a poorer experience of both primary and secondary care than the White British population. There are travelling communities – both settled and mobile– within the north-east area and these communities have specific health needs.

Standardised Mortality Ratios (SMRs) provide a way to compare the mortality of a given population with a 'standard' or 'expected' rate (in this case, the national mortality rate). Evidence shows that the SMR for stroke for females in Mid Sussex is 20% higher than expected – and that this is statistically significant. The Mid Sussex SMR was similar to the national rate until 2000. Since then, it has been higher than the national rate, although since 2002 the overall trend is downwards. Evidence also shows that the excess mortality is in those aged 75 years and over. Recommendations on stroke services are outlined in Chapter 13, Long term conditions. The observed trend in the SMRs for breast cancer in Crawley shows year-on-year fluctuation, with small numbers of deaths due to breast cancer in each individual year. The 2004-2006 pooled SMR for Crawley (130, CI 101-165) is statistically different from the national value. However this is due to the isolated peak in the SMR in 2004,

almost certainly due to random variation in that year. Further details on SMRs for the north-east are included as appendices²⁵.

Improving health in the north-east

Local Strategic Partnerships have subgroups known as Health and Wellbeing Partnerships through which health improvement services are developed. Crawley Borough has a thriving Health and Wellbeing Partnership. Mid Sussex is improving. However the Health and Wellbeing Partnership in Horsham is less well-developed.

Adult screening programmes for the early detection of breast and cervical cancers and diabetic retinopathy are fully established across the north-east area. Screening for bowel cancer has very recently been introduced in the north-east. Over the next two years, a programme for assessing risk of vascular disease will also be rolled out in a variety of settings. The site of screening varies according to the nature of the programme and includes private homes, GP practices, mobile units and community hospitals. Screening programmes for mothers-to-be and newborn babies are provided by hospital and community based midwives from Surrey and Sussex Healthcare Trust and Brighton and Sussex University Hospital (BSUH) NHS Trust and health visitors from the provider arm of West Sussex PCT (West Sussex Health) and are offered as part of the ante natal and maternity pathways.

Data shows that take-up of screening invitations is high across the north-east area and in line with national standards. However, there is anecdotal evidence that some groups (e.g. women from BME communities) are less likely to be screened. Further in-depth investigation and analysis is required to identify the non-participating elements of the population and consider how to improve uptake.

Dexa scanning for osteoporosis is currently available for the north-east population at ESH and also at the Bridge Medical Centre in Crawley. Screening for Abdominal Aortic Aneurysm (AAA) has been available along the south coast as part of a pilot programme based at St Richard's Hospital. The service will go countywide - as the first phase of roll out of a national programme - from April 2009. This will ensure that AAA screening will be available to men aged 65 years and over in the north-east area.

Key findings

- The Health and Wellbeing partnership is strong in Crawley but less well developed in Mid Sussex. There are particularly concerns in Horsham.
- The Local Neighbourhood Improvement Area (LNIA) has many initiatives tackling health inequalities which are to be commended.
- There has been an increase in relative deprivation which suggests that continuing efforts should be made through the Local

²⁵ See Appendices 10 and 11

Neighbourhood Improvement Areas to improve quality of life in the most deprived areas.

- There is anecdotal evidence of poor take-up of breast screening in Black and Minority Ethnic (BME) communities. However, further investigation is needed to clarify this.
- There is a high proportion of people from BME communities in Crawley compared with the rest of West Sussex. There are also travelling communities in the north-east. These groups have specific health needs which need to be addressed.
- There is evidence that the SMR for stroke for females in Mid Sussex is 20% higher than expected – and that this is statistically significant. Evidence also shows that the excess mortality is in those aged 75 years and over.

Recommendations

Universal health and well-being			
Ref. no.	Recommendation	Rationale/Objective	Target Date
1.	Establish a BME Health Steering Group for Crawley as a sub-group of the Health and Well-being Partnership	To tackle issues such as diabetes, smoking, screening uptake and CHD where there is poor take up by these communities	Spring 2009
2.	Ensure active commitment to the Health and Well-being Partnerships, particularly in Horsham where joint arrangements appear to have lapsed.	To ensure full engagement with community partners in the NE.	Spring 2009
3.	Strengthen plans to target resources on disease prevention and health improvement in areas of greatest need (LNIAs)	To provide robust support to tackle health inequalities in the NE.	Summer 2009
4.	Commission a comprehensive health and social care needs assessment for the travelling community	To ensure their particular needs are identified and included in healthcare planning	Autumn 2009



Section 8

GP services

8. GP services

There are 42 GP practices working out of 52 premises including branch surgeries in the north-east. The majority are situated in centres of population to provide convenient access for the majority of their patients. All patients are able to register with a GP despite the concerns expressed by some members of the public that this was problematic.

There have been some major developments completed this year namely, Steyning Health Centre, Park View Surgery at Burgess Hill and the Cuckfield Medical Centre.

Practice-based commissioning (PBC) is a key mechanism for strategic change in West Sussex, as elsewhere. Supported by the PCT, there are eight PBC groups in the county, three of which are in the north-east area. These are the Horsham, Crawley and Mid Sussex PBC groups.

Evidence

At each of the Public Information meetings, there was a discussion on current experience of GP services. Those attending expressed themselves generally satisfied with the quality and range of care provided by GPs. There were some examples where individual cases had been problematic and these appeared to be linked to either communication failures or complex cases. The Panel heard evidence from a number of GPs and from Practice Based Commissioning (PBC) groups, as well as from the PCT.

The PCT provided evidence which showed:

- Two out of three localities having good Choose and Book figures.
- A very high level of Extended Access provision (extended GP opening hours).
- The Quality and Outcomes Framework (QoF) (which aims to improve the quality of GP services) indicating a good quality of GP service in the north-east.

There were a number of key points raised by the public and stakeholders which will need to be addressed:

The problems of accessing GP appointments

Evidence indicates a 100% achievement level of the national target for access to a GP within 48 hours, but this does not reflect the overwhelming public perception (as evidenced by recent patient surveys and public meetings). This perception is closer to the recently published Healthcare Commission national survey of local health services which shows that:-

- There is a difficulty in seeing a GP within 48 hours;

- There are problems seeing a named GP;
- There is difficulty in making an advance booking.

Some members of the public however expressed considerable satisfaction at the ease of access to appointments – even over the internet. There are, therefore, marked differences in ability to make appointments which needs to be addressed.

GP Patient Survey 2007/ 08 (data shows the range (lowest-highest rate) based on all GP practices in each locality)				
Local authority	% satisfied with telephone access	% getting a GP appointment within 48 hours if wanted	% able to make an advance booking	% able to see a specific GP
Crawley	49-99	76-93	35-86	61-94
Horsham	79-99	78-99	34-97	79-99
Mid Sussex	63-99	74-97	51-97	79-95
West Sussex	48-100	65-99	29-97	61-99

It has been suggested that a key part of this problem may be the way various GP systems manage appointments, or partly issues around staff training. The Panel welcomes the PCT's commitment to address these as a matter of urgency. The PCT should engage the support of each GP practice's Patient Participation Group, as some of the concerns may arise from misunderstanding or lack of relevant information.

Distribution of GPs in the north-east

PBC Weighted Figures (Fair Shares allocation)									
Local authority	Number by sex			Whole Time Equivalent (WTE)			WTE per 1000 registered patients (Crude list size)		
	M	F	All	M	F	All	M	F	All
Crawley	44	29	73	39.3	20.1	59.4	0.65	0.34	0.50
Horsham	41	38	79	38	28.7	66.7	0.60	0.44	0.52
Mid Sussex	54	41	95	47.5	26.9	74.4	0.66	0.36	0.51
West Sussex	324	259	583	300.2	193.46	493.66	0.75	0.47	0.61

Based on Registered Population of West Sussex PCT, 31st March 2008

There is no significant difference in the number of GPs per head²⁶ for the north-east area compared with West Sussex. However, this statistic has become increasingly unhelpful as a measure to compare GP services. Healthcare teams are expanding to include a much broader range of professionals as part of the general practice staff and the wider community settings and they would need to be included to ensure a like-for-like comparison across the patch.

The current information would be more useful if supplemented with the same figures for other relevant staff groups: health visitors, community nurses, mental health nurses etc. However, this data is not easily available within the current arrangements.

To provide a more useful comparison, the relative per capita figures for Crawley, Horsham and Mid Sussex are available.

- Essential core services
- Premises and other expenditure
- Essential core services and premises and other expenditure combined

These indicate that in terms of the essential core services the budget across the north-east area is higher than the West Sussex average. For the premises comparator, Mid Sussex is higher than the West Sussex average, Horsham is average and the Crawley figure is lower than the West Sussex average. The north-east area has the highest budget spend per head of any of the other areas in the county.

Access to female GPs

Some members of the BME community have raised concerns regarding access to female GPs for women from BME communities. The PCT will need to ensure that there are sufficient female GPs to meet the needs of local communities, particularly in the Crawley area.

Creation of a new clinic in Crawley

Funding has been made available to the PCT to develop a new GP-led Health and Well-being Centre in West Sussex. This is intended to enhance local primary care and provide extended access to general medical services. The new centre will provide a range of GP-led services, particularly for hard to reach groups (e.g. the homeless and asylum seekers), the vulnerable and the frail elderly who do not traditionally access healthcare services. These services will be available from 8am to 8pm, seven days a week and the health centre will allow patients to register as well as provide facilities for walk-in services. The aim is to provide a one-stop shop approach

²⁶ The data provided will not accurately reflect the skill mix of staff per capita for the north-east area compared to the rest of the county. The PCT has a contract with the practice for the service and they meet this service requirement through various flexible working arrangements.

to promoting health and well-being, particularly for the communities in Broadfield, Bewbush and Langley Green. The new service is due to start in April 2009.

PCT plans to address population growth – “strategic future proofing”

The PCT does not produce population projections but works with local authorities who have the lead/ expertise in this. The PCT has confirmed that it has noted the areas where significant population growth has taken and will take place, and where extra GP services are/ will be required. So far three areas have been identified: Broadbridge Heath west of Horsham; Holmbush west of Crawley and East Grinstead. In addition, although the precise location of developments through to 2026 is not known, Mid Sussex District Council have commented that they can be confident that Burgess Hill, Haywards Heath and other villages will have to be significantly developed as the Council identifies sites for additional houses.

PCT Area Directors of Primary Care plan to work with local authorities and primary care colleagues to keep this under review. Given the concerns expressed during the NER, it would be important to engage local communities in these developments.

Primary care input for rare conditions

A local Fibromyalgia organisation drew attention to their concerns which relate to:

- The level of knowledge amongst GPs about rare conditions (such as fibromyalgia and Motor Neurone Disease).
- The lack of a robust care pathway for such conditions.

Whilst the number of patients with these conditions is relatively small, these are long-term conditions so the cumulative resources required and personal impact endured are considerable. The Panel will recommend that these conditions be included in the PCT's Long Term Conditions framework and that relevant patient groups be fully engaged in the process.

Premium line phone numbers in GP surgeries

In 2005, GP surgeries were encouraged by the Department of Health to change their telephone number prefix to 0844. This enabled them to operate an automatic call routing system to stop patients having unnecessary waits for the telephone to be answered or getting engaged tones, and to enable them to access the right person for the nature of their call.

Although these are “revenue sharing” there is no profit to the surgery due to increased charges for the raised efficiencies afforded by the system. For the majority of patients the call rate is not affected. However, for those using

mobile phones, pre-paid tariffs or call boxes; the tariff is higher (depending on the supplier). This concern is now being addressed on a national basis.

Activity flows for GP services

West Sussex administrative boundaries are as permeable when it comes to healthcare as any other boundary. The total number of patients living in the north-east who access primary care services outside the county is approximately 3,500, whilst 18,700 people residing outside the county are registered with GPs within the north-east area.

The Panel considered whether there was any significant issue here and decided not. As the quality of primary care in West Sussex is high and GP practices are funded on a per-head of population basis, there was no evidence of inequity in provision or access.

Workforce issues

Concern had been expressed in local authority submissions regarding the age profile of GPs in the area. The evidence presented showed the bulk of GPs to be between 40 and 50 years of age, which did not indicate an immediate problem. However, this would be a matter which every PCT would wish to keep under close review and plan ahead.

It is encouraging to note that the PCT has a lead Director at Board level for Primary Care and that this team is in the process of being strengthened. Whilst some issues have been identified, and that of access to appointments is significant, the Panel did not find significant further evidence of gaps in primary care.

Key findings

- The north-east has a good standard of GP services. They are well-regarded by the local population and from the evidence available provide an equitable level of services to the population.
- Plans are being drawn up by the PCT to meet existing and future needs in line with population growth.

Recommendations

GP Services			
Ref. no.	Recommendation	Rationale/Objective	Target Date
5.	Involve the wider community in long-term planning for new/ extended GP practices via Health and Well-being Partnerships or the Local Strategic Partnerships. SCP	To ensure a better understanding of the issues of GP-access faced by rural populations and to serve growing populations	Spring 2009
6.	Work with GP practices to resolve the disparity in telephone access provided by GP practices across the north-east.	To ensure higher degree of public satisfaction with GP telephone access and the ability to book appointments in advance.	Autumn 2009
7.	Agree a consistent policy with regard to high cost telephone numbers and publish explanatory information.	To resolve the public's concerns around high cost phone numbers..	Spring 2009
8.	Provide more female GPs for BME communities in Crawley.	To encourage take-up of healthcare services by members of the minority communities.	Spring 2010
9.	Review the commissioning of care pathways from GP surgeries to secondary care for maternity services.	To ensure there is a consistent approach to, and choice of, care pathways in primary care for antenatal care, screening etc.	Spring 2010



Section 9

Mental health and learning disability services

9. Mental health and learning disability services

Commissioning mental health services

West Sussex PCT commissions mental health services from primary, community and third sector providers and specialist mental health services from Sussex Partnership Trust. The budget used to commission working-age adult services is a pooled budget for the PCT and WSCC.

Mental health services aim to deliver treatment that maximises independence and is delivered close to home. Specialist community teams in West Sussex are rated highly against national standards. The Urgent Treatment Centre (UTC) based Crisis Intervention Team provides an important service. The early intervention service (which works with young people up to the age of 35 who are at risk of presenting with, or who have, psychosis) is exceeding national benchmarks. Acute care for people with mental health problems in West Sussex was rated 'good' by the Healthcare Commission. Two state of the art units have recently been built in the north-east area – Langley Green (which includes 69 adult mental health beds) and Chalkhill in Haywards Heath which opens in spring 2009. This includes a hospital and education centre for 5-19 year olds.

Mental health services in the north-east area

In the north-east, a number of areas have been identified where further work is needed to promote independence among people with mental health problems. Day services are considered to be too much buildings-based and have had a low level of investment (investment in Mid Sussex is at 42% of the national average). In addition, the Clayton ward at the PRH is due to close. Services do not pay enough attention to diversity. They are institutionalised (investment in residential care in Mid Sussex is 82% above the national average) and not adequately recovery-focused. There is a lack of high-intensity support and there is inequitable access to vocational services.

Work to promote independence in the north-east area is focusing on:

- Implementing the "Fulfilling Lives" Strategy.
- Developing recovery-focused practice.
- Maximising choice and independence.
- Supporting people to live independently.
- Providing support to work.
- Developing the New Futures project with Sussex Oakleaf for Mid Sussex.
- Redesigning services in Horsham in partnership with the Richmond Fellowship.

