



## Developing a Strategy for Health Emerging Issues

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Worcestershire Primary Care Trust

## Developing a Strategy for Health

Emerging Issues

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# Developing a Strategy for Health Emerging Issues

## Introduction

This paper has been produced as part of the PCT's ongoing planning process and in particular to inform its Strategic Plan which will be published in the Autumn of 2008. It takes into consideration the responses the PCT received from the public to a leaflet drop inviting the public to highlight the issues they believed the PCT should address.

It describes the emerging issues which the PCT believes are of particular interest to the people of Worcestershire and explains how the PCT is approaching these issues. It does not cover every aspect of the PCT's work nor every one of its priorities. Those are covered in other documents (described in section 1) which are produced for the NHS business planning cycle. This paper is about local issues and will be used to help inform ongoing discussions with our many partners, stakeholders and the public who have indicated that these are the issues of particular interest to them.

This paper will help local people see the Worcestershire trees in the wood of the NHS.

## 1. Setting a Direction for Improving Public Health and Developing Health Services in Worcestershire

When the PCT was established in October 2006 it undertook to develop a strategy for health for Worcestershire.

In December 2007 the PCT issued to the public a leaflet describing the work of the PCT and inviting the public to highlight the issues which it believed should be addressed in the PCT's Strategic Plan.

The PCT had intended to publish its Strategy for Health in the Spring of 2008 but that will now be delayed a few months until the Autumn of 2008 when all PCTs are required to publish a Strategic Plan for the years 2008 to 2013. The delay until the Autumn will help PCTs to take account of the review of the NHS being undertaken by Lord Darzi whose final report will be issued in the Summer of 2008. The PCT wants to ensure that as well as responding to "top down" requirements from the Department of Health it properly addresses the "bottom up" concerns of local people.

The timetable governing the PCT's work in setting a strategic direction for the NHS in Worcestershire is therefore as follows:

### August 2007

- West Midlands Strategic Health Authority issued "Investing for Health", a Strategic Framework for the West Midlands – available at [www.ifh.westmidlands.nhs.uk](http://www.ifh.westmidlands.nhs.uk)

### December 2007

- Worcestershire PCT issued to households a leaflet "Developing A Strategy for Health" inviting suggestions on the issues which should be addressed in the PCT's strategic plans – available from [www.worcspct.nhs.uk](http://www.worcspct.nhs.uk)

### December 2007

- Investing for Health for Worcestershire – A five year local health economy plan 2008-2013 submitted by the PCT to the SHA in response to the requirements of the SHA's Investing for Health Strategic Framework. The first draft was submitted in December 2007 and a final submission will be made in March 2008. Available from Becky Bourne, Communications Manager on telephone number 01905 760020.

### December 2007

- The Operating Framework for the NHS in England 2008-2009 issued by the Department of Health. Available at [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

### January 2008

- Worcestershire PCT, Operational Plan 2008-2011 submitted to the SHA as part of the planning cycle described in the Operating Framework. First draft submitted 31 January 2008 finalised in March 2009. Available from Becky Bourne, Communications Manager on telephone number 01905 760020.

### June 2008

- Worcestershire PCT issues Developing a Strategy for Health, Emerging Issues. (This document).

### Summer 2008

- Lord Darzi, who leads the NHS Next Stage Review publishes his final report.

### Autumn 2008

- Worcestershire PCT issues its Strategic Plans for 2008 to 2013 for public consultation.

There is an element of duplication and overlap in the documents already published and to be published. This is a consequence of a transition from one national planning cycle to another and the work already undertaken in response to the SHA's Investing for Health Strategic Framework. This paper is therefore an important vehicle for focussing on what is of special interest to the people of Worcestershire.

## 2. The Primary Care Trust – Roles and Responsibilities

Worcestershire Primary Care Trust is the local health authority for Worcestershire. It is responsible for improving health and health services in Worcestershire. It has a budget of £750m to arrange health services for 560,000 people.

The main functions of the PCT are to:

- Promote healthy lifestyles and improve the health of the population
- Reduce health inequalities
- Commission (buy and arrange) hospital, community, mental health and learning disability services. These services are commissioned from a range of NHS, private, independent and voluntary organisations both within and outside Worcestershire. The PCT works closely with Worcestershire County Council and commissions jointly many of the services needed by people in Worcestershire
- Employ staff and directly provide health services (eg community hospitals, district nursing and health visiting). The PCT directly employs staff when it is in the best interests of the people of Worcestershire and represents best value for money.
- Work with general practitioners (GPs) to develop primary care and to support GPs who wish to hold their patients' share of the commissioning budget and exercise a more local influence on the commissioning of services for their patients.

## 3. The Primary Care Trust's Vision of Health in Worcestershire

Our vision is a County of Worcestershire where:

- The public, the PCT, Local Authorities and all other interested organisations work in partnership to promote health, well being and prosperity
- People in Worcestershire live longer than people in similar counties and enjoy a better quality of life
- Health inequalities (the difference in health status between the rich and the poor) are reduced and continue to reduce
- Children in Worcestershire get the best start in life possible and we "grow a healthy nation"  
The public and healthcare staff have first class information (accessible via modern IT) which enables patients to make informed choices and staff to provide the best care possible.
- The health system in Worcestershire is an efficient one, providing best value for money and the highest standards of care affordable.
- The services provided are safe and the public has confidence in the PCT.
- The PCT is recognised as a first class employer

## 4. Financial Planning – The Assumptions on which our Plans are based

The PCT has received an uplift of 5.5% (including inflation) for 2008/2009 and will have a budget of around £750m. The financial plans for 2008/2009 were set to deliver a surplus of £5m, in part needed to finally resolve long outstanding cash flow issues within the health economy. This is less than 1% of the PCT's turnover and also provides a measure of security if the PCT was to be hit by unknown financial pressures or if costs for future years escalate dramatically. Any surplus is carried forward into the next year.

