

# **BETTER HEALTH CARE CLOSER TO HOME**

**Response to consultation by Paul Burstow,  
Member of Parliament for Sutton and Cheam**

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**INTRODUCTION**

The following submission draws both on my own experience of the NHS and on the representations I have received from constituents both in writing and at public meetings I have organised and attended.

Like my colleague Tom Brake MP I am broadly in sympathy with the aims of the proposals set out in Better Health Care Closer to Home. However, I believe that the consultation leaves open many questions which mean that my support must be heavily qualified.

Below are my answers to the questions posed by the consultation document. (These are set out in the Appendix for ease of reference).

**1. The Model of Care (Question 1)**

1.1 Support the principle behind the model of care. That much healthcare is better delivered closer to home.

1.2 However, I have concerns and reservations:

- if the critical care hospital site does not give easy access for Sutton residents in respect of maternity and A & E (without good provision of these on other local sites question) there will be problems for high numbers of Sutton residents – this links with question 6 - Critical Care Services.
- there is too little detail about the development of enhanced primary care and the LCHs. Without detail it is difficult to see how residents can be sure that local / home services will meet the need of the Sutton population and specific groups in particular
- there is no evidence that GP clusters will be set up adequately and most appropriately for the local population – what evaluation has been undertaken of the existing primary care estate?
- how will the clusters deliver the principle of healthcare closer to home, if what you need is provided by a cluster the other side of the PCT area?
- will population need be the main consideration in the development of clusters? To what extent will professional preference play a part? What authority does the PCT have in this?
- how will practice led commissioning and the new tariff system impact on the delivery of the model given that the model will be implemented during the transition?
- there will also be a significant shift in the staffing and skill mix how is this to be achieved.

- how dependent is the model of care on assumptions about future funding and the implementation of the NHS IT programme?

- 1.3 So I have concerns about access for the most disadvantaged of my constituents if the critical care hospital site were not at St Helier
- 1.4 I need assurances that local services at local care hospital and GP levels will be up and running before the closure of A&Es at Epsom and St Helier and the opening of the critical care hospital. I also need assurances that there will be a minor injuries unit established in the borough regardless of the siting decision for the critical care hospital.

## **2. Mental Health**

- 2.1 I appreciate that consultation on PCT and acute services is highly complex and that consideration of mental health in addition to 'other' health would increase the complexity of the task but para 50 of the consultation identifies the possibility of integration of services and the replacement of mental health facilities at Sutton.
- 2.2 A consultation on mental health services is scheduled to commence in January 2005 how its results will be fed into the outline business case (OBC) must be made clear. For example, if the Sutton Hospital site were chosen for the critical care hospital, the current mental health provision would be dislodged from this site and would need to be found a new site.

## **3. Local Care (Question 2a)**

- 3.1 There is a noticeable difference in the level of detail in the consultation document about the Local Care Hospitals (LCHs) in Sutton and Merton and those in East Elmbridge and Mid-Surrey.
- 3.7 There is little reference made to the scope for greater integration of health and social care services. Both enhanced primary care and LCHs should offer the possibility of co-location.

## **4. Locations (Question 3a)**

- 4.1 The consultation document indicates that three local care hospitals would be built in Sutton – one at the St Helier Hospital site and one each at sites to be identified in Belmont or South Sutton and Wallington Town Centre.
- 4.2 There will be significant planning issues surrounding the location of LCH which have not been adequately factored into the timetabling.

- 4.3 There needs to be more detail about the number of beds that will be available in the LCHs and how they will interact both with the enhanced primary care and the CCH. For the purposes of the tariff system will they be part of the PCT or part of the Acute Trust? For the purpose of the delayed discharge reimbursement system – fines are they covered?
- 4.4 The consultation document proposes the creation of a 60-bed intermediate care unit at the Carshalton War Memorial site. However at a recent public meeting the Chief Executive of the Sutton and Merton PCT, Ian Ayres, was far less committal about this proposal.
- 4.5 Where does palliative and end of life care fit into the model. What discussions have been held with the local Hospice?

## **5. Birthing Centre (Question 5)**

- 5.1 A serious concern which arose with the last Clinical Services Review and remains a significant concern now is how maternity services will be organised and where they will be located.
- 5.2. There needs to be more detail about how ante- and post-natal services will be delivered.
- 5.3 If St Helier is selected as the site for the CCH it will be essential that there is a birthing centre provision made elsewhere. Also it is not clear what, if any, thought has been given to expanding midwifery led and home birth services.