There is a need to provide a more rapid assessment for adults and children from West Sussex with mental health problems presenting to an A&E such as ESH.

A number of stakeholders have expressed concern about the lack of respite care for people with mental health problems in the north-east area, especially for elderly carers.

Predecessor PCTs in the north-east did not invest adequately in National Service Framework (NSF) services resulting in a lack of Primary Care Mental Health (PCMH) Graduate Workers and poor access to psychological therapies. There is only low level access to computer-based Cognitive Behavioural Therapy (eCBT), as recommended in the National Institute for Health and Clinical Excellence (NICE) technical guidance.

There are inadequate alcohol and substance misuse services in the north-east area, particularly the lack of a full range of substance misuse and structured daycare in Horsham and Mid Sussex.

Gaps in service provision have been identified for people with dementia with the following areas being of concern:

- Diagnosis.
- Memory loss clinics.
- Respite dementia units.
- Care coordination.
- The poor outcomes in community hospitals.
- Lack of dignity in death.
- The fact that there are no dementia care practitioners at all in the north-east.
- The state of community services in the north-east. They are overburdened with limited crisis capacity. There is an over-reliance on inpatient beds for people with dementia in the north-east and limited liaison psychiatry.

Partnership-working in the north-east also needs to be developed in order to meet gaps in specialist services for people with mental health and substance misuse problems; improve provision for carers and develop more culturally sensitive services. A care pathway for dual diagnosis (mental health and substance misuse) is being developed with the West Sussex Drug and Alcohol Action Team; a new Carers Support Worker Service and a new BME Community Development Worker Service are being developed in 08/09

Key priorities for developing mental health services in the north-east area are:

- To provide support to promote independence.
- To provide support through primary care.
- To develop dementia care and support earlier discharge for elderly mentally ill patients.
- To build on partnership-working.

Services for adults with learning difficulties and their carers

Sussex Partnership Trust provides specialist clinical, residential, community and day services for people with learning difficulties in West Sussex. Work has begun to develop a strategy for adults with learning difficulties. This will include locality-specific needs-assessments.

Key issues relating to services provided for adults with learning difficulties in West Sussex include: the provision of adequate supported housing; access to healthcare and health action plans; daycare services; access to employment; access to mental health services; addressing poor health outcomes; hospital services and respite care and support for carers.

A new project has been developed within PCT Provider Services to improve access to primary healthcare for adults with learning disabilities and to ensure that Health Action Plans (HAPs) are completed. Day services for people with learning difficulties are currently being reviewed. The use of a Hospital Liaison Worker is proposed to ensure that people with learning difficulties receive good hospital care that meets their specific needs. A Steering Group is also looking to develop a single point of entry for people with learning difficulties to access mental health services.

A strategy to promote access to employment for people with learning difficulties is due to be completed in January 09. Employment services will be re-tendered to include provision in the north-east area to ensure equity of access.

A strategy is being developed to improve provision of respite care and short breaks for carers of people with learning difficulties. This will include consideration of needs in the north-east area.

West Sussex PCT is consulting on a plan to reissue all residential places currently provided by Sussex Partnership Trust. Housing and support services for individuals living in residential homes will be commissioned specifically to meet the needs of individuals and provide a much better quality of housing and care.

There are difficulties in recruiting and retaining care staff for people with learning difficulties in the north-east area because of competition from Gatwick. Also, higher numbers of young people with learning difficulties and complex physical healthcare needs are graduating from children's services to adult services in the north-east compared with other areas. This will need further consideration, particularly in terms of provision of appropriate supported housing. This is a particular issue in the Crawley area where there is a notable lack of housing.

Key findings

- There are plans to increase investment in psychological therapies.
- The recognition that Mid Sussex day services are too “buildings based” will drive change to a more community based service.
- Langley Green inpatient and day care mental health facility development is welcome and was much needed in the north-east.
- WSCC has an active programme to move people with learning disabilities into community settings.
- There is concern about the lack of alcohol and substance misuse services in the north-east, particularly in Horsham and Mid Sussex.

Recommendations

Mental health and learning disabilities			
Ref. no.	Recommendation	Rationale/Objective	Target Date
10.	Commission improved timely access to, and support from, specialist child and adult mental health services in the north-east. SCP	To respond to the needs of families, schools and local communities.	Spring 2009
11.	Develop services for early intervention and diagnosis of dementia. Services providing breaks for carers will also be very important for this group.	To meet the needs of the existing and expected growth in numbers of older people.	2009/2010
12.	Provide early intervention services in primary care for people with mental health problems and prompt access to cognitive behavioural therapy.	To provide care closer to home.	Summer 2009
13.	Ensure consistent implementation of Health Action Plans in all GP practices in the county.	To enable people with learning difficulties to have equitable access to healthcare.	Autumn 2009
14.	Ensure that there are rapid assessment Mental Health services in A&E and UTCs.	To avoid delays and unnecessary admissions.	2009/10



Section 10

Social care for the north-east

10. Social care for the north-east

Current situation

Social care services are available 24 hours a day in the north of the county as well as elsewhere in the rest of West Sussex. During the working week, this is from locality-based staff in Crawley, Horsham and Mid Sussex. In addition, social care services are provided by social work teams currently based in Crawley Hospital, Horsham Hospital and at the PRH but outreaching to ESH, PRH, QVH and the Kleinwort Centre. There is some evidence of delays in social workers being allocated to assess patients and in organising homecare packages for patients at Crawley and Horsham hospitals. Agreement has recently been reached for a West Sussex social care team to be physically based at ESH. Out-of-hours, there is a dedicated service to deal with emergencies.

There is a walk-in service on each locality site but, more frequently, contact is by telephone and visits taking place in people's homes. Increasingly, health and social care services are integrating with co-location, joint posts/ joint working and joint health and social care assessments.

Social care Occupational Therapists (OTs) are based in each locality as a specialist team with a local OT team manager, and in the Child Disability Teams. In addition, there is also a countywide Sensory Services Team, with specialist social workers and rehabilitation officers for the visually impaired providing services for the visually and hearing impaired.

Increasingly, the PCT and Adults Social Care are working together to procure or supply facilities and there is a growth in the use of telecare²⁷ medicine and telecare equipment.

There is considerable pressure on social workers in all parts of the county due to a rise of over 100% in investigations into allegations of possible adult abuse.

The strategy for the future of social care in the county is the development and roll out of personalised and self-directed care and increasingly this will be in conjunction with NHS colleagues.

Response and future plans

In an attempt to address social care pressures, three permanent posts and three temporary posts have been agreed for the north of the County - two in each locality office. The rollout of the Unique Care model where social care staff are identified as designated links with surgeries will improve

²⁷ Telecare is the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living.

communication with GPs and ensure a more effective and efficient response to referrals.

Horsham

Horsham locality puts funding into a number of joint schemes with health colleagues: intermediate care; a service development manager; a discharge co-ordinator; community rehab; and an intermediate care flat in extra care housing scheme. It also has social workers based at Horsham Hospital and one at ESH to work closely with health colleagues to facilitate timely discharges. There is an effective Falls Prevention Service based at Horsham Hospital which is closely linked with our joint funded schemes.

In addition, there is a pilot of a re-ablement model aimed at giving people support to regain physical and mental well-being, increase physical mobility, confidence, social contact, life skills, manage risk, and optimise independence, choice and control.

Mid Sussex

Mid Sussex locality has a well-established integrated health and social care Intermediate Care team which provides care for hospital discharge and to people living in the community. Mid Sussex also funds an Intermediate Care Extra Care flat in Burgess Hill in partnership with the NHS and local authority. Mid Sussex hospital social workers are based at PRH and cover SaSH in Redhill, BSUH in Brighton, QVH in East Grinstead and Kleinwort in Haywards Heath.

A gap in services for a specialist dementia day service in the north of Mid Sussex has been identified. (There is already a specialist dementia service in Burgess Hill and in Hassocks but not in the north of the locality.) Work is now in progress to develop a specialist service at Glen Vue in East Grinstead. Mid Sussex locality funds a specialist dementia day service at the weekend provided by Age Concern. It is also developing a specialist Older People's Mental Health in-house homecare service with the Alzheimer's Society to extend provision for people with dementia. The Short-Term Break Development Fund (STBDF) has funded a new Sunday respite service (carer break) and WSCC also funds the Crossroads respite support and the Kingsfield Club (Storrington) for people in the early stages of dementia. In addition, the three WSCC day-care services each offer two specialist days per week for people with dementia and has 16 day-care places per day at Mill River Lodge, Horsham.

Crawley

Crawley locality is working closely with ESH. There are a number of staff based at ESH and this will increase as accommodation allows.

Crawley locality has a Black and Ethnic Minority Helpline and outreach service which is offered to the various BME groups.

There are a variety of services for older people with dementia including specialist day services and short break services. A number of people with dementia are supported via WSCC homecare service. Crawley locality funds Help at Home Services for domestic/ shopping help which is provided by Age Concern and supports a significant number of older people. The Health and Well-being Partnership in Crawley has a number of new developments funded by Crawley Borough Council and other sources which help older people, including a small good-neighbour scheme.

There is a Carers Support Service in place which is one of the three carer organisations funded by WSCC to provide advice and information to carers. An Emotional Support Service offers carers face-to-face counselling with trainee psychotherapists. There is a respite-sitting service provided by Mid Downs Crossroads covering Horsham, Crawley and Mid Sussex.

Countywide, through the Short term break development fund (STBDF), there are a number of schemes funded to support carers. Carers can also apply for Short Breaks money from the Carers Support Service to enable them to take a break. The Carers Emergency Respite Scheme covers all of West Sussex but provides back-up care in the event of unforeseen circumstances for the carer.

West Sussex Partnership for Older People Project (POPP), a joint project between WSCC and West Sussex PCT has put in place Community Partnership Teams across the county in order to help older people to stay healthy and remain independent. The teams comprise nurses, social workers, advisors from the local pension service, trained support workers from local voluntary organisations and volunteers. There are three Community Partnership Teams in the north-east - Horsham, Mid Sussex and Crawley - who are able to provide 'low level' support to older people not in receipt of services from specialist health or social care teams.

West Sussex POPP is working closely with third sector organisations to improve collaboration and coordination of services available for older people across the county. This will identify and fill gaps in services as well as strengthen the capacity of third-sector organisations to develop long-term business plans, improve their funding base and improve their publicity. POPP has also funded Community Engagement Workers whose role is to work in local neighbourhoods, identify vulnerable older people, identify local activities for older people to engage in and increase volunteering. While these posts are only funded until September 2009, WSCC is currently developing a long-term funding strategy.

Integration between health and social care

Current situation

There is increasing pressure and demand on social care services as hospital stays become shorter and turnover of patients increases. Alongside the rise in the older population in the north, has been a rise in their expectations. Increasing numbers wish to have care at home with the resulting need for more services to keep people as safe as possible at home and independent. Whilst this has a positive impact on capacity of acute and community hospitals, many of these people are highly dependent and will require considerable levels of ongoing long-term support.

Response and future plans

The work that has taken place over the past year with the PCT and acute and community hospitals has meant a considerable reduction in the number of patients delayed treatment for social care reasons. It is currently at the lowest it has ever been. Work has included daily conference calls, taskforce meetings and a continuing focus on moving people to more appropriate settings when they are ready. There are still pressure points particularly at Bank Holidays and Christmas time when all services are stretched.

Services are being deployed differently with teams being clustered around ESH and BSUH. Social work staff will have a physical presence at ESH and BSUH once space has been made available within those hospitals. This will ensure that on-site hospital based staff can work in an integrated way with PCT and hospital staff, and focus on the discharge pathway for inpatients. Staff deployed will include those in a Support Co-ordinators pilot (based at ESH) which gives scope to strengthen early support for carers from time of crisis/ admission. Social care delays are the lowest component of delayed transfers and they have improved dramatically in the past year.

The acute hospitals, PCT and social services have reviewed the current Delayed Transfers Protocol. An overarching principles/ strategy document and common operational guidance will be produced. There will be an annual review of the arrangements. To complement this there will be a workshop to look at the pathways through community hospitals and to develop a similar strategy for effective throughput.

WSSCC is funding a joint post to be hosted in the PCT for a Stroke Service Development Manager. The post will play a key role in ensuring that social care needs are recognised and integrated within the stroke strategy and inform the development of a comprehensive Stroke pathway for the residents of West Sussex.

Assessments and provision of necessary equipment such as wheelchairs

The demand for occupational therapy services has far outstripped the resources available to meet that demand. Waiting lists for those eligible but with moderate needs have been subject to lengthy waiting times. Over the last two years, a wide range of developments have been initiated to streamline the service including the introduction of OT Connect - the first point of contact for WSCC OT services. This service receives over 1200 telephone calls per month providing information; advice; redirection to more appropriate services; provision of simple equipment or referral to the area team for a fuller assessment.

In recognition of the pressure of waiting lists in area teams in 2008/9, seven additional posts have been established of which 2.5 WTE will be deployed in the north of the county and 1WTE to the child disability team in social care.

Telecare

A Preventative Technology Grant has been made available to WSCC and used to develop telecare initiatives. Following the successful Telecare Hospital Discharge Pilot in the Western area of the county, a decision is being sought to tender for a countywide telecare service. The WSCC and West Sussex PCT have committed to pool resources for this tender, enabling quicker access to support services especially around hospital discharge. Awareness and assessment training around telecare is currently being given to care and health professionals across the local authority, the PCT and Sussex Partnership Trust to help join up services.

Following a number of successful pilot schemes in the north-east, the PCT has put forward a business case to implement telehealth countywide. The proposal is to start in the north-east with 200 health monitors and then review the service before proceeding with the west and south-east of the county with more monitors.

Home care and care home placements

There is a problem recruiting care staff in the north of the county due to the competition from other employment opportunities especially Gatwick. As a result, home care packages can be scarce at peak holiday times. Discussions are taking place with residential and home care agencies to try to ensure contingency arrangements to respond to pressure points.

The development of a re-ablement service is being considered which will deliver short-term multi agency intensive support to maximise physical or mental health, independence and well-being (following a crisis in physical health).

Key findings

- The growth in the elderly population of the north-east over the next twenty years will have significant implications for social care services.
- Joint post/ schemes are being arranged.
- A BME helpline supports people from BME communities to access services.
- A number of new teams and services are coming into place.
- Delayed transfers due to social care are at the lowest level ever and this is being sustained.
- Social Care Staff are being located at acute hospital sites to improve joint discharge planning.
- Community Partnership Teams are being created to help maintain people's health and independence through community-based support.
- Growth in telecare and telemedicine is being piloted in the north-east area with positive feedback so far.

Recommendations

Social care for the north-east			
Ref. no.	Recommendation	Rationale/Objective	Target Date
15.	Develop joint posts and initiatives for home support with WSCC social care.	To provide integrated support to people in their homes and ensure effective discharge planning.	Autumn 2009
16.	WSCC to review current social care resources in the north of the county.	To ensure supply matches demand against projected growth in numbers of older people.	End 2009
17.	Undertake a joint review with WSCC of the scope for pilots in telecare in line with national best practice.	To minimise the need for travel by patients or face-to-face intervention by community/ primary care staff.	Spring 2010
18.	Agree an initiative with WSCC Social Care to tackle the problems of recruiting generic support staff in view of the competition from employers in the Gatwick area.	To ensure services operate effectively.	Spring 2010



Section 11

Children's and young people's health services

11. Children's and young people's health services

Maternity services

Maternity Services formed part of the FFF consultation and as such is out of scope for this review. Due to the referral by the Joint Health Overview and Scrutiny Committee to the Secretary of State and subsequent referral to the Independent Reconfiguration Panel, work relating to maternity aspects of the FFF programme is currently on hold.