The Operating Framework issued by the Department of Health restates the Government's commitment to annual real terms growth in resources for the NHS of 4% (over inflation) for the three years commencing 2008/2009 and the PCT's forward plans are being made on this basis. Some budgets are however held nationally and therefore not all of the future 4% national growth will be passed down to PCTs. As with all PCTs we are awaiting the announcement on what a new allocation formula will mean for us locally in 2009/10 and 2010/11. The announcement is expected in the late summer of 2008. So whilst we know what the allocation is for England we need to be able to respond to some variation from our current planning assumptions. The formula, often referred to as the "fair share formula", takes into account the relative weighting of issues such as deprivation levels and the predicted age profile of the population the PCT is responsible for. The PCT is assuming that funding beyond those three years will not grow at the same rate and may be only a small percentage over inflation. The Operating Framework requires PCTs to achieve a 3% efficiency gain in each of the three years 2008/2009, 2009/2010 and 2010/2011.

This will be challenging for the PCT and its providers although there is a substantial body of evidence of the potential to deliver both quality and efficiency through better procurement, commissioning, organisation and management. During the period of the PCT's Strategic Plans practice based commissioners will have a growing influence over how health resources are allocated for the benefit of local people. The PCT has developed a framework within which practice based commissioning can flourish, and will increasingly provide practice based commissioners with better and more timely information about how their budgets are performing. The PCT will also be undertaking further work on programme budgeting which provides information about how the PCT's rate of spending on specific areas such as mental health, cancer, etc compares with similar counties. This information might indicate to the PCT and practice based commissioners that it needs to shift its spending away from one group towards another. In addition to programme budgeting the PCT will also access other sources such as those provided by the NHS Institute for Innovation and, in particular, its "Opportunity Locator" which suggests areas that PCTs should explore to improve efficiency. Worcestershire PCT is in a stable financial position and is supporting its NHS partners to achieve financial stability across the whole local health economy. It is vital that stability is retained and will inevitably mean that the PCT will have to make difficult choices, informed by the public, about the local priorities for investment. Increases in the numbers and age of the population, a rising tide of long term conditions, advances in health technologies and consumer expectations will all rise quicker than any increases in funding can deal with. Doing more of the same and attempting to fund everything will not be an option.

## 5. Challenges Facing the NHS in Worcestershire

The West Midlands Strategic Health Authority has detailed seven major challenges facing the NHS in the West Midlands. These challenges have to be addressed in Worcestershire albeit the degree of each challenge may be lesser or greater than in other parts of the West Midlands.

### Challenge 1

Despite improvements in overall health status, inequalities in health have widened.

### Challenge 2

There remains an unjustifiable variability in the quality and safety of services and individual care and significant numbers of complaints are about standards of fundamental care

### Challenge 3

Patients expect services to be joined up and to have co-ordination across teams caring for them, yet at present patients and public often struggle to understand how services work.

### Challenge 4

The public – our “customers” – have little confidence that their local NHS will get better this year.

### Challenge 5

We are not investing enough in prevention.

### Challenge 6

We continue to spend substantial amounts on clinical procedures or models of care where the evidence suggest there is little or no return in improved health or where the evidence shows that there are other, better, and more cost-effective alternatives

### Challenge 7

Cost pressures arising from doing “more of the same” with an ageing population, a rising tide of long-term conditions and where accelerating technological development in providing responses to illness outstrips any conceivable rate of increased funding.

In developing its Strategic Plans the PCT will need to respond to each of these challenges.

Challenge 4 is particularly relevant to Worcestershire and the Board of the PCT has recognised since its inception that restoring public confidence in the local NHS is vital. We must focus more on the things the public and patients find important. For Worcestershire that means addressing the emerging issues described in this paper.

## 6. Priorities for Improving Health and Health Services in Worcestershire

There is a mountain of paper available which describes the priorities for the NHS, and how they must be pursued in Worcestershire. This section provides only a brief summary so that the emerging issues can be seen in context. This paper is very deliberately about the issues of importance to local people rather than those which have been assessed at a national or local PCT level.

The Operating Framework for 2008/2009 describes a set of “Vital Signs” which will be used to monitor the performance of PCTs which will be required to address a small number of **National Priorities**, or must dos. There will also be a set of priorities over which the PCT will be

given a greater degree of flexibility, these are **National Priorities for Local Delivery**. Finally PCTs have the freedom to choose a range of **local priorities**. In agreeing its overall list of priorities the PCT must ensure there is compatibility with the Local Area Agreement, the Agreement which drives forward the work of the Worcestershire Partnership.

The National Must Dos for 2008/2009 are:

- Improving cleanliness and reducing Healthcare Acquired Infections
- Improving access through achievement of the 18 week referral to treatment pledge, and improving access (including at evenings and weekends) to GP services
- Keeping adults and children well and improving their health and reducing health inequalities
- Improving patient experience, staff satisfaction and engagement.
- Preparing to respond in a state of emergency such as an outbreak of pandemic flu.

The Operating Framework also contains a helpful appendix which lists all the existing commitments the NHS must fulfil including reducing waiting times in A & E, guaranteed access to sexual health services within 48 hours, access to crisis services for people with mental illness, etc.

The PCT's Operational Plan sets out in detail all of the national and local priorities which will be addressed by the PCT.

The next section describes the emerging issues which need to be addressed by the PCT in its strategic plan. It is not an exclusive list and does

not cover all of the hundreds of issues which have been raised with the PCT since its inception. It focuses on the issues which the public and patients have either raised as concerns or about which they have asked us to clarify our future intentions. More detailed information about all the other issues can be found in the Operational Plan and in Investing for Health for Worcestershire.

