

**Attendance Sheet for Meeting of Worthing Together LSP on
16 October 2007 in the Gordon Room, Worthing Town Hall, to consider
West Sussex Primary Care Trust's *Fit for the Future***

CHAIR	√	Jane Claxton
PARTNERSHIPS		REPRESENTATIVE
Voluntary Sector Forum	√	Julia Carrette
Crime & Disorder Reduction Partnership	A	Roy Barraclough
Worthing First	A	Roger Foregard
Health and Wellbeing Partnership		vacant
Learning Network	A	Doreen Barry
Community Arts Council	A	Jo Hutchinson
Youth Forum	A	John Thorpe
Transport & Environment		Roger Foregard*
Churches Together in Worthing	√	Mike Tyler
Worthing Council of Community Associations	√	Ian Richardson
Worthing Community Partnership		Jane Claxton*
Coastal 21 st Century	A	Sharon Ward
YOUTH ORGANISATION		
WSCC Youth Service	A	Kevin Martin
LOCAL AUTHORITIES		
Worthing Borough Council	√ √ √	Cllr John Rogers Cllr Bob Smytherman Tim Everett (speaker)
West Sussex County Council	A A	Cllr Colin O'Neill Clare Gardiner (non-voting)
OTHER ORGANISATIONS		
West Sussex PCT	√ √ √	Peter Hayward (speaker) David Goodger Howard Lewis
Environment Agency	A	Carina Strutt
Sussex Police	A	Chief Insp Sharon Rowe
KWASH	√	Major Tom Wye (speaker)
SUPPORTING OFFICERS		
WBC	√	Julian Carrington
WBC	√	Laura Johnson
WBC	√	Anne Jones
WBC	√	Norma Ndoping (notes)

* Previously recorded on the record of attendance, ie member present in more than one capacity

There were no declarations of interest.

**WORTHING TOGETHER LSP STEERING GROUP
MAIN POINTS FROM THE MEETING HELD ON TUESDAY 16 OCTOBER 2007**

1 Introduction The chair welcomed those present and expressed disappointment at the number of apologies.

2 Presentation from West Sussex Primary Care Trust (by Dr Peter Hayward)

Reasons for necessary change were provided, and an outline of what this would involve. Primary and community healthcare would be developed, and a new model of hospital provision introduced. The types of services to be provided in the different types of hospitals were listed, and issues of access and transport identified as among important criteria to be considered in assessing options as to the number and distribution of the hospitals. A shortlist of three options regarded as clinically and financially sustainable and deliverable was put forward.

	Worthing	Chichester	Haywards Heath
Option A	Major general hospital	Local general hospital	Local community hospital
Option B	Local general hospital	Major general hospital	Local general hospital
Option C	Local general hospital	Major general hospital	Local community hospital

Brief questions and answers:

In answer to questions, it was explained that planning surpluses, proportionately small, could be used for related investment in, e.g. ambulance services, cancer drugs, increased number of consultant appointments per week etc, and that the surpluses were important to achieve necessary flexibility.

The speaker had no knowledge as to the content of a fourth option, which was put forward at a meeting held the previous evening at the Pavilion, and therefore could not comment on its feasibility, but said that viable alternative options would be welcome.

A midwife led maternity would be based at a major general hospital. More information on maternity issues was available on the website.

Demographic issues relative to an elderly population were taken into account in formulating options.

Clinical risk was considered, and currently an assessment of impact on health was underway by Ben Cave Associates, who were organising a half-day workshop 06 November at Billingshurst. It was pointed out that this clashed with the West Sussex Voluntary Sector Forum, and the hope was expressed that the date of the workshop would be changed.

Certain matters currently dealt with in hospitals, for example suspected heart failure, could be dealt with by GPs. As to whether GPs would cope with the extra demands imposed by the proposals, it was said that issues were under debate, but that it should prove possible for GPs to adapt their services accordingly.

Brighton PCT proposals should not be allowed to sabotage plans for other PCTs.