Report from the Children's Services Working Group Review (CSWG)

The CSWG was established to develop recommendations for a long-term, integrated and sustainable model of children's services, which is safe, of high quality and delivered in an appropriate setting. The creation of the group was prompted by concerns about the future long-term viability of the existing service model for children's services provided by SaSH on Jumbo ward in Crawley Hospital and by the aspirations of local practice based commissioners to develop and improve services for the relatively young and deprived population of the north-east area of West Sussex.

With these drivers in mind, a multidisciplinary working group was established as part of the NER. The work of the group has been supported by all the relevant organisations including SaSH and West Sussex PCT (WSPCT) and has drawn on national developments, most notably the work of the National Integrated Children's Health Collaborative (NICHE). The changes in medical staffing on Jumbo ward and the short timescale available meant that the review focused specifically on the SaSH catchment population and specialist, rather than universal healthcare services for children in the area.

The CSWG met twice a month from June to November 2008 and included representation from healthcare professionals, other agencies and parents. The areas of focus included: the Child Development Centre (CDC), Specialist Community Nursing and Child and Adolescent Mental Health Services (CAMHS). The work progressed through the following stages:

- Description and understanding of existing services.
- The identification of current gaps in services and their prioritisation for action.
- The development of the integrated model of care.
- Testing against national guidance and best practice and peer review.

The group also assumed responsibility for communicating their work to a range of stakeholders including parents. Working group members from a range of backgrounds attended the NER Stakeholder Forum and NER Panel and a co-design event was held for members of the public and other

stakeholders on 17th November 2008. Feedback from these events largely reinforces the conclusions arising from the CSWG.

A separate review of services is taking place on Crawley Urgent Treatment Centre (UTC) during 2009. There are links between this report and the review because Jumbo ward has in the past provided paediatric support to Crawley UTC.

Linkage with national initiatives

An important aspect of the work of the CSWG was to ensure that it took account of relevant national guidance to ensure best practice. Links were established with Dr Sheila Shribman, National Clinical Director for Children, Young People and Maternity who facilitated contact with the NICHE. This work established underlying principles and structure for the CSWG to draw on and valuable practical advice on how to develop a local model of care.

Description of health services currently available

There are a number of children's services currently being provided in the north-east of West Sussex that meet a diverse range of healthcare needs for children in the area:

- **Child and Adolescent Mental Health Services (CAMHS) – Sussex Partnership NHS Foundation Trust**
This is a multi-disciplinary service which provides assessment, advice and interventions for children and young people with mental health difficulties and their families.
- **Child Development Centre (CDC) – West Sussex PCT**
The multidisciplinary team at the CDC provides a wide range of specialist medical, assessment and therapeutic services and includes Audiology.
- **Community Children's Nursing (CCN) Team North – West Sussex PCT**
Currently this CCN Team comprises part generic nurses and part specialist nurses who work with children who have a range of conditions including Diabetes and Cystic Fibrosis. They play a key role in preventing unnecessary admission to hospital and facilitating discharge.
- **Crawley UTC – West Sussex PCT**
Paediatric attendances make up 25% of total attendances at the UTC (approximately 12,000 cases per annum) and can be split into primarily medical or injury types. The percentage of medical cases represented approximately 56% while the remaining 44% were of minor injury type.

- **Therapies – West Sussex PCT**
A range of therapists work with children's services in the north-east including: Dieticians, Occupational Therapists, Physiotherapists and Speech and Language Therapists.
- **Paediatric Outpatient Clinics**
Daily paediatric outpatient clinics are held by SaSH paediatric consultants at Crawley Hospital.

In addition, there are diagnostics to support the delivery of care.

Key Findings

The following main conclusions have arisen from the work of the CSWG:

- There are some serious gaps in current services (identified by the working group and validated by stakeholders), and the highest priority areas to be tackled in the short term are as follows :
 - a) Accommodation - to address outstanding problems at the CDC and provide a base for CAMHS in Crawley. This also underpins the further development of the proposed model of care.
 - b) Integrating paediatric input and facilities within Crawley UTC.
 - c) Staff shortages – there are considerable shortfalls across virtually all the services and ideally all need to be addressed. The CSWG has prioritised the most pressing in each service area.
 - d) Focusing on developing better transitional care (child moving to adult).
 - e) The development of integrated children's services which must be underpinned by the central administration of children's records and the development of comprehensive information systems that can be accessed by all the relevant services.
 - f) Further work needs to be undertaken to understand the most effective way of engaging with children, their families and carers and long-term solutions that encourage ongoing participation should be established.
- The services previously provided by Jumbo ward (supporting children's services in general at Crawley Hospital) will need to be adapted to ensure that high quality care is provided in the most effective and sustainable way.²⁸
- The CSWG has developed an outline Integrated Children's Health Services (ICHS) model, focusing for the time-being on specialised health services (planned care) and integrating paediatric input to Crawley UTC.

²⁸ Note that this may or may not involve the use of Jumbo ward itself.

- Waiting times and accessibility are major issues for children and their families, and need to be addressed when developing the proposed model of care. Improving access across all its dimensions, including: waiting times, physical access, and minimising access points to the service is a core part of any sustainable solution and a key enabler of the proposed ICHS model.
- Commissioning children's services needs further development across the spectrum of planning, purchasing and monitoring of services. This would include the identification of specific local commissioning intentions. A commissioner for children's services is now in post at WSPCT.
- The proposed ICHS model looks to co-locate the following services at Crawley Hospital: CDC (including the Children's Sexual Assault Referral Centre (SARC)); community specialist nurses; therapies; SaSH outpatients and CAMHS all within easy access of the UTC. The model is based on a central Crawley hub and "mini-hubs" at Horsham Hospital and QVH, East Grinstead.
- There are a variety of very important enablers to the development of the ICHS model and consequent provision of an optimally integrated service for the future, They can be summarised as:
 - a) Organisation for integrated commissioning and delivery of services e.g. pooled budgets.
 - b) Improving information and supporting IT systems and infrastructure at all levels: operational, commissioning and contracting and public health.
 - c) Access and availability management, for instance:
 - Developing efficient referral mechanisms that avoid unnecessary dependence on GP referrals.
 - Ensuring that all professionals and carers know how to access the expertise available in the most timely manner.
 - d) Co-ordinating the various individuals and teams so that the optimum delivery of uni- and multi-professional care is most appropriately and cost-effectively spread across the Crawley, Horsham and East Grinstead populations. A key element of this will be the further development of multidisciplinary clinics for long term-conditions and ensuring that the same quality of care is provided, irrespective of geographical location.

Recommendations

Children's and young people's health services			
Ref. no.	Recommendation	Rationale/Objective	Target Date
19.	Ensure that accommodation for children's services meets all statutory requirements and provides a safe and high quality environment for children, their families and carers. In particular, the ICHS model services should be physically co-located at a "hub" in Crawley with "mini-hubs" at East Grinstead and Horsham.	To provide premises that meet statutory requirements and facilitate multidisciplinary working and good patient access to services.	Autumn 2009
20.	Implement the recommendations of the recent UTC report for paediatric nursing support to Crawley UTC.	To ensure safe, high quality care for children's minor illnesses and injuries.	Spring 2009
21.	Ensure that the gaps in staffing, including therapy and nursing staff are addressed to efficiently meet the demand.	To enable families to access services in a timely fashion in a way that meets their needs and to ensure equity of provision in the north-east.	2009/10
22.	Carry out a review of current arrangements for the transition from childhood into adulthood.	To ensure continuity of care and prevent young people suffering from the complications of their disease.	Autumn 2009
23.	Agree a plan for information sharing systems that includes the management of notes across services.	To ensure that care is safe, continuous, consistent and seamless based on one set of notes and common information systems	Autumn 2009



Section 12

General community services

12. General community services

NHS community care services are delivered by West Sussex Health – the “provider arm” of the West Sussex PCT. This comprises 2,760 staff covering nursing, medical and therapy disciplines, based in the community, GP surgeries, health centres and community hospitals. This is a countywide service with a strong locality focus. Many services are also provided by the third sector, however these are not explicitly included in this review. (See Chapter 16, General issues.)

Care closer to home

The NHS strategy is to bring care closer to home where possible and to only centralise where necessary. The BOFA Primary and Community Strategy was developed by the PCT in 2007 to outline the vision and plans for the development of primary and community services across West Sussex. This vision was in line with Department of Health guidance in *Our Health, Our Care, Our Say* which laid out the need to develop and deliver a broader range of services.

An Action Plan²⁹ document has also been produced by the PCT which outlines and distinguishes the specific projects that make up the BOFA strategy. This provided the Panel with evidence that the strategy was being implemented.

Universal children's services

A new continuing care team for children has been set up. Integrated working with local authorities is taking place through Children's Centres of which there are currently two in the north-east.

Following a recent review of health visiting services, a skill-mix model has been developed to use both health visitors and nursery nurses to provide services to young families. In Crawley and Horsham there are currently a number of health visitor vacancies but there are no current vacancies in Mid Sussex.

One particular issue identified by the public was lack of a coordinated incontinence service for children.

Audiology services

There is some anecdotal evidence of patients in the area experiencing significant delays and difficulties in accessing audiology services at both the Royal Sussex County Hospital and Crawley Hospital. However, since April 2008,

²⁹ See Appendix 13

waiting times from referral to first outpatient visit is no longer than six weeks, with compliance for 18 week referral to treatment times in 95% of cases.

Therapy services

There is a lack of physiotherapy, occupational therapy, neuro-rehabilitation and dietetic services (including specialist diabetes services) in the north-east, both ward-based and community services.

There is current additional pressure on the Wheelchair Service due to the opening of care homes for young disabled people with highly complex needs.

Pharmacy at Horsham Hospital

One issue drawn to the attention of the Panel was the problem for a small number of the patients receiving outpatient services at Horsham Hospital, subsequently being unable to obtain medication locally because of the need for specialist dispensing. The PCT has already proposed that this difficulty could be resolved by identifying a local community pharmacist who could be trained to dispense this medication. The PCT will need to ensure that solutions are implemented as soon as possible and provide assurance that prescribing for any new services to be delivered at Horsham Hospital in the future is not similarly affected.

Workforce

The Panel found that there have been problems in the north of the county recruiting facilities staff, mainly porters and domestics. This could possibly be due to competition with Gatwick for this type of role. Generally it can be difficult to recruit staff in the north of the county as there is often competition with jobs that qualify for fringe payments over the border in Surrey.

The West Sussex wide Strategic Workforce Group has been established to ensure there is a co-ordinated approach to both workforce planning and education commissioning for the county. The group has representation from acute trusts, ambulance trusts, mental health, social care and Higher Education Institutes, together with representatives from the PCT including West Sussex Health and primary care directorates.

Key findings

- The BOFA strategy is bringing more care closer to home across West Sussex.
- There is a shortage of health visitors in the north-east area, particularly in Crawley.
- There is a lack of therapy services in the north-east area, both ward-based and community-based.

- There are some difficulties in recruiting support staff in the north-east area e.g. porters and domestic staff.

Recommendations

General community services			
Ref. no.	Recommendation	Rationale/Objective	Target Date
24.	Agree a plan to bring therapy staffing levels in key services up to required levels across the whole of the north-east.	To ensure equity of provision in the north-east.	2009/10
25.	Ensure that West Sussex Health has a plan to address the current shortage of health visitors in Crawley.	To ensure equity of provision in the north-east and support the arrangements for the safeguarding of children.	Autumn 2009



Section 13

Long-term conditions

13. Long-term conditions

The prevalence of long-term conditions (LTC) in West Sussex and the quality of WSCC's management of them sits within the national average. The PCT believes performance against this measure can be improved, particularly given the demographics of the population served. Care for many people with LTCs has traditionally been reactive, unplanned and episodic.

This is a major part of the work of community services and is carried out in partnership with GPs and hospital services. Some recent initiatives include:

- 15 more community matrons in this year's investment plan - to focus on diabetes, heart failure and Chronic Obstructive Pulmonary Disease (COPD). This represents an increase of almost 50%.
- 52 senior nurses being put through case management training with more training planned. They will have a target caseload of 30 patients each over the next year.
- Information systems being put in place to record effectiveness and outcomes.
- Predictive analytics is being procured to aid identification of those patients at highest risk.

The PCT aims to improve the health and quality-of-life of patients with LTCs. While the West Sussex population morbidity rates in a range of LTCs are close to the average, the PCT considers that services and health outcomes could be improved significantly.

Stroke

Stroke services in West Sussex

Key priorities for stroke services include ensuring that all stroke patients have access to:

- TIA (Transient Ischaemic Attack) Services for high risk patients within 24 hours of referral including access to MRI/ CT scanning.
- A specialist stroke unit;
- High quality, specialist rehabilitation and support both in hospital and in other settings (e.g. after discharge).

Stroke services in the north-east

There is a history of under-investment in stroke services in the north-east area. Access to services for people living in rural areas is a particular issue.

The stroke care pathway for the north-east is complex, with patients having access to a variety of services including those run by West Sussex PCT, SaSH,

BSUH, Royal West Sussex Trust (RWST) and Worthing and Southlands Hospitals (WaSH) Trust. Access to specialist rehabilitation services varies depending on where the patient lives.

SaSH plans to deliver in-hours stroke thrombolysis in early 2009. PRH does not currently provide a Rapid Access TIA Service but is working closely with West Sussex PCT to develop TIA clinics to enhance the existing stroke service at PRH. Horsham Hospital has a generic inpatient rehabilitation ward for Horsham patients, but with no stroke specialism. There is no community neuro-rehabilitation team in the north-east, although there is some access to Intermediate Care Teams. There is some access in Horsham to Community Rehabilitation Teams although these are generic teams with no stroke specialism. There is a general shortage of therapists for community-based rehabilitation.

There remains a number of significant service gaps:

- Shortage of therapy staff – particularly Occupational Therapists, Physiotherapists and Speech and Language Therapists (SALT).
- Lack of Community Neuro-Rehabilitation Teams.
- Limited psychology input for stroke rehabilitation and rehabilitation for return-to-work stroke patients.
- Lack of rehabilitation beds for stroke patients.

Diabetes

A local diabetes needs assessment shows that Crawley, Horsham and Mid Sussex are likely to have diabetes prevalence rates lower than the England average. However, Crawley is predicted to have one of the highest prevalence rates of diabetes in West Sussex in future years due to the high proportion of people from BME communities in the Crawley area. It will be essential to ensure that diabetes services in the north-east are commissioned using the principles of care outlined in the Commissioning Framework and are sensitive to the particular health needs of those BME groups. A key aim of the PCT should be to increase the percentage of patients with diabetes who have controlled blood sugar levels. The PCT plans to focus on identifying and managing diabetes in primary care to reduce the likelihood of complications.

West Sussex PCT has worked with clinicians, support services and expert patients to develop a Commissioning Framework for diabetes which sets out key principles of care to guide the provision of effective and equitable diabetes services across primary, secondary and community care.

Pain management

An issue raised by some stakeholders and members of the public are the long waiting times for appointments in respect of pain management.