The emerging issues, what importance they should be given and how they should be addressed should be seen within the strategic context that the PCT wishes to develop models of care for Worcestershire that:

- Support local people to stay healthy and independent. This means investing more in health promotion and illness prevention.
- Support self care by providing information, offering choice and giving control over what happens
- Deliver care as close to home as is possible
- Improve the connection and communication between services so that patients have “seamless care”
- Deliver safe, high quality care
- Improve equity of access to services
- Offer best value for money

These principles will guide the PCT as it addresses the following emerging issues.

## 7. The assumptions on which our plan is being made

The NHS and PCTs in particular are giving increased priority and associated investment of resources to improving public health and preventing illness. In doing so Worcestershire PCT is also aiming to reduce health inequalities. There are four main groups in Worcestershire which experience health inequalities

- Disadvantaged communities – where incomes are low and lifestyle choices unhealthy
- Black and ethnic minorities
- Migrant Workers
- People with mental health problems and learning disabilities.

These are described in full in the Annual Report of the Director of Public Health for 2007/08. As the PCT tackles the emerging issues described in this document it must examine carefully whether its actions are helping to reduce health inequalities.

The Annual Report of the Director of Public Health is a major reference document describing the health and illnesses of the population of Worcestershire. It is available at [www.worcspct.nhs.uk](http://www.worcspct.nhs.uk)

To help the readers of this document understand the context in which the emerging issues should be seen the following headlines about public health in Worcestershire are provided.

### Key points

- The population of Worcestershire is growing and getting older. Census estimates predict that there will be a net growth from 552,000 in 2006 to 558,000 in 2011. Within age groups, the 0-19 group is anticipated to decline by about 4% over this period, with the 65+ group increasing by 13% and the 85+ group increasing by 25%.
- The population is largely White British (94%, reducing to 93% by 2011) although there are areas with a higher concentration of ethnic minority groups. There is a net inward migration of 11.6 migrant workers per 1,000 working age population annually from the AB Accession Countries - most commonly from Poland.
- Life expectancy is 78.1 years for males, above the England average, and 81.8 years for females, similar to the England average.
- There has been a sustained reduction in all cause all age death rates in both men and women since 1996. The County is on track to reduce overall mortality by more than one quarter by 2010.
- The premature death rate from circulatory diseases is below the England average and has shown a huge reduction since 1996, slightly more marked in men than women. The County is on track to better Our Healthier Nation target by 2010.
- The premature death rate from circulatory diseases is twice as high in the most disadvantaged fifth of people compared to the least disadvantaged, and there is a gradient of increasing mortality with greater relative disadvantage - although the gap does appear to be narrowing.

- The premature death rate from cancers is below the England average and has shown a sustained reduction since 1996. The County is on track to meet the Our Healthier Nation target by 2010.
- The premature death rate from cancers is one third higher in the most disadvantaged fifth of people compared to the least disadvantaged, and there is a gradient of increasing mortality with greater relative disadvantage.
- The major causes of death, circulatory diseases and cancers, are both lifestyle related. To maintain the reductions in death rates Worcestershire will need to reduce smoking and alcohol consumption, and tackle obesity through a better diet and more physical activity.
- The death rate from accidents is largely unchanged since 1996 and the County will not meet the Our Healthier Nation target by 2010 on current trends. Although mortality in men has fallen, mortality in women has risen. Further details are required on the age groups affected and the type of accidents in order to improve understanding of the underlying factors and guide action to reduce accident mortality.
- The death rate from accidents is 50% higher in the most disadvantaged fifth of people compared to the least disadvantaged, and there is a gradient of increasing mortality with greater relative disadvantage.
- The death rate from suicide and undetermined injury has if anything risen since 1996 and the County will not meet the Our Healthier Nation target by 2010 on current trends. Although mortality in men has fallen, mortality in women has risen markedly. Further information is required to understand and address the causes of this trend.

- The death rate from suicide and undetermined injury is 50% higher in the most disadvantaged fifth of people compared to the least disadvantaged, and there is a gradient of increasing mortality with greater relative disadvantage.

## 8. Access to NHS Dentists

Since the inception of the new Dental contract the PCT has pursued its aim of ensuring that all adults and children who want NHS dentistry can get access to it. The PCT has commissioned additional dentists and practices to replace the capacity lost when some existing dentists declined the offer of a new NHS contract.

The picture today is, on the face of it puzzling, with the reported levels of uptake by patients lower than expected, but the PCT still able to offer access.

The PCT gathers information about the number (proportion) of local people who accessed NHS Dentistry at least once in the last two years. At 31 December 2007, (21 months after the new contract was introduced) the figure stood at 51.3%, down 2.7% from March 2006. This is not dissimilar from the situation in other PCTs in the West Midlands although the West Midlands take up rate prior to the inception of the new contract was already nearly 4% above the Worcestershire figure.

Although the access figure is, on the face of it, lower than we would have expected the contradictory feature is that two of our newest practices in Pershore and Worcester have not attracted the patients they expected and are advertising heavily their availability to provide NHS services. The PCT's dental helpline is not as busy as it was and offers of registration to

patients who contact the helpline have fallen from 1500 in April 2007 to 175 in March 2008.

It seems that some patients still believe it is not possible to access NHS dentistry (and some may not be willing to travel to where there are vacancies for registration) and we should not perhaps underestimate the numbers of patients who in order to retain their existing dentist are willing to pay privately, rather than seek out a new dentist offering NHS services.

The PCT will continue to help patients who want to access NHS dentistry and will promote more heavily the availability of vacancies for registration. It will be strengthening its commissioning team so that it can target hot spots, develop longer term strategies and increase dental health promotion activities.