3 Presentation from KWASH (by Major Tom Wye)

KWASH doubted the worth of a consultation which relied on inefficient means of distribution of information; circulation of an information leaflet through inclusion in free newspapers was not an effective means of informing the public of the facts about issues of concern to them. KWASH also doubted the assertion that the proposals had clinical support; a questionnaire

sent to all the 138 clinicians in East Worthing and Shoreham achieved a high response rate of 54. 53 out of the 54 respondents answered that they were not consulted directly, that they did not support the *Fit for the Future* options, and that they believed an option involving the provision of two major hospitals for West Sussex merited clinical discussion. KWASH also believed that thought needs to be given to the impact of a Brighton PCT option, which envisages a split of services between Haywards Heath and Brighton that does not fit in with the breakdown proposed in *Fit for the Future*, and which leaves Haywards Heath with many of its current services. A fourth option for West Sussex, developed by clinicians, involves both Worthing and Chichester maintaining many of their current services, and this was worthy of serious consideration given the likelihood of its being both clinically desirable and financially viable. KWASH questioned why accessibility should have been removed from the 'hurdle criteria'. This issue of removal does not appear on any agenda, and a decision on it does not appear in any minutes. Given the disappointing outcomes resulting from a policy of mental health care in the community, it was rash to go ahead with a policy of general health care in the community without prior pilot schemes. It was important to get an answer to the question KWASH raised 16 months ago as to whether a 'do nothing' option would be feasible were West Sussex to receive funding on a level with some other areas, such as those in the North. Stressing the importance of time taken to access emergency treatment in conditions such as internal haemorrhaging, the speaker handed over a master copy of a document entitled *Fit for whose future?*, for Julian Carrington to arrange reproduction and circulation to Steering Group members.

Brief questions and answers:

The speaker agreed that the data from answers to questionnaires would be collated.

The option proposed the previous evening, which was of interest to KWASH, took into account that the population density of elderly people in Worthing was the highest in Europe.

In answer to a question, the KWASH speaker said that the findings of a study by Sheffield University, that risk increased by 1% with every 6 miles travelled to access treatment, were not published until after the formulation of the PCT options. The PCT speaker believed that the proposals the PCT were putting forward would provide net benefit to patients because fewer patients would need to travel to access care. He said the Sheffield findings were based on sub-sets of data, and that further studies were needed. The KWASH speaker believed that taking into account issues such as traffic congestion, which had been ignored, on balance, an increased number of people would die as a result of the PCT proposals.

4 The developing response of Worthing Borough Council to the PCT's consultation, by Tim Everett

The PCT proposals are currently under examination and a public meeting has been called by the Council for 01 November. The Council already has a number of queries, including one on why only 3 hurdle criteria have been adopted; there are grounds for double this number, and the adoption of different criteria will lead to different options. There is also need for further examination as to whether the current options will in fact work and are in fact sustainable, and for a sensitivity analysis; Worthing Hospital is well loved. The costings of the proposed options are questionable, especially those for capital, and planning surpluses are very small. No opportunity has been provided to feed in the findings of the expected Catto Review of possible alternatives. No consideration has been given to the wider economic implications of the options, or to the realities of the A27. The procedural processes are biased as well as flawed: the obvious voting choice for the whole of Mid Sussex is Option B, which favours Haywards Heath the most, and this block vote will entail an automatic vote against Worthing in the matter of a choice between Worthing and Chichester as the site for a major general hospital. No information is provided as to the length of a period of 'dual running', to the matter of testing effectiveness of the two systems during this period, or to the issue of to what extent public behaviour will adapt as hoped, to

match the new system. As matters stand, it is justifiable to doubt firstly, whether the proposed options will in fact work, and secondly, whether they will in fact save any money. Closing consultation by the 14 November is premature.

5 Questions and answers

Replying to a question on the length of time it would take for a patient referred to a major hospital to reach there, Peter Hayward was unable to provide the information, but said there were various methods of mitigating the effects of the delay, including upskilling of ambulance staff. Approximately 2 people daily might be referred from Worthing. Returning patients by ambulance would involve extra cost to the ambulance service, but this could be small relative to the benefits gained through the system.

It was noted that Brighton patients are currently referred to Worthing.

6 Discussion

Discussion centred round the incompleteness of information necessary for a considered response to the Consultation in view of:

- the emergence of another option outlined to the public meeting at Worthing's Pavilion Theatre on 15 October by Stephen Cass, Chief Executive of WASH;
- the enquiry by Sir Graeme Catto into potential new options for reconfiguring health services in West Sussex;
- the Health Impact Assessment by Ben Cave Associates on behalf of the PCT, including a special workshop at Billingshurst on 6th November to which Worthing Together LSP has been invited to send a representative; and
- risk Assessments, which are in the process of being evaluated, as to the impact of the three current options.

7 Summing up and close

A proposal was adopted to the effect that:

the Chair of the meeting should send a letter to the Chief Executive of West Sussex Primary Care Trust explaining that it would be premature for the LSP to comment without information on the points raised in 6 above, and requesting an extension of the consultation of between 20 and 40 days in order to allow for the information to be published, and taken into account by the public and local stakeholders.