Evidence suggests that on average, for 2008-09, the waiting time for pain management treatment is five weeks for in-patients and seven weeks for outpatients. Waiting times are fairly consistent across all Trusts serving West Sussex. SaSH is currently meeting the national 18 week referral to treatment (wrft) for pain management for both inpatients and outpatients. However, the experience of some individual patients in the north-east suggests that waiting times for pain management are unsatisfactory. The PCT has agreed to follow-up any specific issues where these waiting times targets are not being met.

Renal services

Renal activity has been growing rapidly (more than 5% per annum) as a result of underlying growth in Kidney disease and as a result of an increasing tendency to provide active treatment to elderly patients. Dialysis is very burdensome for patients (e.g. four hours, three days per week for many years), so minimising travel times, would have a significant positive impact for patients.

Crawley hospital provides some renal dialysis facilities but this is primarily for patients at the earlier stages of the disease. BSUH, among other providers, also provides renal dialysis services for more severe cases. The South East Coast Renal Services Strategy Group has begun work to identify gaps in provision. This work is still in progress and due for completion in the New Year. The lack of accessible renal facilities in the north-east of the County is a concern and the PCT is planning to increase renal dialysis facilities to ensure these are closer to home. It would appear that there is sufficient catchment in this area to warrant investment in such facilities.

Cancer

Cancer mortality rates vary significantly across the county and the rate of decline within the county is slower than elsewhere. Cancer accounts for a quarter of the deaths in West Sussex and while mortality from the disease is decreasing, incidence is increasing. In addition, improvement in age standardised mortality rates (SMRs) are slowing for West Sussex patients. The PCT has shown it is aware that access to locally accessible chemotherapy and radiotherapy is critical to survival rates and that there is currently no radiotherapy provision within West Sussex. (Note that chemotherapy is currently provided at both ESH and Crawley Hospital). West Sussex PCT intends to commission up to three Linear Accelerators (Linacs) within (or near to) the County boundary, including two located in the north-east area.

There are plans to improve access to cancer therapies by developing a local Cancer Unit in the north-east providing radiotherapy in line with National Patient Safety Agency (NPSA) standards. This unit would be a satellite to a specialist cancer facility. Patients' care plans would be

overseen by this specialist centre and, where deemed necessary, patients' care would pass back to the centre..

Cardiology

Cardiac disease remains a major disease within the county. The SCP outlines plans to help people to reduce their risk of disease through a vascular risk screening programme for 40-74 year olds, and by encouraging optimal management of those who do have risk factors such as high blood pressure or high lipid levels. The SCP highlights that the PCT will commission rapid-access clinics for those who develop angina and will seek to ensure that those who do have a heart attack are promptly and appropriately managed – whether through thrombolysis or angioplasty.

End of life care

End of life care in West Sussex

Key issues for end of life care in West Sussex include:

- The need to develop a seamless countywide patient/ carer service, including bereavement services.
- The need to develop public understanding and awareness of end of life care.
- The need for education and training to be standardised across the county.
- The development of communication mechanisms between commissioners, providers and service users.

End of life care in the north-east

End of life care in the north-east is provided through a combination of acute providers, community hospitals, hospices, a smaller number of residential and nursing homes and in people's own homes with support from carers.

A night nursing service has been developed in the north-east, as well as a night sitting service. Pharmacy contracts for end of life care have been reviewed and money is being invested in staff training across providers. Hospices in the north-east area are reviewing their model of care to focus more on outreach services. More than 80% of practices in the north-east area are using the Gold Standard Framework (GSF) for end of life care and the Liverpool Care Pathway (LCP) is in use in all the community hospitals serving the north-east population. A successful three month pilot at Kleinwort Hospital used the GSF and LCP. This has now been rolled out to Crawley and Horsham Hospitals.

There is currently no End of Life Care Facilitator covering the whole of the north-east area. Mid Sussex has a GP End of Life Care Facilitator but Crawley and Horsham do not. Cultural and religious issues are a key concern, particularly in the Crawley area where there are high numbers of people from BME communities.

Key findings

- There is a history of under-investment in stroke services in the north-east area, in particular a lack of community neuro-rehabilitation teams.
- There is a lack of accessible renal services in the north-east area.
- There is a lack of accessible radiotherapy services in the north-east area.
- There is currently no End of Life Care Facilitator for the north-east area.

Recommendations

Long-term conditions			
Ref. no.	Recommendation	Rationale/Objective	Target Date
26.	Establish a community stroke rehabilitation team for the north-east.	To meet the national best practice standard and ensure equity with the rest of the county.	Summer 2009
27.	Review the need for additional stroke rehabilitation beds at Horsham Hospital.	To provide a more accessible service for local people.	2010
28.	Establish End of Life Care Coordinator for the north-east	To ensure equitable level of service for people in the north-east.	2009/10



Section 14

Community hospitals

14. Community hospitals

Strategy for Community Hospitals

The hospitals at Crawley, Horsham, Haywards Heath (PRH) and East Grinstead (QVH) are strategic sites located in key population centres and as such would expect to have a well-developed long-term future in the PCT's plans. Crawley has had £19m and Horsham £11m invested since 2002 as part of the PCT's response to the previous *South East Surrey and North West Sussex Health Services Review chaired by Peter Bagnall* (Bagnall Report). QVH is about to commence a significant programme of investment. The key characteristics of these sites include their local accessibility and their being much-loved local institutions.

Services currently provided at Crawley hospital are: Day surgery (general surgery; orthopaedics; ENT; urology; ophthalmology; gynaecology); Outpatients (all specialities); Children's outpatients; Antenatal care; Chemotherapy; Cardiac investigations; CT, X-ray and ultrasound; Pharmacy; Consultant input to the Urgent Treatment Centre and Consultant input to rehabilitation beds.

QVH provides a range of community services to the north-east population including: community beds; audiology; care of the elderly; dermatology; dietetics; occupational therapy; outpatient paediatrics; rheumatology; speech and language therapy and a Minor Injuries Unit.

PRH is a key strategic site for the location of community-based services. The greatest proportion of outpatients services provided to the north-east is from the PRH/ Royal Sussex County Hospitals.

These premises provide the pivotal points for networks of locally provided care and should be fundamental to the PCT's strategy of bringing care closer to home. The PCT's intentions closely match what the Panel has heard from clinicians, the public and those who have submitted evidence to the Review. The Panel has ventured an outline below of the key aspects of a strategy for these premises but recognises that more detailed work is required and that this must be done jointly with the PCT's health and local authority partners. However, having received sufficient evidence and opinion the Panel would recommend:

- A significant reduction in travel especially for frequently accessed activities
- The provision of a local base for outreach services from acute Trusts - outpatients, routine (or less complex) diagnostics, endoscopy and other day-case interventions; mobile MRI/ CT.

- That the scope be maximised for more local access to day surgery (Crawley and PRH).
- The development of Crawley Hospital as a vibrant Local General Hospital.
- A location for health promotion and community well-being activity.
- A more comprehensive Minor Injury service especially at Horsham.
- A possible base for community teams.
- A hub for community services e.g. sexual health.
- Developing a health campus approach.

There is opportunity for acute providers to work with the PCT and local GPs to review the frequency and range of outpatient clinics at both Horsham and Crawley Hospitals. X-ray and ultrasound, for example, are currently provided at Horsham and could be supplemented with mobile MRI; a fracture clinic could be provided at Crawley. Antenatal care is provided at Crawley, Horsham and PRH.

The PCT has proposed that its commissioning plans for these sites would include among other things:-

- Providing 24/7 TIA (stroke) clinics with active community stroke rehabilitation in the north-east.
- Providing expanded mobile imaging services based on these sites.
- Developing an endoscopy service at Crawley and considering whether it is clinically and financially sustainable at any other site.
- Extending day surgery further at Crawley.
- Maximising outpatient services at Crawley, Horsham and East Grinstead.
- Reviewing the capacity of renal services based at Crawley and ensuring adequate access for the catchment population.
- Considering the urodynamics service at Crawley.
- Developing a local cancer centre in the north-east to provide radiotherapy. This would be a satellite of a major cancer centre.

Urgent Treatment Centre and Minor Injuries Units (MIUs)

MIUs at Horsham and East Grinstead, and the UTC at Crawley are important services to the local community providing quick access when there are minor injuries or issues that cannot be managed in primary care. There has been a comprehensive review of the Crawley UTC and the key recommendations were drawn to the Panels attention.³⁰ The Panel acknowledged the importance of the services provided at the UTC for the people of Crawley and Horsham in providing local access to a wide range of urgent services. There will be opportunities in the future for the UTC to work closely with the new Crawley Health Centre.

³⁰ See Summary of UTC report at Appendix 15

Community Estates

The PCT community estates in the north-east of the county include Crawley and Horsham hospitals and the Kleinwort unit at Haywards Heath, which has a very specific role in rehabilitation. Community beds and outpatient facilities are also provided from QVH and PRH hospitals. The overall condition of the hospitals is variable, but with the exception of the QVH, the bulk of the estate is in serviceable condition, despite some outstanding maintenance issues. Crawley Hospital is the PCT's largest owned asset. Since 2004 a very significant programme of improvements has been completed at Crawley Hospital which has reduced the maintenance backlog. The total backlog now stands at £2,878,000. Further details of backlog maintenance can be found at Chapter 15, Section 1.3.

As an estimate of the cost of converting the PCT office accommodation back to wards, a cost and the number of beds possible has been estimated for illustration. Given that these wards are basically intact and would only need new fittings and a minor upgrade, this could be estimated at £500K per ward. The Panel heard that it would be possible to reopen two wards at Crawley and two at Horsham each with between 22 and 28 beds if the existing configuration were used, increasing the total of beds from 88 to 112.

Key findings

- The service model for Crawley UTC is currently under review.
- The community hospital estate for the north-east area is in a generally good condition, with scope for converting administrative areas into wards.
- Crawley, Horsham, PRH and QVH provide a broad range of community services to the north-east population and are key sites for the location of community-based services.
- There is scope for providing more services closer to home including day surgery, outpatients, stroke clinics, community rehabilitation and renal services.

Recommendations

Community hospitals			
Ref. No.	Recommendation	Rationale/Objective	Target date
29.	Develop, in partnership with local NHS providers, a Community Hospital Strategy for the north-east.	To make best use of community beds, the existing estate and to provide a more accessible service for local people.	Autumn 2009
30.	Extend the opening hours of Horsham Minor Injuries Unit on a six month pilot basis to 10 hours every day in the first instance.	To provide a more accessible service for local people.	Spring 2009
31.	Ensure that access audits are carried out at Crawley and Horsham Hospitals as soon as possible.	To ensure that PCT premises are compliant with the Disability Discrimination Act (DDA) good practice.	Autumn 2009



Section 15

Secondary care services (acute hospital services)

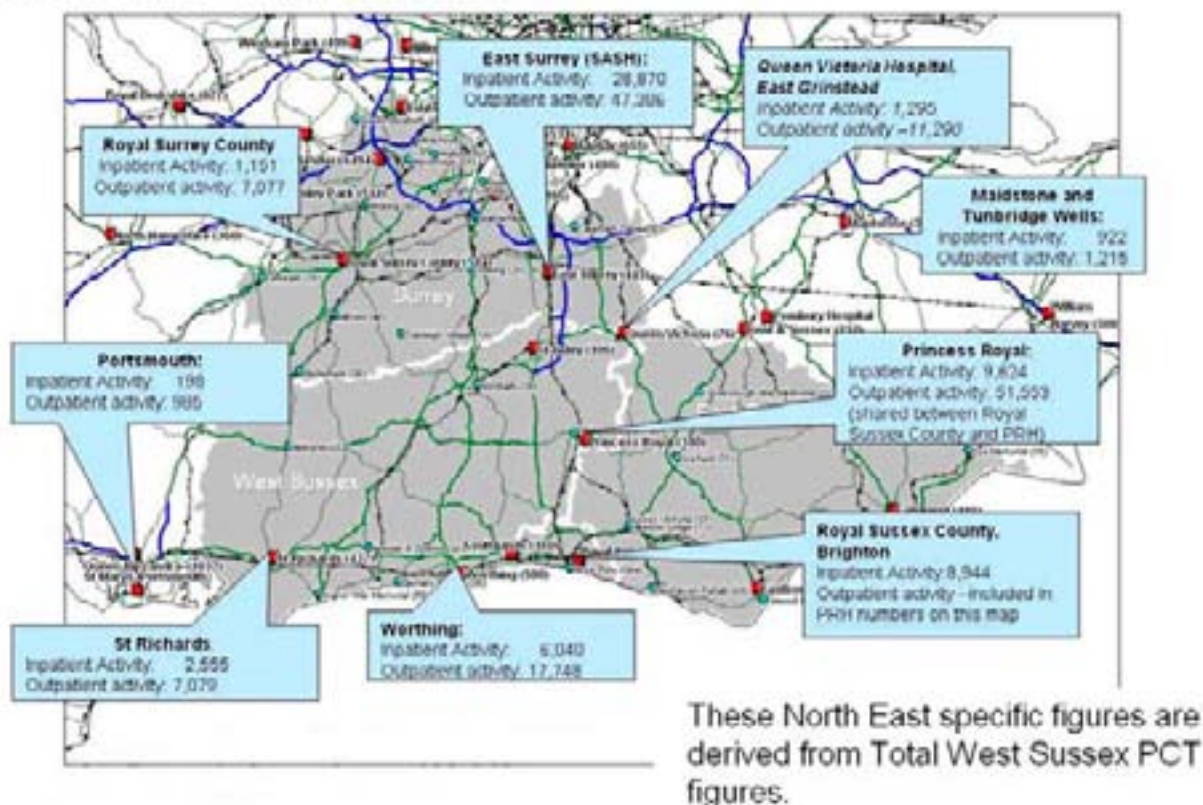
15. Secondary care services (acute hospital services)

Background

The patient activity flows identify the major acute services providers to the north-east. Fifty percent of the inpatient care for the people of the north-east is provided by SaSH with 31% going to BSUH, and 15% to Worthing and Southlands (WaSH) and St Richard's. Thirty-Six percent of the outpatient care for the people of the north-east is provided by SaSH with 39% going to PRH and Brighton (Royal Sussex County), and 19% to WaSH and St Richard's. The map below outlines the volumes of inpatient and outpatient activity from residents in the north-east³¹ of the county to the main acute services providers to which they flow.

Acute Activity Flows from the North East Area to different Trusts

Baseline Figures – Projected to 2012/13



The flows in the map above are the inpatient and outpatient activity that West Sussex PCT expects to commission from each Acute Trust in and around West Sussex in 2012-13 for the north-east area of the county (based on the West Sussex county commissioning plan). It includes demand management assumptions within the projections to 2012/13.

³¹ 61% of the inpatient activity at QVH for West Sussex PCT is day-case work. The data from QVH is from 01/7/2007 to 30/06/2008 (12 months)

Relationship between primary, community and secondary care services

Primary, community and secondary care services form an integrated health system. For practical reasons, however, this report has considered them separately. The capacity and accessibility of each sector impacts on the capacity, capability of the others. This relationship is important for both access to services and discharge from services. The number of emergency department attendances, for example, is affected by the quality of out-of-hours primary care. Acute bed capacity is affected by the ability to discharge into community hospital beds. Additionally, the provision of social care services impacts on, and is affected by, health service activity. The complexity of the relationship between primary, community, secondary and social care has implications for the way we analyse the ability of all health services to meet the needs of the local population.