## 9. Access to GP Services Out of Hours (OOH)

The Primary Care Trust directly provides an Out of Hours Service for patients who need urgent access to a GP or nurse outside of normal hours when their own GP's surgery is shut.

The service has found it difficult to achieve the Department of Health targets which govern how promptly patients' telephone calls should be dealt with and how promptly their care is arranged. Public satisfaction with the service has been variable and although many compliments have been received there have been complaints about the speed of the service's response and a few complaints about the quality of care provided.

The PCT decided it should secure improvements in the OOH service by market testing the service against an improved specification which will deliver a higher level of service than is currently provided.

The process of tendering the service has been completed, and a new contract has been awarded to the company Take Care Now. The company will take over the management of Out of Hours in July 2008.

This exercise has been driven by the need to improve the quality of the OOH service and is not being driven by a need to cut costs. The PCT has placed a contract which will secure a better quality of service and deliver best value for money.

As we move forwards the PCT wants to ensure that the links between OOH care and social care are improved, and that eventually patients can look to one point of access for services which provides a one stop service.

## 10. Development of GP Surgery Premises

The PCT supports GPs to develop new surgery premises by reimbursing GPs some or all of their costs in buying or leasing new premises.

### Developments completed since 2004

- Henwick Halt Medical Centre, Worcester - replaced the Bull Ring Surgery and the PCT-owned St John's Clinic.
- Elbury Moor Medical Centre, Worcester - replaced Lowesmoor Medical Centre.
- Whiteacres Medical Centre, Malvern - replaced Avenue Road Surgery.
- Ombersley Medical Centre.

- Queen Elizabeth House, Pershore - replaced PCT-owned Pershore Health Centre and the Cottage Hospital. Accommodates Pershore Medical Practice, Pershore Hospital and community services.
- Turnpike House, Worcester - accommodates Haresfield and St Martin's Gate Surgeries.
- Grey Gable Surgery, Inkberrow - replaced the Hawthorns Surgery.
- Evesham Medical Centre - replaced PCT-owned health centre. Accommodates the Merstow Green and Abbey Medical Practices and community services.
- Prospect View Medical Centre, Malvern - replaced the PCT-owned health centre and dental access centre and Court Road Surgery. Accommodates the Malvern Health Centre and New Court Road Surgeries and community services.
- Upton Surgery - replaced the former Upton Surgery and the PCT-owned Upton clinic
- Hollywood Medical Practice, Hollywood, Birmingham - replaced the PCT-owned Wythall Health Centre in Hollywood

### Developments underway

- Droitwich Health Centre - will replace the PCT-owned health centre. The new building will accommodate the Spa and Salters Medical Practices and community services. Premises are due to be completed in September 2008. Demolition of the current health centre and provision of staff car parking is due to be completed by the end of the year.

## Schemes to which the PCT has made a financial commitment

- A combined development of St John's and Churchfields Surgeries in Bromsgrove.
- New premises for Dr McGregor and partners in Church Hill, Redditch.
- A new Kidderminster Health Centre to replace the current PCT-owned building. It will accommodate the Kidderminster Health Centre Practice, Forest Glades Medical Centre and community services including the dental access centre currently in Crown House.
- A new GP premises development on the Kidderminster Hospital Site which will accommodate the Northumberland House and Aylmer Lodge Surgeries and community services.
- Bewdley Medical Centre – to replace the current GP medical centre and the PCT-owned Bewdley Clinic.

## The PCT has been in dialogue with the following practices about an extension to or replacement of their premises

- Abbottswood Medical Centre, Pershore
- Thorneloe Lodge and Berwyn House Surgeries in Worcester (joint development)

Prior to the merger of the three previous PCTs there had been discussions in the South with St John's House Surgery in Worcester regarding redevelopment and in Wyre Forest business cases had been produced relating to a combined redevelopment of York House and the Health Centre surgeries in Stourport and new premises for Stanmore House Surgery in Kidderminster.

The PCT has recently completed a detailed Prioritisation Exercise examining the needs for improvements in all GP premises. Every practice has been advised of their priority position as a result of that exercise.

### Reimbursement per patient

The PCT reimburses practices the cost of providing surgery premises in which to treat NHS patients. Reimbursement is based on actual costs or notional rents assessed by the District Valuer. We have looked at the reimbursement levels to each practice and calculated, according to the practices' list sizes, the reimbursement per patient. The current rate of reimbursement for premises ranges from £3.08 per patient to £49.09 per patient.

The PCT is unlikely to have the resources to be able to maintain its current rate of support for new developments and must therefore prioritise those which should come next. The main factor will be need (ie what is the state and size of the current premises) but in some instances one off opportunities (eg the availability of land) may need to be taken into account.

The PCT looks at each development proposal on its own merits. There has not been a particular drive for the development of super surgeries which combine several GP practices into one building but there is a debate about one such development in Redditch. The PCT has not given any approval yet for such a development and in any such instance the PCT will want to know the views of patients, and will want to know what impact a super surgery would have on the range of services that can be delivered, geographical access and convenience for patients, and choice of doctor.

## 11. Establishing a GP Led Health Centre

The Department of Health requires every PCT to establish a new GP led health centre.

The establishment of at least one new GP led health centre in each PCT area is one of the products of the interim report of Lord Darzi's NHS Next Stage Review. It is likely to cost £1m a year.

The health centre will provide additional capacity over and above that provided currently by GPs. It will be open from 8.00 am until 8.00 pm, 7 days per week. It will treat registered and non-registered patients, offering bookable appointments and a walk-in service. In deciding where to locate the Centre, PCTs are advised to consider how to maximise convenient access for the local population including commuters.

The Local Medical Committee has expressed concern about the development which it considers is unnecessary and will undermine the services provided by existing practices.

