

Response on behalf of the Joint Health Scrutiny Committee to the consultation being undertaken by NHS Dorset Clinical Commissioning Group on their Clinical Services Review

The Joint Health Scrutiny Committee includes elected Councillors representing Bournemouth Borough Council, Dorset County Council, Borough of Poole, Hampshire County Council and (on an informal basis) Somerset County Council. The Joint Committee was convened specifically to consider the NHS Dorset Clinical Commissioning Group's Clinical Services Review, its proposals and the consultation process. The Joint Committee has met five times since July 2015, most recently on 23 February 2017 to consider its response to the consultation.

That response is set out below, reflecting the points raised by Members:

Acute Hospitals (and preferences for Options A or B)

The Joint Committee made the following comments with regard to the proposals relating to the reconfiguration of acute hospitals:

- The Bournemouth representatives noted that they had initially been of the opinion that Poole Hospital would be the better location for the major emergency centre, but now felt that Bournemouth Hospital [Option B] offered greater opportunities to achieve future aspirations and build capacity;
- The Poole representatives noted concerns regarding the potential loss of some A&E facilities at Poole [if Option B were to be implemented], but felt that the public did not understand the full picture with regard to the possible impact of the proposals. Better education and examples of such impacts, including the clinical benefits, would have been helpful. Strong views had been expressed by the Poole Committee when they met to consider the matter: there had been some support for the CCG's preferred option [B], but it was felt that more detail was needed to support the decision making process;
- Overall, the Dorset representatives were minded to choose Option A as their preference (with Poole as the location for the major emergency centre), because they felt that Bournemouth Hospital was much more difficult for many residents in the County of Dorset to access;
- The Hampshire representatives were clear that, having analysed the impacts and benefits of the proposals for West Hampshire, Option B would offer an enhanced level of care for their residents;
- There were questions from some Members as to the accuracy of some of the travel time estimates provided by the CCG to reach the acute hospitals, particularly Bournemouth Hospital from the west of Dorset and Purbeck;
- Members from west and south Dorset reiterated their view (and that of local people) that the difficulties of rural transport had not been fully considered, and that Poole Hospital was easier to access [and would therefore be a better option for the major emergency centre];
- The possibility that individuals could be more likely to request 999 transfers, for fear of not being able to reach Bournemouth Hospital within a reasonable time, was raised. In addition it was felt that ambulance response times are generally worse in west than east Dorset, and that consideration should be given to the increased return journey times, if vehicles had to travel further to and from Bournemouth.

Maternity and Paediatric Services

The Joint Committee made the following comments with regard to the proposals relating to the reconfiguration of maternity and paediatric services:

- The direct inter-dependency between the future location of the major emergency centre and the consultant-led maternity service was recognised, and concerns were voiced as to the implications for mothers in labour and families with seriously ill children (who may well be travelling via private car rather than under 'blue light' conditions). The fact that discussions with Yeovil Hospital regarding combined arrangements with Dorset County Hospital were on-going made it difficult for Members to fully consider the proposals set out for consultation;
- The Poole representatives highlighted concerns as to exactly what services would be available and where, should the major emergency centre [and therefore consultant-led maternity service] be based at Bournemouth Hospital;
- The Bournemouth representatives felt that quality of care was the most important factor to consider, and also noted that the cost of locating the major emergency centre (and maternity and paediatric services) at Bournemouth Hospital has been estimated at £40 million less than locating it at Poole;
- The Dorset representatives queried the extent to which the transfer of high-risk maternity and paediatric services to Bournemouth would impact on the viability of Poole Hospital. In addition they noted that the loss of consultant-led maternity and overnight paediatric services at Dorchester Hospital would result in mothers and children (and their families) having to travel to Bournemouth or Yeovil for services, which would be difficult for many people.

Integrated Community Services

The Joint Committee made the following comments with regard to the proposals relating to the reconfiguration of integrated community services:

- Members acknowledged that early intervention and care closer to home were to be welcomed, but needed adequate finance and workforce;
- The Bournemouth representatives recognised that the challenges and opportunities presented by the integrated community services review were very different for the rural and urban areas. They were very supportive of the potential improvements, but sought some confirmation as to the purpose of community hubs and the provision of community beds within an acute (major planned care) hospital;
- The Dorset representatives expressed particular concern as to the planning of the proposals outlined for integrated community services and the ability to finance them. Assumptions regarding the availability of the workforce necessary to support the proposals were also queried, as was the assumption that public transport would be able to serve the locations identified, given recent reductions in provision;
- The expectation that beds in nursing and residential care homes would be available to accommodate patients in areas where community hospital beds would not be provided was questioned: Members asked how this could be guaranteed;
- The Dorset representatives expressed further concern relating to some proposals relating to integrated community services and in particular felt that the loss of community beds at the Westminster Memorial Hospital (Shaftesbury) would be problematic, given the expected growth in population, the lack of alternative options and the very poor public transport links in the area. The potential loss of beds in community hospitals at other locations, including Bridport, Christchurch, Weymouth and Portland, were also a matter of concern, particularly if none were to be provided

at Dorset County Hospital. It was felt that if patients were placed instead in nursing homes, these types of facility would be less able to cope with a medical crisis than a community hospital;

- The Poole representatives welcomed the proposals for a community hub in Wimborne and noted that it would be easy to access;
- However, the Poole representatives felt that it was difficult to comment on the situation regarding Alderney Hospital, given that its future was dependent on the outcome of a separate review of dementia services. If dementia and/or mental health services were to be lost from Alderney Hospital this would be a cause for great concern.

The consultation process

The Joint Committee made the following comments with regard to the way in which the consultation by the Clinical Commissioning Group has been undertaken:

- There were mixed views amongst the Joint Committee Members as to whether the consultation had been carried out well: whilst Hampshire's representatives reported that their area had been well served and their CCG had been fully involved, some of Poole's representatives felt that the consultation exercise had been inconclusive and poorly researched and Dorset's representatives expressed a number of specific concerns;
- The particular issues raised by Dorset were:
 - A query as to the validity of the telephone survey that had been undertaken (were the questions the same as the paper copy of the questionnaire, were they 'leading' questions and did the respondents have access to the full context on which to base their responses);
 - The documentation, which was felt to be confusing and lacking in clarity as to the implications of the proposals;
 - A query as to whether the views of people who attended the drop-in and stakeholder events had been fully recorded;
 - A query as to why changes to primary care commissioning had been separated from the clinical services review, given the links.

Conclusion

In summary, the Joint Committee understands the rationale behind the case for change but urges the CCG and NHS England to take account of the concerns raised in this document as it develops the proposals. In particular, the Committee seeks reassurance on two key issues:

- That full and detailed financial modelling will be undertaken with all key partner agencies, particularly the Local Authorities, to ensure that the cost of proposals has been adequately established and that they are affordable and achievable for all partners;
- That maternity and paediatric services will be maintained to serve the west Dorset area, in recognition of the genuine concerns that some Members have regarding travel times, should consultant-led maternity and paediatric services be based in Bournemouth in future.

The Committee recognises and appreciates the degree to which engagement has been carried out with a wide range of stakeholders over the last two years by the CCG. However,

there are concerns as to the degree to which people are able to comment on some proposals, given the lack of detailed information and/or key decisions, at this stage. The Committee would expect continued engagement and consultation with the CCG as the outcome of the current public consultation is considered, and any changes that are subsequently agreed by the CCG Board and NHS England are taken forward for implementation.

Joint Health Scrutiny Committee
3 March 2017

If there are any questions relating to this response, please contact:

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