Drivers for Change in Acute Care

Many of the key drivers apply to a wide range of healthcare but they are particularly pertinent when considering acute services:

- An ageing population with many illnesses at the same time.
- The need for more to be done on an outpatient or day care basis.
- The fact that many people will survive with LTCs which cannot be cured but which can be managed.
- That inpatient stays in hospitals are likely to continue to reduce.
- That around 30% of inpatients in an acute bed could be cared for in a less intensive environment.
- The working hours regulations and the new training arrangements for doctors which require NHS Trusts to redesign the delivery of their services.
- Increasing medical specialisation which produces benefits for the quality of patient outcomes, but may require travel to specialist centres.

What has the Panel heard?

A number of Key Stakeholders (especially Horsham and Crawley Councils, Francis Maude MP and Cllr Henry Smith WSCC) as well as many members of the public, consider that there is an urgent need for a new general hospital in the north-east. At the same time, other stakeholders, especially the NHS (West Sussex PCT, SaSH, BSUH) and Mid Surrey Council, consider that there is no case for a general hospital but that instead, existing facilities should be enhanced. Given the history of this issue, the Panel has paid particular attention to the evidence. A total of four events - two workshops and two

Panel meetings- have been devoted solely to the question of the capacity of the acute services for the population of the north-east.

There has been remarkable consistency in the submissions on acute services.

Three key issues have been most significant, and these have helped the Panel to frame and review the services provided to the north-east population. As a result of the evidence submitted, the Panel agreed to use a number of tests to consider this question. The criteria for these tests fell into three groups:

- Capability of services providers especially SaSH and South East Coast Ambulance Service (SECamb) to deliver the quality of service needed.
- Capacity of the acute system in the north-east today and over the next 20 years, providing for the growth in population expected.
- Access to services including the issue of the Link Bus, and the concerns of those living in more rural areas of the north-east.

The following text reviews each criterion against a number of key indicators using the available evidence.³² The first part examines the capacity of the acute system today; the second part looks at the longer term.

Acute Capacity- Today

CRITERION 1 -CAPABILITY

It was suggested to the Panel that the acute providers were not capable of providing a good quality service to the local population.

The "capability" of the provider Trusts was assessed using the:

- Healthcare Commission rating.
- Financial health rating including the Auditors' Local Evaluation (ALE) scores.
- Estates backlog maintenance figures.

1.1 Is the acute sector serving the north-east capable of delivering good quality secondary care services?

Healthcare Commission rating

There are two parts to every trust's rating. One part is quality of services, which includes performance against core standards and national targets. The other looks at financial management and use of resources (1.2)

³² Please note that whilst acute activity generally refers to West Sussex PCT data, most of the performance / quality indicators are "Whole Trust" figures i.e. they include activity from non West Sussex PCTs.

Trust name	Use of resources score			Quality of services score			Three components that combine to form quality of services score		
	2005/2006	2006/2007	2007/2008	2005/2006	2006/2007	2007/2008	Core standards score	Existing national targets score	New national targets score
BSUH NHS Trust	Weak	Weak	Fair	Fair	Fair	Excellent	Fully Met	Fully Met	Excellent
QVH NHS Trust	Excellent	Excellent	Excellent	Fair	Excellent	Excellent	Fully Met	Fully Met	Excellent
Royal West Sussex NHS Trust	Weak	Weak	Fair	Good	Good	Good	Fully Met	Fully Met	Good
Surrey and Sussex Health-care	Weak	Weak	Fair	Weak	Weak	Fair	Partly Met	Partly Met	Good
WaSH	Weak	Weak	Fair	Good	Fair	Fair	Partly Met	Fully Met	Excellent

Overall, all Trusts have improved or maintained their rating from last year. BSUH has improved from “weak” to “fair” on the Use of Resources score and from “fair” to “excellent” on its Quality of Services score. SaSH has improved from “weak” to “fair” on both dimensions. Worthing and Southlands has improved on Use of Resources and maintained last year’s performance for Quality of Services. Royal West Sussex has improved its Use of Resources score and maintained its “good” ranking for Quality of Services.

1.2 Is the acute sector serving the north-east capable of delivering services within acceptable financial performance?

The Auditors’ Local Evaluation (ALE) process requires auditors to reach scored judgments for five themes. These scores are used by the Audit Commission to calculate an overall score which forms the Use of Resources part of the Healthcare Commission’s Annual Health Check for NHS trusts and PCTs.

ALE scores (2007/8)						
Trust Name³³	Overall score	Financial reporting	Financial management	Financial Standing	Internal Control	Value for Money
BSUH	2	3	2	2	2	3
WaSH	2	2	2	2	3	2
RWST	2	2	2	2	3	3
Surrey and Sussex Healthcare	2	2	2	2	2	2

Key – a score of 1 signals “Below minimum requirements – inadequate performance” and a score of 4 signals “Well above minimum requirements – performing strongly”.

In addition to the ALE scores above, forecast outturn could also be considered. A number of acute providers serving the north-east have reported financial deficits³⁴ and have been assessed as facing a greater challenge than other organisations in delivering financial sustainability. However, the forecast outturn for BSUH NHS Trust, WaSH NHS Trust and Surrey and Sussex Healthcare NHS Trusts remains to achieve financial sustainability on a year-on-year basis by the end of 2008/9.

1.3 Estates - Is the condition of the estate for the north-east fit for purpose?

The most readily available indicator of the condition of the estate is the backlog maintenance figure. Backlog maintenance can be defined as the expenditure necessary to ensure a building is in a satisfactory condition for the provision of health services. There is no significant backlog maintenance at Horsham Hospital.

Trust Name	Backlog maintenance cost³⁵ (£m)
Crawley	2.8
East Surrey Hospital	4.7
Horsham Hospital	0
PRH	4.7
WaSH	66
St Richard's Hospital	21

³³ QVH as a foundation trust is rated by Monitor and not by ALE. The Monitor scores for the QVH Trust for 2008 were 5 for Finance (5 indicates low risk, 1 indicates high risk) and Green for both Governance and Mandatory Services.

³⁴ See link to SEC Strategic Health Authority board report:

<http://www.southeastcoast.nhs.uk/aboutus/theboard/papers/documents/91-08M4FinancialReport.pdf>

³⁵ Source: Estates Departments of each trust

Overall, the Panel acknowledged that there has been tremendous improvement made by SaSH as evidenced in their Healthcare Commission rating. If this is sustained, then there would be no reason to challenge its capability especially as SaSH is the largest hospital provider to the north-east area.

CRITERION 2- CAPACITY

The Panel considered where there was adequate acute capacity the population of the north-east compared with the rest of West Sussex.

In order to understand the “capacity” of the north-east area better a number of Indicators were chosen. These indicators were discussed with the Stakeholder Forum. The direct indicators tell us about the actual capacity to deal with patient activity. The indicators below that - the indirect indicators- reflect on the quality of systems, staff etc. and add to the overall picture but do not specifically reflect capacity.

2.1 Direct indicators:

2.1.1 Acute bed numbers

General and acute bed numbers and ratios are an element of the discussion around capacity but they are only part of the equation. The Panel received evidence regarding this from the PCT, a member of the Forum and from an independent advisor on bed numbers.

Current Acute Bed Numbers

The Panel asked the independent analyst to address a number of questions:

What would the north-east average overnight beds occupied be if the rate per 1000 population for the ‘rest of West Sussex’ were applied to the north-east population distribution?

Overnight Beds

Overnight Beds						
Age Band	Population		Average number of beds occupied		Age specific rate per 1000	
	north-east	rest	north-east	rest	north-east	rest
0-14	68317	64880	26	36	0.38	0.55
15-69	270143	74126	199	262	0.74	0.90
70+	45033	74126	367	616	8.16	8.31
Total	383493	429820	592	914	1.54	2.13

Rate totals in the table on page 65 are not adjusted for age. If the age specific rates per 1000 for the 'rest of West Sussex' were applied to the north-east, this would give:

Age Band	'Rest of West Sussex' rate applied to north-east population	Difference
0-14	38	12
15-69	243	45
70+	374	7
Total	655	64

In other words, 64 more patients in bed per night would be required for the north-east area to match the age-specific rates per 1000 apparent for the 'rest of West Sussex'.

In presenting this data to the Panel it was pointed out that there were two ways of understanding the 64 bed "gap":-

- That the north-east was short of 64 beds in order to support the current level of activity.
- That the north-east was performing more efficiently than the rest of West Sussex especially with a higher level of day case work.

This does not provide an unequivocal position for the Panel. Coupled with earlier evidence regarding the significant pressure on both SaSH and PCT community beds, the Panel remains of the view that whilst there may not be a clear case for extra beds now, the issue of pressure on capacity should be addressed urgently.

2.1.2 Community hospital bed numbers

There are eight community hospitals in West Sussex. These include Crawley Hospital, Horsham Hospital and the Kleinwort Centre in the north-east of the county. The population in the south and west of the county are served by Arundel Hospital, Bognor Regis War Memorial Hospital, Midhurst Hospital, Salvington Lodge and Zachary Merton Community Hospital.

1. Number of north-east community beds

- **Crawley Hospital:** 74 beds
- **Horsham Hospital:** 38 beds
- **The Kleinwort Centre:** 31 beds
- **The QVH NHS Foundation Trust:** 28 beds

In total, the north-east has 171 community beds.

2. Number of west community beds

- **Bognor Regis War Memorial Hospital:** 60 beds
- **Midhurst Community Hospital:** 20 beds
- **Arundel Community Hospital:** 17 beds

3. Number of south east community beds

- **Salvington Lodge:** 32 beds
- **Zachary Merton:** 26 beds

In total the west and south have 155 beds.

These figures do not suggest a significant disparity in availability of community beds in the north-east.

2.1.3 Acute bed occupancy

Bed occupancy is affected by bed pooling, random variation in arrival; case mix, weekday opening, flexible beds, specialist beds and the pattern of day admissions.

The "all England" average³⁶ occupancy of general and acute beds for the year 2007/ 08 was 85.5% which is the same as in 2006/ 07³⁷. All local providers are running at a significantly higher capacity level than the England average apart from the PRH site which is lower than the England average.

Organisation name	Acute bed occupancy
BSUH	74.1%* at the PRH site
QVH	99.0%
RWST	91.4%
SaSH	96.7%
WaSH	91.4%

Based on 2007/8 KH03 General and Acute (including Geriatric) beds

* - based on 2008/ 9 year to date occupancy rates

This shows SaSH in particular to have a very high level of bed occupancy which could be a cause of some concern.

³⁶ The average is based only on General and Acute including Geriatric beds occupied and does not include PCT Acute beds coded as "5s"

³⁷ <http://www.whitehallpages.net/modules.php?op=modload&name=News&file=article&sid=137512>

Community bed occupancy

Community hospitals bed occupancy is a relevant figure to include in this report to allow assessment of the whole system. The England average for "community" beds from 2007/8 KH03 is 83.4% The community bed occupancy in the north-east area was an average of 97% compared to 88% in the "Rest of West Sussex³⁸". Again, Community bed occupancy in the north-east needs further investigation to establish cause and possible remedial action.

2.1.4 Excess bed days

Excess bed days are the days spent by patients over and above the number included in the national contrast tariff. With the exception of QVH (primarily a specialist hospital) there is no significant difference between the Trusts figures.

Excess Bed Days³⁹			
Provider	Total no. of spells at Trust	Excess Bed days total	Av EBD per spell
BSUH	23530	10402	0.44
QVH	3942	2913	0.74
WaSH	55330	23357	0.42
SaSH	28997	11267	0.39
RWST	38454	12613	0.33

2.1.5 Waiting times for planned care i.e. elective inpatient care (including day cases), outpatients and diagnostic tests

Waiting times are important as they are a possible indicator of capacity. If patients in the north-east area are not receiving timely access to acute services compared with the rest of West Sussex then there should be significant differences in waiting times.

18 weeks target

The national target is to deliver 18 week maximum wait (for elective admitted and non-admitted patients) by December 2008. The local Trusts are on trajectory to achieve this target. The Department of Health (DoH) target is for this to be achieved by the end of December 08, and the PCT is satisfied that all the Trusts serving West Sussex will deliver. Again, it would appear there is no significant difference between the north-east and the rest of the county.

³⁸ See Appendix 15

³⁹ Source: SUS 2007/8 West Sussex PCT patients only – based on all beds (including General and Acute and Geriatric beds)

2.1.6 Cancellation rates (for elective surgery)

Cancellation rates might indicate the extent to which a Trust is experiencing capacity problems. When emergency admissions use beds allocated for elective patients, this results in the cancellation of planned surgery.

Elective surgery cancellation	
Trust	(average number of operations per week)
BSUH	5
QVH	2
RWST	3
SaSH	3
WaSH	6

The evidence does not support any significant concerns regarding the service to the north-east.

2.1.7 A&E Waits achievement of < 4 hours wait target⁴⁰

Trust	A&E 4 hour wait target achievement (average for 2007/8)	A&E 4 hour wait target achievement (average April - June 08. (3 month average)
BSUH	98.2%	99.6%
QVH	99.75%	99.5% (to end Nov 08)
RWST	98.2%	99.4%
SaSH	95.4%	99.5%
WaSH	97.8%	99.1%

The SaSH rate is within the range of the other hospitals serving West Sussex.

2.1.8 Bank and agency spend

The figures on the following page are from the Better Care, Better Value data set⁴¹ which shows that the Trusts in our area perform less well than average on agency costs and this has deteriorated from the last quarter.

⁴⁰ Source: UNIFY 2 – weekly situation report (SITREP) returns (most recent data)

⁴¹ http://www.productivity.nhs.uk/Form_GetReport.aspx?period=2007-Q4andreport=t33andorgCode=RTP

South East Coast SHA agency spend by Trust			
National ranking	Trust	Agency staff costs (%)	Change from last period
23	Medway NHS Trust	2.49	▲ -0.81%
41	East Kent Hospitals NHS Trust	3.56	▼ +0.62%
42	Ashford and St Peter's Hospitals NHS Trust	3.56	▼ +0.51%
National average – Grey shading indicates worse than average performance (3.84)			
48	Dartford and Gravesham NHS Trust	4.02	▼ +0.86%
50	Royal West Sussex NHS Trust	4.22	▼ +0.57%
63	Maidstone and Tunbridge Wells NHS Trust	5.07	▼ +0.27%
73	Worthing and Southlands NHS Trust	6.65	▼ +1.09%
75	Surrey and Sussex healthcare NHS Trust	7.18	▼ +3.58%
81	Royal Surrey County Hospital NHS Trust	9.04	▼ +4.72%
Excluded because of data quality or no data supplied: Brighton and Sussex University Hospitals NHS Trust East Sussex Hospitals NHS Trust			

The use of bank and agency staff by SaSH is higher than the rest of West Sussex and the position (at the time of reporting) appeared to be deteriorating. This requires attention from both the Trust and the PCT's commissioning services but would not in itself be a major concern.

2.2 Indirect indicators:

These are indicators which might cast some further light on the acute hospital system in the north-east but could also reflect a range of organisational issues other than capacity.

2.2.1 Are readmission or mortality rates higher in the north-east than the rest of West Sussex?

Readmission rates do not currently form part of routine monitoring so no data is available at individual Trust level.

As a proxy in the meantime the data in the table on the following page indicates that West Sussex PCT has no worse readmission rate or mortality rate than surrounding PCTs within the Strategic Health Authority (SHA). If the north-east area's rate approximates to the West Sussex PCT average, this would suggest that this does not represent a significant problem for patients in the north-east. However, the lack of Trust specific data means this is inconclusive.