The Professional Executive Committee of the PCT has received and considered an option appraisal exploring all the potential options for location the new Centre. It has concluded that the centre should be sited in Worcester. The PCT is planning to open the centre no later than March 2009.

The PCT will procure the new health centre service through competitive tendering. The PCT is now consulting the public about the precise location and content of the Centre.

## 12. GP Extended Hours

The Government has given a commitment that it will take action to improve routine access to GP services in the evenings and weekends. The Operating Framework 2008/09 requires PCTs to ensure that at least 50% of GP practices in their area offer extended opening to their patients, with additional opening hours based on patients expressed views and preferences on access.

The PCT has already offered GPs a Local Enhanced Service to provide extended hours but there has been very little take up. The national guidance on offering a Direct Enhanced Service to all practices has been received and this is being discussed with the Local Medical Committee.

The PCT has some freedom to negotiate locally at what times the extended hours are provided and the PCT will want to consider the needs of patients, and whether extended hours and the introduction of a GP led health centre will have any impact on attendances at A&E departments. The PCT will also need to take account of this initiative when it is implementing the new contract for the delivery of an improved GP Out of Hours service.

## 13. Mental Health Services

The PCT and County Council have recently published a Draft Commissioning Strategy for Mental Health Services. This describes in detail the developments in mental health services which will be pursued in the period 2007-2012.

The PCT needs to reinforce the delivery of two existing national commitments, namely the provision of early intervention and crises resolution services.

The Operating Framework 2008/2009 requires PCTs to prepare for action to improve access to psychological therapies, and to develop services for older people with dementia. It is clear that both of these issues are important to the people of Worcestershire and would be part of the PCT's agenda even if they did not feature in the Operating Framework. Our early work on programme budgeting suggests that we should rebalance our investment in mental health services so that more is invested in dementia services. Both the PCT and County Council have earmarked additional resources for dementia services in 2008/09.

## 14. Child and Adolescent Mental Health Services

The PCT, working with its partners in the Children's and Young Peoples Partnership needs to develop on a broad front services for children and young people and their parents.

It is clear that the need for Child and Adolescent Mental Health Services is growing. It is estimated that one in ten children and young people will experience a diagnosable mental health condition. We have estimated that the local CAMHS service will need to increase its capacity up to five fold if it is to meet the need for its services. We have set aside additional funding in the three year period of the Operating Plan but we recognise that whilst it will support a range of developments which will increase capacity it will not meet all the long term demands for its services. It will therefore be kept under review.

## 15. Services for People with Learning Disabilities

The County Council and PCT have recently published a Strategy for Learning Disability Services. The Operating Framework 2008/2009 emphasises the importance of PCTs and Local Authorities reviewing the findings in a variety of national reports identifying shortcomings in learning disability services.

The Framework reminds PCTs that they need to work closely with Local Authorities on campus closures. Some of the clients cared for at the Lea Castle Centre, Kidderminster meet the criteria of campus residents and following an assessment of their individual needs would need to be offered alternative packages of support.

In the event, the Coventry and Warwickshire Mental Health Partnership Trust launched a public consultation on the future of the Lea Castle Centre and its services. The PCT jointly consulted the public with the Trust, because not only is the PCT the main commissioner of services from the centre, it also is a provider of some of the services (Children's services) on the site. The Trust and PCT, following consultation, decided that the Centre should be closed.

The Lea Castle Centre was once a centre of services for 600 clients, but now has less than 40 clients. The PCT is very conscious that the clients and their families are concerned about the alternative arrangements that will be put in place if the centre closes. A review of the care needs of all the clients for which Worcestershire PCT is responsible is currently underway. The PCT will focus continuously on how to respond to the concerns of individuals and their families, and arrange the very best alternative arrangements.

## 16. The Future of Acute Hospitals in Worcestershire

The future of acute hospitals in Worcestershire has been a source of controversy for many years, and the PCT is very aware that there are sections of the public which harbour suspicions that there maybe plans to change or down grade services at some sites. That suspicion hinders the development of more confidence in the local NHS and its leaders.

The PCT does not have any current strategic plans for major changes at the three hospital sites in Worcester, Redditch or Kidderminster although some of the service issues which follow later in this paper will have an impact on those hospitals.

If wholesale changes are considered necessary they will be shared with the public in a process of full consultation. At this point in time the PCT takes the following view:

- The continuation of a range of services from the three hospitals sites is clearly the wish of the public.
- The continuation of a range of services from each site is likely to remain an important factor in the PCTs plans to provide care closer to home wherever that is safe and appropriate.
- Safety is a primary consideration and risks to safety are likely to be one of the major factors which might provoke a need to change the configuration and range of acute services.
- All three hospitals have significant infrastructure and it is difficult to see a situation in the foreseeable future when the NHS will not need to 'sweat' those assets.

- There are times, particularly in winter, when Worcestershire health service is at full stretch. The capacity on all three sites is vital in meeting the pressures on services. Until and unless alternative ways are found to cope with those pressures the capacity on all three sites will be needed.

- The recruitment of doctors, nurses and other staff is a critical factor in maintaining services on the existing sites. There are significant challenges ahead, not least in meeting European Working Time Directives which may prompt the need to look at how services are configured across the three sites. The PCT will work closely with the Worcestershire Acute Hospitals NHS Trust to ensure that all possible ways of meeting workforce challenges are explored.

- Worcestershire is emerging from the financial challenges of the past years. It must always seek value for money and ensure that its services are efficient but providing financial stability is maintained then the need to reduce costs dramatically need not necessarily be a primary cause for change. This will depend, however, on how the NHS financial system evolves particularly the use of payment by results. The PCT cannot expect the Acute Hospitals Trust to provide a major service or range of services at a significant loss.