Outcomes: Readmission and mortality rates⁴²				
Trust	Standardised 28-day readmission rates⁴³		Standardised in hospital mortality rates⁴⁴	
	Value	Average annual change	Value	Average annual change
Brighton and Hove City	103.5	-0.6	86.3	-0.7
East Sussex Downs and Weald	106.4	3.8	98.5	-1.5
Eastern and Coastal Kent	104.3	3.3	98.5	-5.9
Hastings and Rother	106.9	6.5	98.0	0.7
Medway	108.3	0.7	125.1	9.5
Surrey	106.4	2.2	88.7	-5.7
West Kent	108.0	-4.3	92.6	-0.9
West Sussex	100.3	-2.5	94.0	-0.4

2.2.2 Are there more delayed transfers of care?

This data is for "All Reasons" including Social Care and NHS patient delays.

Trust	Delayed transfers of care as a proportion of occupied beds Apr – July 08 (inclusive)
BSUH	4.2%
QVH	5.4%
RWST	5.0%
SaSH	1.9%
WaSH	2.4%

The Panel's overall assessment of the indicators around capacity suggests that the system is working at near to, or at, maximum capacity. However, there has been a significant improvement in services as evidenced by the Healthcare Commission rating at SaSH.

⁴² Source: Secondary Uses Service, extract 24/04/2008

⁴³ A re-admission is a patient admitted as an emergency within 28 days of being discharged from hospital. This is a rate of observed number of re-admissions to expected number. Values greater than 100 suggest a higher than expected number of re-admissions.

⁴⁴ This is a rate of observed number of death rate to expected number

2.2.3 Is there a higher level of Healthcare Associated Infections in the north-east than in West Sussex?⁴⁵

Infection ⁴⁶				
Trust	MRSA infection rate (per 10,000 bed days)		Clostridiumdifficile infection rate (per 1,000 bed days)	
	Value	Average annual change	Value	Average annual change
Ashford and St Peters	0.72	-1.13	3.37	0.45
Brighton and Sussex University	2.38	-1.11	2.89	1.09
Dartford and Gravesham	2.61	0.48	2.20	0.46
East Kent	0.75	-0.50	1.64	-0.34
East Sussex	2.31	0.32	1.63	-0.06
Frimley Park	1.82	0.16	4.91	1.35
Maidstone and Tunbridge Wells	0.90	-0.35	3.69	0.42
Queen Victoria	1.59	-0.38	0.46	0.00
Royal Surrey County	1.91	0.08	4.48	1.53
Royal West Sussex	1.39	-0.23	3.70	1.18
Surrey and Sussex	1.42	-0.32	1.80	-0.20
Worthing and Southlands	1.17	-0.63	2.01	1.10

The data does not suggest there is a greater concern with hospital-acquired infections in the north-east of the county.

In summary, the direct and the indirect indicators suggest that:

- There are no particular concerns in the north-east of the county.
- There is nothing to indicate that the secondary care system is unable to cope today.
- The north-east of the county has no greater problem than the rest of the county.

CRITERION 3- ACCESS

This third criterion for assessing the secondary care system in the north-east of the county is dealt with in detail in Chapter 16, Access, transport and rurality.

⁴⁵ Source: Strategic Planning Data Pack, June 2008

⁴⁶ Source: Department of Health, 2007

Looking into the future

During the Panel meetings and from the submissions received by the Panel, a number of important issues have been raised about the future of acute services. This section seeks to address these.

Q.1 Could Crawley Hospital be an Local General Hospital+ (LGH+) ?

In the light of FFF, one of the questions asked by the public and other partners is whether Crawley Hospital could be developed as an LGH+ using the FFF model of a Major General Hospital (MGH) and a Local General Hospital (LGH).

Two specialties were examined to test this question:

- a. Could an A&E department be supported at Crawley?
- b. Would the total acute medical activity support a two site model?

An A&E service is key to defining a location as an LGH+. A minimum set of acute services is required to support the operation of an A&E in a LGH+ which is shown by the table below. Some must be on site, others can be off site but closely networked.

LGH+ requires:

Onsite 24/ 7 access to:	Supported offsite by locally networked access to:
<ul style="list-style-type: none">• Acute medical beds• Level 2 critical care beds• Non-interventional coronary care unit• Essential laboratory services• Diagnostic radiology	Emergency surgery service Trauma and orthopaedics Inpatient paediatrics Inpatient obstetrics and gynaecology Specialised surgery Interventional radiology Interventional cardiology

Full A&E services require the back up of acute medicine, emergency surgery, intensive care and coronary care. It is not possible to provide these services at Crawley to a standard that would meet current best practice, and meet the working time directive and comply with the training requirements of the Royal Colleges and the Deanery.

To enable an acute medical admissions service to operate across two sites requires a large enough volume of patient activity to meet the contract of the European Working Time Directive (EWTd) and Modernising Medical Careers (medical training requirements)

Hospital	No. of acute medical admissions – All Trust Activity (2012/13)	Total number of medical admissions
RSCH	22,500	28,100
PRH	5,600	
Worthing and Southlands	9,555	17,977
St Richard's	8422	
Surrey and Sussex NHS Trust	11,890	11,890
Crawley Hospital	Nil	

Whilst both PRH/ RSCH and Worthing/ St Richard's have sufficient patient volume, the acute medical patient numbers for SaSH/ Crawley would not sustain a two site model.

Anaesthesia services at Crawley already exist for suitable cases, such as low risk day cases not requiring the back-up of a high dependency unit or intensive care. However, it would not be clinically sustainable nor safe to provide anaesthesia for children nor for more complex adult cases.

In conclusion, the evidence the Panel has heard at this stage is that Crawley Hospital does not meet the criteria to have an A&E department nor acute medical beds. As a result, Crawley hospital could not be designated a LGH+ and is unlikely to be so for the foreseeable future. The fundamental activity base which is needed to support such a model does not exist. Without this, the medical staffing rotas required to ensure LGH+ services are safe for patients, could not be clinically nor financially sustainable.

This does not prevent a future review of the situation or future examination of the demand level and the viability of clinical models.

Q.2 Taking a strategic view for 10 and 20 years, will there be a need for more acute hospital capacity in the north-east?

- The South East Plan (based on ONS Sub regional projections) indicates there will be an extra 45,000 population in the north-east of West Sussex by 2028.
- This equates to a total increase of 88,000 people including the SaSH catchment from Surrey.
- The greater increase in the numbers of elderly (>65 and >85) will have a disproportionate impact on capacity. This group has a use of acute beds four times greater than the average.

If the NHS continues with the current model of care, then the evidence before the Panel suggests there would be no additional acute or

community hospital capacity available as occupancy levels indicate the system is already fully utilised.

Future projections

Applying current area and age-specific rates of overnight beds in use per 1000 population to projected populations for 2018 and 2028

Age band	2018 population change		2008 average beds occupied		2018 average beds occupied projection		Difference	
	North-east	Rest of West Sussex	North-east	Rest of West Sussex	North-east	Rest of West Sussex	North-east	Rest of West Sussex
0-14	-5.9%	-0.1%	26	36	24	39	-2	0
15-69	8.3%	3.9%	199	262	215	277	16	10
70+	16.1%	4.6%	367	616	427	644	59	29
Total	6.7%	3.4%	592	914	666	953	74	39

Age band	2028 population change		2008 average beds occupied		2028 average beds occupied projection		Difference	
	North-east	Rest of West Sussex	North-east	Rest of West Sussex	North-east	Rest of West Sussex	North-east	Rest of West Sussex
0-14	2.1%	9.0%	26	36	26	39	1	3
15-69	11.0%	5.4%	199	262	220	276	22	14
70+	43.1%	5.8%	367	616	526	651	158	35
Total	13.3%	6.0%	592	914	666	953	181	53

Current age-specific rates of bed usage per 1000 population, uplifted to 2018 projected levels would imply 74 more patients from the north-east area occupying beds per night and 181 more in 2028.

This does not take into account changes in care pathways, length of stay, day case percentage, technological changes or demand for intervention etc.

However, it is very difficult to predict by how much the impact of BOFA, better management of LTCs, new drugs and procedures could reduce the growth in demand for inpatient acute beds. The long-term reduction in bed numbers due to changes in practice is well-documented nationally and would be expected to continue. It is likely that the final capacity required will be significantly lower than these figures. For the purpose of planning, the PCT has made a working assumption that these changes will reduce the need for extra capacity by at least one third.

Q.3 Does the need for extra capacity/ beds in the longer term require a new hospital?

The potential requirement of an additional 120 beds (181 less one third) in the north-east of West Sussex is unlikely to be sufficient by itself to require a new General Hospital even in 2028.

The additional capacity required for the population of the north-east could be located partly on the ESH site where there is land available for further development.

Capacity also exists in existing community hospitals for up to two wards each at Crawley Hospital and Horsham Hospital (88 to 96 beds) and additional capacity could be made available at QVH and PRH over that period of time.

In addition, the site chosen as the location for the Linacs and extra renal dialysis capacity in the north-east should be capable of modular development over the years providing a further option to locate there some or all of the extra capacity.

These alternatives require analysis alongside a more detailed assessment of the growth in population/ demand and a full understanding of the sensitivities around the modelling over the next few years. Regular reviews of bed capacity would provide an opportunity to reflect on key development, including population growth and service development which could be used for inpatient beds. This could be undertaken in partnership with key public bodies/ representatives of the area.

Key findings

- The Audit Commission and Healthcare Commission results have seen significant improvement in performance especially at SaSH.
- There is particular concern that SaSH and the community hospitals in the north-east are currently operating at the upper limit of bed capacity.
- There is some evidence that acute capacity is operating at full stretch, although there is no evidence of poorer outcomes at the current time, compared with the rest of West Sussex.
- It is important to note that capacity in the community sector has a direct impact on capacity in the acute sector and there appears to be considerable pressure across the system.
- There are plans to make much more extensive use of community hospitals at Crawley, Horsham, Haywards Heath and East Grinstead.
- The recent review of UTC at Crawley has been helpful but action needs to be taken especially on children's nursing service.

- The growing partnership between SaSH, QVH and BSUH is welcomed as it will see more joint working and better access by local people to outpatients and diagnostic facilities.

Recommendations

Ref. No.	Recommendation	Rationale/Objective	Target date
32.	Ensure that acute and community services provide integrated healthcare. A shortfall in inpatient capacity should be met by improved pathways: improving productivity at Crawley and Horsham hospitals, improving community services and therapy services and reviewing bed capacity. In the longer term, the PCT should consider providing appropriate accommodation on the site described in recommendation number 33 in accordance with clinical need.	To ensure that there is sufficient capacity in the acute hospital system and provide integrated patient care.	Summer 2009
33.	Commission more outpatients, day surgery, and diagnostic facilities including endoscopy to be delivered in the community hospitals in the northeast over the next two years. SCP	To ensure that a significantly higher proportion of patients can receive this care closer to home.	2009/10
34.	Give a commitment to the people of the north-east and to the three local authorities that the capacity, capability and access to secondary care services and beds will remain under regular active review by:- <ol style="list-style-type: none"> agreeing a service planning model and publishing the available data in an accessible format on the PCT website with evidence of "all party" support. setting up a North-East Partnership for Health Board (NHS, Local Authorities (all tiers), Third sector) to meet on 	To show local people that the capacity, quality and access to acute services will be kept under regular review; and to provide a mechanism for partner engagement.	Autumn 2009

	an annual basis to review the evidence and determine any action needed.		
35.	Provide at least one LINAC (radiotherapy services) and extra renal dialysis capacity in the north-east. This could be at existing hospital sites or on a new, more accessible location. Faygate and Pease Pottage are possible sites for such a Health Campus and these sites should be included in an option appraisal. [SCP]	To ensure that a significantly higher proportion of patients can receive this care closer to home.	2010
36.	Implement the recommendations of the UTC report regarding patient safety, transfer and staffing.	To ensure that a robust UTC is retained at Crawley Hospital.	Summer 2009
37.	Actively support the developing clinical and academic network between QVH, SaSH and BSUH.	To support improved local access to services.	2009



Section 16

Access, transport and rurality

16. Access, transport and rurality

Context

The NHS does not have a direct duty to provide transport other than ambulance services. The PCT, however, does have responsibility for access to healthcare services. It would be meaningless to insist that the sole responsibility of the NHS was for high quality and affordable care if the majority of patients couldn't reasonably access the service. Therefore, the Panel considers that a PCT is responsible for:

- Ensuring that all reasonable steps be taken to provide good access to health services.
- Ensuring that access for its population should, where possible, be equitable.
- Bringing services closer to people and enabling people to travel more easily to them if they can be located more conveniently.
- Including the issue of access in its duty of partnership with other statutory and voluntary agencies, especially local authorities
- Reflecting the principles of equitable access in the PCT's commissioning plans.
- Acknowledging access plans and seeking to address them in situations where rural deprivation exists.

The Panel recognises that there is more evidence to hear and more issues to consider, but believes these principles provide an important starting point for the PCT's future work and should lead to the development of an *Equitable Access Strategy*.

WSCC, who is the lead agency for transport planning in the county, has set out its view on transport and access issues. This provides a useful basis for joint planning on this important aspect of service provision.⁴⁷

Ambulance services

Current Position

The Panel heard considerable evidence that the rural wards in the north-east (and around the county) receive a poorer service than urban wards as defined by ambulance response times. The PCT have confirmed that this is a significant concern to them and that an action plan is in place to address this.

With regard to the response to the calls, SECAMB has developed enhanced skills for paramedics with the introduction of Paramedic Practitioners (PPs) and Critical Care Paramedics (CCPs) in line with its stated

⁴⁷ See Appendix 18

objective of “providing a high level of clinical skill in the first response to all calls requiring an on-scene emergency or urgent response”.⁴⁸

Are Category A and B ambulance response times for the north-east population worse than for the rest of West Sussex?

Category A calls are defined by SECamb as “those life-threatening conditions where the speed of response may be critical in saving life or improving the outcome for the patient”. The standard for Category A calls is that 75% of them should be reached within eight minutes of the call being made.

SECamb in West Sussex as a whole was behind standard for Ambulance Category A calls up to July 2008 but achieved this in August 2008. The West Sussex Performance averaged at 71.6% over the period from January – August 2008 due to the introduction of Call Connect in January 2008.

Performance by District (based on data to October 2008)

Category A (8 min) Calls- West Sussex Local Authority Districts

% On-time achievement

Jan-Oct 2008

LA District	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Average Performance
Adur	70	66	67	64	79	64	72	81	71	80	71
Arun	62	66	66	67	75	73	73	79	80	78	72
Chichester	62	58	60	58	63	63	68	65	71	71	64
Crawley	84	86	85	84	86	86	87	86	93	87	86
Horsham	51	60	57	57	60	69	59	68	64	61	61
Mid Sussex	64	66	66	70	67	71	67	69	73	70	68
Worthing	75	77	78	81	82	80	83	85	87	80	81

Whilst Crawley district achieved an average of 86% response within eight minutes, Horsham and Mid Sussex had performance below the national target of 75%. These districts have a large rural population and, like the Chichester District, have lower performance than the urban areas of the county.

⁴⁸ See Appendix 19

The number of wards achieving the target in each area of over 75% is shown in the table on the below.