In summary, although changes are inevitable and indeed necessary, the PCT is not inclined towards a major reconfiguration of acute services. Nevertheless it will need to work closely with the Acute Hospitals Trust and others to address the challenges facing certain specialties, and the success in meeting those challenges may determine whether wider reconfigurations are necessary.

## 17. The Future of Community Hospitals in Worcestershire

Worcestershire PCT manages community hospitals in Malvern, Evesham, Tenbury, Bromsgrove and Pershore. These hospitals make a vital contribution to the overall capacity of the local NHS, and it is clear that the public cherishes them. Indeed the public's confidence in the PCT to protect and develop these hospitals is a major factor in the public's confidence in general in the local NHS and its leadership.

The PCT has undertaken an internal review of all these hospitals which reveals major differences in the way they work, what they cost, how they are staffed, etc. This review is being used to improve the quality of services provided and their efficiency. If payment by results is introduced for community services then each hospital will need to know what each item of activity costs and how those costs can be kept within the national tariff for those services.

Managing and keeping viable community hospitals is challenging, the major challenge being the recruitment and retention of staff. The numbers of staff on any one shift may be very small, particularly at night, and this presents significant challenges to keeping patients and staff safe, and maintaining standards of care. Challenges to safety, and unacceptable levels of risk are the most likely triggers for the need to review significantly the future of a community hospital.

In examining the future of Community Hospitals the PCT will develop an overall estates strategy which plans future developments not only of the hospitals but also GP premises and PCT clinics.

The outlook for community hospitals generally in Worcestershire looks good. The situation by locality is as follows:

### Pershore

The new Pershore Hospital was opened in 2007. It is a state of the art facility incorporating inpatient and outpatient services and a GP practice. When the hospital was first opened only 18 of the 26 beds were brought into use. During the winter of 2007/2008 the remaining beds were opened in order to provide more overall capacity to meet winter pressures. The PCT will review the benefits of opening those beds and consider whether they should be opened permanently, or on a flexible basis when county wide pressures are extreme.

There is some space vacant in the hospital because the dental practitioner planning to move into the hospital changed his intentions. The PCT will need to keep under review how that space might be used.

### Malvern

The PCT has secured £19.3m of public funds to build a new and larger hospital to replace the current hospital. It will be open by 2010. It will contain more beds, a wider range of services and a minor injuries unit.

The PCT is including the public in influencing the design of the new hospital, and will be working with local GPs who, as practice based commissioners, will be able to influence the range of services that should be provided in the hospital. The PCT will also be exploring whether there are other organisations and services which might wish to co-locate onto the hospital site so that it develops into a broader health and social care campus.

### Evesham Hospital

Evesham Hospital is a very large community hospital with nearly 100 beds. It provides a wide range of inpatient and outpatient services, diagnostic services and day surgery.

The estate and infrastructure is not fit for the future. The PCT has therefore commenced work with Wychavon District Council, the County Council, the Hospital League of Friends and local GPs to explore what the overall health needs will be for Evesham and its hinterland in the future, and what sort and size of modern hospital will be required. The PCT does not have funding reserved for a new hospital and will need to manage expectations about how early any major development might take place. Nevertheless the project that has been initiated will help inform what the scale of any new funding might need to be. At its Board Meeting in May 2008 the PCT Board approved a formal project to take this work forwards.

### Princess of Wales Community Hospital, Bromsgrove

The Princess of Wales Hospital is a relatively modern hospital in good condition and with excellent infrastructure. It provides a wide range of inpatient and outpatient services and other very important services including mental health services and breast screening are provided from the site.

The Princess of Wales Hospital has not presented the PCT with any obvious challenges to its future and has not therefore been subject to the same level of focus as some of the other hospitals. This needs to be corrected and the PCT, working with local practice based commissioners, will explore whether the full potential of the hospital is being released.

### Tenbury Community Hospital

Tenbury is a small but highly regarded community hospital which enjoys huge support from the local community and wins plaudits for the care and services provided. Again the PCT will need to work with practice based commissioners to determine the full potential of the hospital.

The hospital building itself is in a pleasant environment but some parts are very old and the PCT will need to make plans for upgrading the estate in the future. The PCT will also need to take account of the risk of flooding, as during the summer floods of 2007 the PCT came close to having to evacuate the hospital.

## 18. Kidderminster Hospital

The PCT will be working with Worcestershire Acute Hospitals NHS Trust and other partners to determine what services the PCT wishes to commission from the Kidderminster Hospital site which is owned by the Hospitals Trust.

The hospital estate is of mixed age and quality. The Hospitals Trust, PCT, Mental Health Partnership Trust and Interhealth all provide services from the site. The PCT needs to work with its partners to review

- The future of the Minor Injuries Unit and the current pilot under which a doctor is present at the Unit for a limited number of hours to help extend the range of diagnosis and treatments that can be offered. The impact of the addition of a doctor, and its cost effectiveness needs to be reviewed. The PCT and Hospitals Trust will also need to take account of any extension of GP surgery hours, and whether the eventual decision over the siting of the GP led health centre will have any impact on Kidderminster.

- The future operation of the Treatment Centre when the current contract expires in February 2010.

- The need to improve the facilities currently used for the Wyre Forest Community Unit. the impact of a new GP surgery development which is currently under negotiation.

The PCT will use its influence as the major commissioner of services to produce a plan, supported as much as possible by its partners, which sets a future for the hospital site. The PCT will ensure there is major public involvement in this work, which can influence the final outcome.

## 19. Maternity and Paediatric Services

The SHA's Investing for Health Strategic Framework recognises maternity and paediatric services as services facing particular challenges, and requires PCTs to bring forward plans for meeting those challenges by April 2008.