Level of response for wards split by locality														
Response level	Adur		Arun		Chichester		Crawley		Horsham		Mid Sussex		Worthing	
	No. of wards	%	No. of wards	%	No. of wards	%	No. of wards	%	No. of wards	%	No. of wards	%	No. of wards	%
>75%	3	21	8	31	9	31	11	73	7	32	8	31	10	77
50-75%	10	71	12	46	6	21	4	27	6	27	10	38	3	23
25-50%	1	7	6	23	4	14	0	0	7	32	7	27	0	0
<25%	0	0	0	0	10	34	0	0	2	9	1	4	0	0
Total	14	100	26	100	29	100	15	100	22	100	26	100	13	100

Based on data Jan - Oct 2008

Overall, the performance in the north-east reflects the county as a whole. However, urban areas have a higher response level than rural areas and, given the considerable number of rural areas in the north-east, this should be seen as a significant issue needing to be addressed.

Are journey times to acute services^{49 50} by car for the north-east population worse than for the rest of West Sussex?

The figures shown on these two pages are the current travel time at peak times and off peak times from the WSCC/ MVA⁵¹ database used for FFF. The Automobile Association (AA⁵²) travel times have been inserted to provide another estimate of the journey time. Different models will show different figures given the assumptions and input data used to produce them. No journey ever takes the same time twice and thus these figures are presented for illustration only.

Peak time travel to closest hospital

Area	Max time (top)/Min time(bottom) Wards	WSCC county transport model (MVA)	AA Route planner time
Adur	Southlands (WaSH)	30	14
	Churchill (WaSH)	20	5
Arun	Rustington West (WaSH)	33	19
	Barnham/ Pevensy/ Walberton/ Bersted (RWSx)	16	12 10 21 12
	Plaistow (RWSX)	40	57
	Chichester North (RWSx)	3	2
Crawley	Pound Hill South and Worth/Pound Hill North/Three Bridges/Northgate (ESH)	30	21 / 19
	Langley Green (ESH)	23	23
Horsham	Rudgwick (PRH)	41	40
	Nuthurst (PRH)	26	21
Mid Sussex	East Grinstead Imberhorne (PRH)	33	32
	Haywards Heath Franklands (PRH)	7	3
Worthing	Northbrook/ Durrington (WaSH)	26	7
	Central/ Heene (WaSH)	8	1

⁴⁹ This refers to average journey times to inpatient maternity, paediatrics and emergency services

⁵⁰ The West Sussex County Transport model of travel times is most accurate within the West Sussex County borders and this is relevant as the North East population access East Surrey Hospital for their hospital care

⁵¹ MVA is a transport consultancy firm

⁵² AA route planner times (http://www.theaa.com/travelwatch/planner_main.jsp?database=B) are average off peak times – therefore they have also been included in the Peak times table for illustration but a factor should be added to them to make them comparable the peak times.

Off-Peak time travel to closest hospital

Area	Max time(top)/Min time (bottom) Wards	WSCC county transport model (MVA)	AA Route planner time
Adur	Southlands (WaSH)	15	14
	Churchill (WaSH)	7	5
Arun	Middleton-on-Sea (RWSx)	20	20
	Ferring/Findon (WaSH)	10	9
Chichester	Chichester North (RWSx)	0	2
	Rogate (RWSx)	31	43
Crawley	Gossops Green/ Broadfield North/Broadfield South/Furnace Green/Maidenbower/Tilgate/Bewbush (PRH)	19	26
	Langley Green (ESH)	13	23
Horsham	Itchingfield, Slinfold and Warnham (PRH)	27	35
	Bramber, Upper Beeding and Woodmancote (WaSH)	14	16
Mid Sussex	East Grinstead Imberhorne (ESH)	25	32
	Haywards Heath Franklands (PRH)	0	3
Worthing	Northbrook/Durrington (WaSH)	10	7
	Central/Heene (WaSH)	0	1

Key- Closest Hospital

(WaSH)	Worthing Hospital, Worthing
(RWSx)	St Richards Hospital, Chichester
(ESH)	East Surrey Hospital, Redhill
(PRH)	Princess Royal Hospital, Haywards Heath
(QA)	Queen Alexander Hospital, Portsmouth
(RSY)	Royal Surrey County Hospital, Guildford
(RSCH)	Royal Sussex County Hospital, Brighton

QVH does not offer all the services and so is not included in this analysis

The south coast has a greater number of urban areas linked by good public transport such as bus and rail links. Travel times for rural areas are, as expected, generally longer than for urban areas and there are a significant number of rural areas in the north-east area.

Are journey times to acute services by public transport for the north-east population worse than for the rest of West Sussex?

The rural wards in the north-east area were analysed to assess the travel time on public transport to their closest hospitals⁵³. The travel times and distances by car at peak times are also shown.

Ward Name	District	Closest hospital by Car off Peak	Time/Distance by Car peak		Closest Hospital by Public Transport	Public Transport Time (mins)	Distance (miles)
			Time (mins)	Distance (miles)			
Chanctonbury	Horsham	WaSH	31	16	W	62	16
Itchingfield Slinfold and Warnham	Horsham	PRH	38	19	RSY	75	31
Nuthurst	Horsham	PRH	26	19	RSCH	70	31
Pulborough and Coldwatham	Horsham	RWSX	31	29	W	69	24
Rusper and Colgate	Horsham	PRH	29	10	ESH	61	33
Ardingly and Balcombe	Mid Sussex	PRH	22	10	PRH	52	10
Bolney	Mid Sussex	PRH	22	11	PRH	88	13
Cuckfield	Mid Sussex	PRH	21	11	PRH	68	14
High Weald	Mid Sussex	PRH	19	11	PRH	56	10

Key- Closest Hospital

(WaSH)	Worthing Hospital, Worthing
(RWSx)	St Richards Hospital, Chichester
(ESH)	East Surrey Hospital, Redhill
(PRH)	Princess Royal Hospital, Haywards Heath
(QA)	Queen Alexander Hospital, Portsmouth
(RSY)	Royal Surrey County Hospital, Guildford
(RSCH)	Royal Sussex County Hospital, Brighton

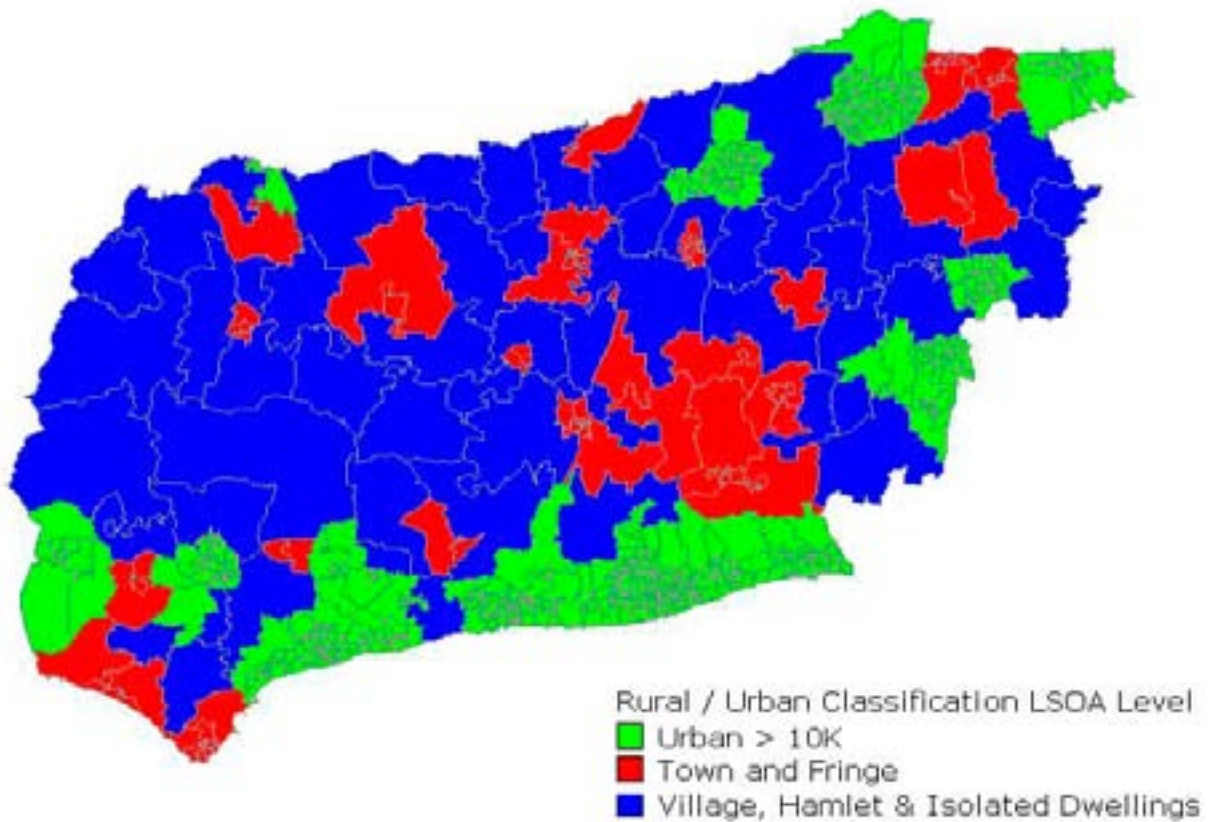
QVH does not offer all the services and so is not included in this analysis

Impact of Rurality

This section seeks to address whether there are particular access issues for rural communities in the north-east that are unlikely to be addressed through the ongoing rural access development work being undertaken across the county.

⁵³ Source: Interactive Travel Times Database for West Sussex PCT by MVA Consultancy
<http://helpdesk.mva.co.uk/wspct/>

Map to show the wards in each District classified based on the ONS Rural / Urban classification



This table indicates that Chichester is the most rural district with 36% of its population living in village, hamlet or isolated dwellings. The West Sussex county average is 11% and whilst Crawley has no part of its population living in a rural area, Mid Sussex has 14% and Horsham and Chancetonbury have 19%. Taking both the village and town classifications into account, however, Horsham district has 61% of its population outside urban areas. This makes the district, second only to Chichester with 65%.

	Percentage as a proportion of the total of the District (%)		
	Urban > 10k people	Town and Fringe	Village Hamlet and Isolated Dwellings
Adur	100%	0%	0%
Arun	95%	3%	2%
Chichester	35%	29%	36%
Crawley	100%	0%	0%
Horsham and Chancetonbury	39%	41%	19%
Mid Sussex	77%	9%	14%
Worthing	100%	0%	0%
West Sussex County	76%	13%	11%

Access has been a key concern for the public and stakeholders in both FFF and the North-east Review (NER). In response to this, the PCT has already taken a number of steps which the Panel has noted:

- The PCT has agreed with the WSCC to set up a pilot scheme to review access to healthcare in the most rural areas north of the South Downs. This is a Local Area Agreement target.
- A series of technical seminars are taking place to identify issues of rural areas/ deprivation⁵⁴ and develop joint agency responses.
- Through the PCT's BOFA strategy, more services are being made available locally in GP surgeries and community settings across the county.
- As part of the NER, the PCT is working with acute hospital providers to maximise the range of services that can be provided at Horsham, Crawley, PRH and QVH hospitals. This will focus on services used most frequently by people including outpatients; diagnostics and treatment for cancer and renal dialysis.

A "Partnership for Transport" has been proposed by West Sussex PCT between the NHS and local authorities, who are responsible for planning bus public transport along with community transport providers in the north-east of the county. This would build on the travel plans of the various organisations e.g. SaSH⁵⁵ and WSCC.⁵⁶

Shuttle bus/ Link Bus:

The Link Bus (shuttle-bus) was put in place as part of the reconfiguration of acute services between Crawley and ESH in 2002. Although very poorly used by patients or visitors, the service remained in place until October 2007. The utilisation level on average was under 25% on weekdays and under 20% at weekends (and utilisation was over 50% only once in the week). In the three years from 2004-2007, the contract cost SaSH Trust £1m.

Following discussion at the Trust Board and consultation with the PCT as Commissioner, it was agreed that this was not an appropriate use of taxpayers' money. The withdrawal of the service was unpopular with the public and this was reflected in the concern expressed by West Sussex HOSC about the way the closure had been handled.

The Panel notes that at the request of HOSC, the Trust and the PCT have been asked to meet with Crawley Borough Council and Horsham District Council to consider what other options could be identified to help with access to ESH, and what alternative sources of funding might be available. The PCT is commissioning expert advice to assist with these discussions.

⁵⁴ See Appendix 19

⁵⁵ The SaSH report entitled "Enhancing Local Transport Services" provides further details.

⁵⁶ WSCC Local Transport Plan

Key findings

- Travel times in the north-east are longer in rural areas, than the rest of West Sussex.
- The loss of the Link Bus between Horsham, Crawley and Redhill has caused a great deal of concern although it was used by a very small number of patients/ carers.
- SECAmb Category A performance in rural areas in West Sussex is well below the national target.
- There is a strong public perception that too many services are concentrated at ESH. Providing more services at Crawley, Horsham, PRH and QVH hospitals where possible will minimise access difficulties.
- Local authorities and the NHS have not adequately addressed the access and travel concerns of their community.
- The PCT has developed a number of valuable initiatives which should improve the access to healthcare in the north-east.

Recommendations

Access, transport and rurality			
Ref. No.	Recommendation	Rationale/Objective	Target date
38.	Develop an Equitable Access Strategy in conjunction with local authorities, the third sector and private contractors based on the principles outlined in access 16.1	To reduce the adverse effect of poor access on health outcomes; to cover all access issues including cross boundary.	End 2009
39.	Establish a short-term project (Partnership for Transport) with the WSCC, Surrey CC, District and Borough councils and relevant community and commercial transport providers.	To review access between Horsham, Crawley, East Grinstead and ESH following the termination of the link bus service.	Spring 2009
40.	Invest additional resource into working across the range of NHS providers on a strategy to cover location and timing of outpatient/ diagnostic services, and to provide better travel information for patients.	To support improved local access to services (as part of the Equitable Access Strategy).	End 2009
41.	Include access as a specific and well-evidenced consideration when planning health services.	To ensure all service developments take full account of travel/ access issues	ongoing



Section 17

General issues

17. General issues

A number of issues have been raised throughout the course of the NER which are of a general nature and apply more broadly to health services:

- Communication: the PCT needs to ensure that local people know what health services are available and how they can access them.
- Community engagement: Services need to be developed in partnership with local communities. The NER engagement process has been a model which should be followed.
- Outcomes: the PCT needs to work with patients and partners to develop outcome measures to monitor the quality of health services. This might include joint outcome measures with social care.
- Third sector provision: A broad range of health services are provided by the community and voluntary sector. The PCT should undertake to review all these services and their funding mechanisms to ensure that the area is adequately resourced, supported and monitored. Any review of third sector provision should be adequately resourced and ensure sufficient time for meaningful engagement with the voluntary and community sector.
- Carers: The NER did not specifically consider the needs of carers because a West Sussex Carers Strategy is due to be published in 2009. However, there is a need for increased awareness of the needs of carers among NHS staff, and there is a need for long-term commitment from the PCT to address these needs.

Recommendations

General issues			
Ref. No.	Recommendation	Rationale/Objective	Target date
42.	Develop a renewed Carers Strategy in conjunction with WSCC as part of the 2009 review of Carers Services.	To increase awareness of the needs of carers among NHS staff, and ensure there is a long-term commitment from the PCT to address these needs.	End 2009
43.	Undertake a review of the capacity and opportunity provided by third sector organisations to support NHS care or to act as providers of NHS care in conjunction with the Change-Up Project ⁵⁷ .	To ensure that where third sector/ voluntary bodies are used, they are adequately resourced, supported and monitored.	2009/10
44.	Work with patients and partners to develop joint outcome measures with social care.	To improve the ability to monitor the quality of health services as experienced by the patient.	2010
45.	Improve communication with the public about availability and access to local health services.	To ensure that local people know what health services are available and how they can access them.	End 2009

⁵⁷ ChangeUp is a programme of capacity building for the infrastructure of the voluntary and community sector, developed in partnership with the sector.