The Operating Framework for 2008/2009 advises PCTs they must aim to:

- increase the percentage of women who have seen a midwife or a maternity healthcare professional for a health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy, and,
- ensure that sufficient numbers of maternity staff and neo-natal teams are in place to meet local needs.

The future of maternity and paediatric services in North Worcestershire, has been the subject of examination and debate for several years and several reviews of maternity services have been

undertaken. The specialties of maternity and paediatrics are interdependent and the provision of neo-natal services (to babies and mothers requiring special care) relies on the location of paediatric services.

The challenges facing the Alexandra Hospital in Redditch are:

- the Alexandra Hospital has one of the smallest consultant-led services in the West Midlands. The only other unit of less than 2000 births is Hereford, which has to be maintained to provide services to a population covering rural Herefordshire and parts of Wales. Small units find it more difficult to:
  - ensure staff maintain their competence
  - provide appropriate training for junior doctors
  - recruit and retain staff
  - provide appropriate sub-specialisation
  - provide good value for money
- the European Working Time Directive requires a maximum 48 hour week for doctors in training by 2009. This will exacerbate the above difficulties as the available patients (and the clinical experience) will have to be shared among a larger number of staff.
- the Alexandra Hospital has a level 1 neo-natal service. This requires paediatric support. In the past the service has had difficulty recruiting and retaining suitably experienced staff, and this has affected the level of service the unit could provide.

The resolution of these challenges will determine what impact there will be on the configuration of the services and on services provided in Worcester which itself has staffing challenges and the need for additional staffing in the future.

Worcestershire PCT has attempted to take a fresh look at the challenges facing maternity and paediatrics and, in particular, the view that the only practical solution would be to centre consultant led maternity services on Worcester, with a midwifery led unit established somewhere in the North of the County.

The PCT's initial view is that it wishes to retain consultant led maternity services and a neo-natal service at the Alexandra Hospital if those services can be kept safe, be sustainable and continuously improve.

The PCT's position has been influenced by:

- the clear view of the public that it wishes to see the services sustained.
- the evidence that maternity "need" is higher in the North of the County, measured by issues such as breastfeeding rates, caesarean rates, home deliveries, etc.
- the impact on Worcester and other hospitals if there was a need for them to increase significantly their capacity to undertake more deliveries.

The PCT and Worcestershire Acute Hospital NHS Trust have been working closely together to examine the options for sustaining consultant led services at the Alexandra Hospital, and in recent months have been greatly assisted by the Birmingham Women's NHS Foundation Trust which is the Midlands centre of excellence for neo-natal services.

An external expert has been recruited to work with the Trusts and, in particular, local clinicians, with the aim of producing a Commissioning Strategy for Maternity Services in the North of the County, and models for delivering that service. Her initial recommendations were

available in March 2008 and her final report will be available in June 2008. As a result of the initial report the PCT and Acute Trust decided to ask her to extend her work to include recommendations in relation to paediatric services and these will be included in the June report.

The PCT is prepared to invest additional funds to sustain maternity services at the Alexandra, but will only do so if the safety of those services can be assured. Whatever solution is finally agreed there will be a need to increase the investment in maternity and paediatric services across the county.

## 20. Radiotherapy Services

Patients from Worcestershire who suffer from cancer and require radiotherapy services will be treated at Cheltenham, Coventry, Birmingham or Wolverhampton depending on which part of the County they live in and which hospital they first attend for the diagnosis of their cancer.

For several years the Three Counties Cancer Network which advises PCTs and Trusts, and plans cancer services for Gloucestershire, Herefordshire and South Worcestershire has been examining how and where to expand radiotherapy services. Some patients of the three counties currently travel very significant distances on a daily basis for courses of radiotherapy, at a time when they are feeling distressed and unwell. The case is being examined for installing linear accelerators (to provide radiotherapy) at Hereford, or Worcester, or for installing additional accelerators at Cheltenham.

Cheltenham will need to expand its capacity if patients from the three counties are to continue to look to Cheltenham for radiotherapy. The

cases for putting additional accelerators in either Worcester or Hereford as a satellite unit are strong and given that in the short term it has to be either Worcester or Hereford a very difficult decision has to be made.

This is a complex issue because a change in the numbers and flows of patients from any of the three counties can potentially impact on services being provided outside the three counties, eg if patients from the North of Worcester choose to attend Worcester for radiotherapy rather than go to Coventry it would impact on the capacity at Coventry (eg it would create spare capacity).

The PCT's position is that it wishes to commission safe, affordable and accessible services for the people of Worcestershire and the ideal solution for Worcestershire would be for a satellite unit to be created in Worcester. The PCT does, however, have to acknowledge that all services are provided as part of a national health service, and highly specialised services cannot be provided in every local community.

The Three Counties Cancer Network will give its conclusion and recommendations shortly and these will clearly need to be considered in the public domain. The Health Overview and Scrutiny Committees of each of the three counties have all been briefed on the situation and the difficult decision that will have to be made.

## 21. End of Life Care

The Operating Framework emphasises the importance of end of life care (EOL) and the SHA in Investing for Health signalled the need for all PCTs to improve end of life care.

End of life care for patients with cancer has been developed well in recent years, but the “care pathway” for end of life care need to be developed for patients who have other illnesses. We need to distinguish between the need for generalist and specialist palliative care and ensure that patients can move between the two as appropriate.

The PCT will develop its end of life strategy in a way which offers patients a choice of where they wish to die, wherever this is appropriate and compatible with the ability of the patient’s carers.

The PCT has funded from April 2008 the opening of an additional 5 beds at the St Richard’s Hospice in Worcester which will be used to meet the needs of patients from all parts of Worcestershire. The opening of those beds has generated questions about the PCTs overall palliative care and end of life strategies and the PCT will work with its partners, especially the three hospice movements in Worcestershire, to clarify future intentions. The PCT will particularly want to invest in Hospice at Home services.