List of Appendices

Unless otherwise stated, appendices are available on the PCT website at:
<http://www.westsussexpct.nhs.uk/about-us/north-east-review/north-east-review-report/>

Glossary

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Glossary

AA	Automobile Association
AAA	Abdominal Aortic Aneurysm
ALE	Auditors' Local Evaluation
BME	Black and Minority Ethnic
BOFA	Breath of Fresh Air
BSUH	Brighton and Sussex University Hospitals NHS Trust
CAMHS	Child and Adolescent Mental Health Services
CCP	Critical Care Paramedics
CHAP	Community Health Access Point
CHD	Coronary Heart Disease
CBT	Cognitive Behavioural Therapy
CCN	Community Children's Nursing
CDC	Child Development Centre
CSWG	Children's Services Working Group
DoH	Department of Health
ESH	East Surrey Hospital
EWTD	European Working Time Directive
FFF	Creating an NHS Fit for the Future
HOSC	Health Overview and Scrutiny Committee
IMD	Index of Multiple Deprivation
LGH	Local General Hospital
Linacs	Linear Accelerators
LNIA	Local Neighbourhood Improvement Area
LSP	Local Strategic Partnership
LTC	Long Term Condition
MIU	Minor Injuries Unit
MGH	Major General Hospital
MRSA	Methicillin-Resistant Staphylococcus Aureus
MYE	Mid Year Estimate
NER	North East Review
NICE	National Institute for Health and Clinical Excellence
NICHE	National Integrated Children's Health Collaborative
NSF	National Service Framework
ONS	Office for National Statistics
OT	Occupational Therapists
PBC	Practice Based Commissioning
PCMH	Primary Care Mental Health
PCT	Primary Care Trust
POPP	Partnership for Older People
PRH	Princess Royal Hospital
QVH	Queen Victoria Hospital
RSCH	Royal Sussex County Hospital
RWST	Royal West Sussex Trust
SALT	Speech and Language Therapy

SaSH	Surrey and Sussex Healthcare NHS Trust
SCP	Strategic Commissioning Plan
SECAmb	South East Coast Ambulance Service
SHA	Strategic Health Authority
SMR	Standardised Mortality Ratio
STBDF	Short Term Break Development Fund
UTC	Urgent Treatment Centre
WaSH	Worthing and Southlands Hospital
WSCC	West Sussex County Council
WTE	Whole Time Equivalent

Recommendations of the North East Review Panel

Universal health and well-being			
Ref. no.	Recommendation	Rationale/Objective	Target Date
1.	Establish a BME Health Steering Group for Crawley as a sub-group of the Health and Well-being Partnership	To tackle issues such as diabetes, smoking, screening uptake and CHD where there is poor take up by these communities	Spring 2009
2.	Ensure active commitment to the Health and Well-being Partnerships, particularly in Horsham where joint arrangements appear to have lapsed.	To ensure full engagement with community partners in the NE.	Spring 2009
3.	Strengthen plans to target resources on disease prevention and health improvement in areas of greatest need (LNIAs)	To provide robust support to tackle health inequalities in the NE.	Summer 2009
4.	Commission a comprehensive health and social care needs assessment for the travelling community	To ensure their particular needs are identified and included in healthcare planning	Autumn 2009

GP Services			
Ref. no.	Recommendation	Rationale/Objective	Target Date
5.	Involve the wider community in long-term planning for new/ extended GP practices via Health and Well-being Partnerships or the Local Strategic Partnerships. SCP	To ensure a better understanding of the issues of GP-access faced by rural populations and to serve growing populations	Spring 2009
6.	Work with GP practices to resolve the disparity in telephone access provided by GP practices across the north-east.	To ensure higher degree of public satisfaction with GP telephone access and the ability to book appointments in advance.	Autumn 2009
7.	Agree a consistent policy with regard to high cost telephone numbers and publish explanatory information.	To resolve the public's concerns around high cost phone numbers.	Spring 2009
8.	Provide more female GPs for BME communities in Crawley.	To encourage take-up of healthcare services by members of the minority communities.	Spring 2010
9.	Review the commissioning of care pathways from GP surgeries to secondary care for maternity services.	To ensure there is a consistent approach to, and choice of, care pathways in primary care for antenatal care, screening etc.	Spring 2010

Mental health and learning disabilities			
Ref. no.	Recommendation	Rationale/Objective	Target Date
10.	Commission improved timely access to, and support from, specialist child and adult mental health services in the north-east. [SCP]	To respond to the needs of families, schools and local communities.	Spring 2009
11.	Develop services for early intervention and diagnosis of dementia. Services providing breaks for carers will also be very important for this group.	To meet the needs of the existing and expected growth in numbers of older people.	2009/2010
12.	Provide early intervention services in primary care for people with mental health problems and prompt access to cognitive behavioural therapy.	To provide care closer to home.	Summer 2009
13.	Ensure consistent implementation of Health Action Plans in all GP practices in the county.	To enable people with learning difficulties to have equitable access to healthcare.	Autumn 2009
14.	Ensure that there are rapid assessment Mental Health services in A&E and UTCs.	To avoid delays and unnecessary admissions.	2009/10
Social care for the north-east			
Ref. no.	Recommendation	Rationale/Objective	Target Date
15.	Develop joint posts and initiatives for home support with WSCC social care.	To provide integrated support to people in their homes and ensure effective discharge planning.	Autumn 2009
16.	WSCC to review current social care resources in the north of the county.	To ensure supply matches demand against projected growth in numbers of older people.	End 2009

17.	Undertake a joint review with WSCC of the scope for pilots in telecare in line with national best practice.	To minimise the need for travel by patients or face-to-face intervention by community/primary care staff.	Spring 2010
18.	Agree an initiative with WSCC Social Care to tackle the problems of recruiting generic support staff in view of the competition from employers in the Gatwick area.	To ensure services operate effectively.	Spring 2010
Children's and young people's health services			
Ref. no.	Recommendation	Rationale/Objective	Target Date
19.	Ensure that accommodation for children's services meets all statutory requirements and provides a safe and high quality environment for children, their families and carers. In particular, the ICHS model services should be physically co-located at a "hub" in Crawley with "mini-hubs" at East Grinstead and Horsham.	To provide premises that meet statutory requirements and facilitate multidisciplinary working and good patient access to services.	Autumn 2009
20.	Implement the recommendations of the recent UTC report for paediatric nursing support to Crawley UTC.	To ensure safe, high quality care for children's minor illnesses and injuries.	Spring 2009
21.	Ensure that the gaps in staffing, including therapy and nursing staff are addressed to efficiently meet the demand.	To enable families to access services in a timely fashion in a way that meets their needs and to ensure equity of provision in the north-east.	2009/10

22.	Carry out a review of current arrangements for the transition from childhood into adulthood.	To ensure continuity of care and prevent young people suffering from the complications of their disease.	Autumn 2009
23.	Agree a plan for information sharing systems that includes the management of notes across services.	To ensure that care is safe, continuous, consistent and seamless based on one set of notes and common information systems	Autumn 2009
General community services			
Ref. no.	Recommendation	Rationale/Objective	Target Date
24.	Agree a plan to bring therapy staffing levels in key services up to required levels across the whole of the north-east.	To ensure equity of provision in the north-east.	2009/10
25.	Ensure that West Sussex Health has a plan to address the current shortage of health visitors in Crawley.	To ensure equity of provision in the north-east and support the arrangements for the safeguarding of children.	Autumn 2009
Long term conditions			
Ref. no.	Recommendation	Rationale/Objective	Target Date
26.	Establish a community stroke rehabilitation team for the north-east.	To meet the national best practice standard and ensure equity with the rest of the county.	Summer 2009
27.	Review the need for additional stroke rehabilitation beds at Horsham Hospital.	To provide a more accessible service for local people.	2010

28.	Establish End of Life Care Coordinator for the NE	To ensure equitable level of service for people in the NE.	2009/10
Community Hospitals			
Ref. No.	Recommendation	Rationale/Objective	Target date
29.	Develop, in partnership with local NHS providers, a Community Hospital Strategy for the north-east.	To make best use of community beds, the existing estate and to provide a more accessible service for local people.	Autumn 2009
30.	Extend the opening hours of Horsham Minor Injuries Unit on a six month pilot basis to 10 hours every day in the first instance.	To provide a more accessible service for local people.	Spring 2009
31.	Ensure that access audits are carried out at Crawley and Horsham Hospitals as soon as possible.	To ensure that PCT premises are compliant with the Disability Discrimination Act (DDA) good practice.	Autumn 2009
Secondary care services			
Ref. No.	Recommendation	Rationale/Objective	Target date
32.	Ensure that acute and community services provide integrated healthcare. A shortfall in inpatient capacity should be met by improved pathways: improving productivity at Crawley and Horsham hospitals, improving community services and therapy services and reviewing bed capacity. In the longer term, the PCT should consider providing appropriate accommodation on the site described in recommendation number 33 in	To ensure that there is sufficient capacity in the acute hospital system and provide integrated patient care.	Summer 2009

	accordance with clinical need.		
33.	Commission more outpatients, day surgery, and diagnostic facilities including endoscopy to be delivered in the community hospitals in the northeast over the next two years. <u>SCP</u>	To ensure that a significantly higher proportion of patients can receive this care closer to home.	2009/10
34.	Give a commitment to the people of the north-east and to the three local authorities that the capacity, capability and access to secondary care services and beds will remain under regular active review by:- a. agreeing a service planning model and publishing the available data in an accessible format on the PCT website with evidence of "all party" support. b. setting up a North-East Partnership for Health Board (NHS, Local Authorities (all tiers), Third sector) to meet on an annual basis to review the evidence and determine any action needed.	To show local people that the capacity, quality and access to acute services will be kept under regular review; and to provide a mechanism for partner engagement.	Autumn 2009
35.	Provide at least one LINAC (radiotherapy services) and extra renal dialysis capacity in the north-east. This could be at existing hospital sites or on a new, more accessible location. Faygate and Pease Pottage are possible sites for such a Health Campus and these sites should be included in an option appraisal. SCP	To ensure that a significantly higher proportion of patients can receive this care closer to home.	2010
36.	Implement the recommendations of the UTC report regarding patient safety, transfer and staffing.	To ensure that a robust UTC is retained at Crawley Hospital.	Summer 2009

37.	Actively support the developing clinical and academic network between QVH, SaSH and BSUH.	To support improved local access to services.	2009
Access, transport and rurality			
Ref. No.	Recommendation	Rationale/Objective	Target date
38.	Develop an Equitable Access Strategy in conjunction with local authorities, the third sector and private contractors based on the principles outlined in access 16.1	To reduce the adverse effect of poor access on health outcomes; to cover all access issues including cross boundary.	End 2009
39.	Establish a short-term project (Partnership for Transport) with the WSCC, Surrey CC, District and Borough councils and relevant community and commercial transport providers.	To review access between Horsham, Crawley, East Grinstead and ESH following the termination of the link bus service.	Spring 2009
40.	Invest additional resource into working across the range of NHS providers on a strategy to cover location and timing of outpatient/ diagnostic services, and to provide better travel information for patients.	To support improved local access to services (as part of the Equitable Access Strategy).	End 2009
41.	Include access as a specific and well-evidenced consideration when planning health services.	To ensure all service developments take full account of travel/ access issues	ongoing
General Issues			
Ref. No.	Recommendation	Rationale/Objective	Target date
42.	Develop a renewed Carers Strategy in conjunction with WSCC as part of the 2009 review of Carers Services.	To increase awareness of the needs of carers among NHS staff, and ensure there is a long-term commitment from the PCT to address these needs.	End 2009

43.	Undertake a review of the capacity and opportunity provided by third sector organisations to support NHS care or to act as providers of NHS care in conjunction with the Change-Up Project ⁵⁸ .	To ensure that where third sector/ voluntary bodies are used, they are adequately resourced, supported and monitored.	2009/10
44.	Work with patients and partners to develop joint outcome measures with social care.	To improve the ability to monitor the quality of health services as experienced by the patient.	2010
45.	Improve communication with the public about availability and access to local health services.	To ensure that local people know what health services are available and how they can access them.	End 2009

⁵⁸ ChangeUp is a programme of capacity building for the infrastructure of the voluntary and community sector, developed in partnership with the sector.

Terms of Reference – North East Review

Terms of Reference

Review of Health Services for People in the North East of West Sussex

1. Background

The New Options Assessment Panel, chaired by Sir Graeme Catto, considered the proposal (Option 9 - previously submitted through the Fit for the Future (FFF) Consultation process) for a new acute hospital in the north east of West Sussex. Whilst rejecting the option as not sustainable, Sir Graeme recognised there was a need for a review to be carried out of health care services and access to them by the population in the north east of the county.

The PCT recognises that despite everyone's best efforts, the FFF consultation has been seen as primarily focused on health care in the south and central areas of West Sussex. This has led to concern from the population of the north east of the county and various representative bodies such as Local Authorities, that the health needs of the north east were not receiving the same attention as the rest of the county.

Reviews of health services are a key part of the ongoing function of every PCT and the North East Review will form another element in our programme of strategic work.

2. Terms of Reference for the North East Review Panel

2.1 The panel will be chaired by Sir Graeme Catto (President of the General Medical Council), and will gather evidence and produce recommendations for the PCT Board. The panel will:

- f) establish the current health status and future health needs of the population in the north east area
- g) review access to health services (primary, community and secondary) including dental health and mental health
- h) identify any gaps in service provision or significant challenges in access to services that need addressing
- i) seek expert advice and the views of local people on how these gaps should be addressed
- j) make recommendations to the PCT Board

2.2 The Review will provide a report to the PCT Board by the end of the year. The Review Panel will agree a work plan and a programme of

evidence gathering which will include taking evidence in public from experts and local people.

3. Membership of the Panel

3.1 The Panel will have the following members:-

- Sir Graeme Catto (Chair)
- Sara Weech (PCT Director of Strategy)
- Dr Ann Corkery (Public Health Consultant)
- Sue Cart (Representative of the Director of Adult and Children's Services (WSCC))
- Taff Davies (Lay representative)
- Dr Tim Fooks (GP representative of the Professional Executive Committee)
- Chris McKrill (Nurse representative of the Professional Executive Committee)
- Dr Amit Bhargava and Dr Minesh Patel covering the 3 Practice Based Commissioning Groups in the north east

4. Outline Work Programme

4.1 The outline work programme is set out below. See also Appendix A (Draft timetable) and Appendix B (Outline workplan).

April	- agree key elements of work programme and timetable
May	- launch hotline, email, webpages and freepost address - brief key stakeholders - hold information events - establish stakeholder forum
June – Sept	- gather evidence - hold stakeholder forums - hold public panels - hold listening forums
Oct	- submit all remaining evidence to panel
Nov	- panel to report to PCT Board on 27 th November
Late 08/Early 09	- PCT Board to consider next steps

5. Programme Management

- 5.1 The PCT has appointed Hannah Goss as Programme Manager for the North East Review and the FFF Team will provide administrative and technical support alongside the West Sussex Public Health Observatory and the PCT's Service Intelligence Team.

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