## 22. Prison Healthcare

There are four prisons within Worcestershire, ranging from high secure to low secure. One of the prisons has the highest turnover of prisoners in the West Midlands. Another accommodates prisoners serving life sentences and detainees suspected of serious offences. Worcestershire PCT has responsibility for commissioning health

care for prisoners, and is itself a direct provider of much of that service. When exercising its responsibilities the PCT works closely with Prison Governors in a Prisons Partnership Board. The Ministry of Justice directly and indirectly funds some of the health care services offered to prisoners.

The commissioning and provision of health care for prisoners presents major challenges and risks. Prisoners present with a range of illnesses and diseases including high levels of mental illness, and many prisoners are abusers of alcohol and drugs. Some prisoners choose not to co-operate with those caring for them, and there are significant practical problems in delivering health care to prisoners who do not have the same freedoms to access and choose health services as the general population does.

A series of recent inquests into the deaths of prisoners in custody have raised a range of issues about the level and quality of healthcare services provided to prisoners.

The PCT has approved an action plan which will:

- improve the assessment of prisoners’ health
- improve the training of staff
- improve communications and record keeping
- clarify what services can or cannot be provided in a prison environment
- improve the quality of care provided

This work is already underway and will be supported by additional investment. In addition the PCT is instigating a major review and improvement programme for all aspects of prison health care ranging from the commissioning of the services, performance monitoring, recruitment retention and training, clinical

governance, information and IT, operational protocols and the action to be taken during and after serious incidents. This review and improvement programme will be quality assured by the Care Services Improvement Partnership of the Department of Health.

## 23. Healthcare Associated Infections

It is a significant cause of distress to patients, their families and NHS staff, that occasionally the action we take to help people sometimes results in unintended harm. It is also increasingly a key issue for public confidence in the NHS. No healthcare system can ever be entirely risk free but we must do more to reduce the rate of healthcare associated infections.

All NHS organisations have been set two national targets in this area:

- MRSA – to maintain the annual number of MRSA bloodstream infections at less than half the number in 2003/2004
- Clostridium Difficile: contribute to a national reduction of 30% by 2011 compared to the 2007/2008 baseline

During 2008/2009 MRSA screening will be introduced for all elective admissions, and this will be extended to all emergency admissions within the next three years.

Improving cleanliness is an important part of the strategy to tackle HCAI, but it is also a high priority in its own right. Patients are right to expect a clean environment.

The NHS organisations in Worcestershire are working together to reduce HCAs and examples of the initiatives underway or being planned are:

- All clinical areas had a deep clean by end of March 2008
- We have established a health economy wide committee which meets monthly to share learning from root cause analyses, share good practice and scrutinise actions being taken to reduce HCAI
- Matrons have been given clear accountability for standards of cleanliness and infection control within their areas
- Matrons will be reporting to the board on issues to do with cleanliness and infection control, within the PCT this will be to the provider board

Matrons will be able to order additional cleaning if required and will meet with cleaning teams to review contracts

- We have a county wide antibiotic prescribing policy to avoid the use of drugs known to pre dispose patients to Clostridium Difficile. This is being supported by the automatic stop of antibiotics after 5 days and change from intravenous drugs to oral medication after 2 days (unless medically indicated)
- The PCT and acute trust are signed up to the DH ‘ Clean your Hands’ campaign to increase awareness of the importance of hand hygiene
- The importance of hand hygiene is being supported by hand hygiene audits across all health settings as recommended in the DH document ‘Saving Lives’
- Additional funding given during the autumn of 2007 has been used to promote hand washing by improving prompts and signage to encourage hand washing. Within the acute trust this funding has been used to create additional posts to support accurate and timely data collection

## 24. Expensive Drugs and Treatments

We are fortunate to have a national health service which provides an extensive range of general and specialist healthcare to all those who need it. Nevertheless the PCT cannot fund everything that patients want and difficult choices have to be made. In the last year instances where the PCT has been unable to agree to fund expensive or untested drugs, or expensive treatments have generated high levels of publicity. The same publicity has not been given to the many cases where the PCT has agreed to fund drugs or treatments.

Particular attention has focussed on requests for drugs to treat kidney cancer, and drugs to prevent deterioration of eye sight. Other areas of difficulty include requests for gender assignment, breast reductions, stomach stapling and intensive course of psychotherapy.

Decisions about drugs and treatments are not taken by grey suited managers. They are made by doctors and other clinicians and lay members of the public are involved. The overriding factor is whether there is established evidence that the new drugs or treatments are safe and effective.

The recommendations of NICE (the National Institute for Clinical Excellence) and the Worcestershire Area Prescribing Committee have a major influence on the PCT's decisions.

The PCT cannot avoid making these difficult decisions but it can improve its processes for making them. We will be making efforts to explain more clearly to the patients and public what we do or do not fund, and when an application is considered for exceptional funding we will explain more clearly to the patient what

the process is, how their voice is heard and what the decision making process will be.

## 25. Access to Therapies

The PCT is a major provider of therapy services including:

- physiotherapy
- occupational therapy
- speech and language therapy
- podiatry

These services have not been in the same spotlight as acute services when the drive to reduce waiting times has taken place and some of our services can neither provide the range of treatments they would wish, nor give patients the speed of access they want. The PCT will be placing more attention on these services to more closely define what they can or cannot provide, agree the quality standards and offer appointments within a reasonable time frame.

## Further Information

This document has been produced as part of the ongoing process of Developing a Health Strategy for Worcestershire.

Further information about any of the issues it discusses can be obtained by making contact via:

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