## **6. Critical Care Services (Question 6)**

- 6.1 If the site of the critical care hospital were Epsom/Priest Hill, this would cause serious access problems for a large number of my constituents and those of my colleagues the Members of Parliament for Carshalton and Wallington and Mitcham and Morden in deprived areas trying to access maternity services and other services. In particular, high family density is a feature of the northern Wards of Sutton and the southern part of Merton.
- 6.2 I am concerned that if St Helier is not the site of the CCH that the existing building will be refurbished but not replaced. Looking at the costing on page 45, para 151 of the consultation document it is hard to see how a new LCH could be built at St Helier for £14.4 million. It would be helpful if more information could be provided about how the costing for building LCHs in the Sutton and Merton PCT area were produced. St Helier was built in the 1930 and is in need of replacement. What assessment has been done of its fitness for purpose as an LCH and how its costs would fit into the tariff system?

6.3 The number of beds proposed for the CCH ranges between 500 and 600. What evaluation has been undertaken to test the assumptions that were made to arrive at this number. What is the split between A&E beds and ICU and other beds? How many beds are planned for LCHs? What modelling has been made of peak demand, ie Friday and Saturday evenings, emergencies, rail crash, etc?

## **7. Preferred site for Critical Care Hospital (Questions 7 & 8)**

7.1 All of the sites have planning difficulties. I believe it is how those planning policy difficulties interact with the 'local impact' criteria that are critical.

7.2 I believe that if there is to be a single critical care hospital it should be sited at St Helier.

7.3 Both, Priest Hill and West Park have fundamental objections on the grounds of green belt policy; and the Epsom Hospital site had the lowest rating "by some margin".

7.4 I believe that when considered together the planning policy and local impact considerations make siting the CCH at the Sutton Hospital site impractical. I understand that the local authority has already indicated that fitting with the existing low-rise townscape is essential – limiting any development to 3 storeys.

7.5 The site is bounded by residential development and access is limited. Access is onto a restricted road network which lacks the scope for significant alteration.

7.6 Given that the Mental Health Consultation will have some bearing on the site decision, this creates further uncertainty over the viability of the Sutton site.

7.7 In the previous Clinical Services Review the Sutton site was suggested as the possible location of accommodation for NHS staff. Why has this idea not been considered?

7.8 My preference would be to rebuild on the car park adjacent to the existing hospital with a car park on the other side of Wrythe Lane. Once the CCH was completed the old hospital would be demolished and the site returned to Metropolitan Open Land (MOL). This I believe would overcome the MOL concern.

7.9 Rebuilding on the open land opposite the hospital would raise the MOL designation. However, I believe that this could be mitigated if the existing

site were returned to open space and designated MOL and the new and existing MOL could be more clearly linked. Furthermore the employment and regeneration benefits of siting the CCH would be a significant factor in locating it within the most deprived part of the borough of Sutton and on the border with the most deprived part of Merton. Health makes a major contribution to the local economy. Across Sutton Health and Social Work are significant employment categories for residents, reflecting regional and national trends, with a particular dominance in St Helier.

- 7.10 All of the sites have planning difficulties. However, I believe that the access, transportation, townscape and economic considerations make the Sutton site far less attractive. I appreciate that there are attractions to co-locating the CCH with a major research and Cancer Hospital. But those attractions need to be set against what I believe will prove insuperable planning and transport and infrastructure obstacles.

## **8. Other Concerns**

### Sustainability

- 8.1 The building of a large critical care hospital, up to 10 local care hospitals together with improvements to existing buildings presents a significant opportunity to adopt sustainable development principles in the design, construction, project management and subsequent site management. The outline business case should set out how adverse environmental and health impacts will be minimised at each stage. There should be a clear commitment to sustainable construction techniques, renewable energy and waste minimisation.

### Public Health

- 8.2 For Better Health Care Closer to Home to realise its full potential far more emphasis needs to be given to the development of local joint working on public health. The consultation asserts that promoting good health is the *raison detre* of the new model of care. But in practice the model seems to focus on managing ill-health out of hospital. There is next to nothing about primary prevention.
- 8.3 Paragraph 67 states ‘a greater emphasis on the preventative illness through health promotion and advice on self-care and illness prevention’, but there is no indication of how this would be achieved. Yet achieving this end is critical to the success of the whole plan.
- 8.4 I was disappointed that there was little evidence that health promotion and primary prevention strategies require the active engagement of a large number of agencies outside the NHS. The document has few references to

environmental health, education, housing, social care or the voluntary sector.

### Support for carers and self-care

- 8.5 The model of care has as its aim reducing the demand for hospital based care and treatment on the basis that more can be done to treat and manage disease at home, at GP surgeries and in LCHs. However, there are two vital components missing from the model of care: Carers and Self-care. Developing services to identify and support carers needs to form a clear part of the work programme and should be a priority.
- 8.6 The development of self-care and expert patients programmes is also critical to the successful management of long term medical conditions. From my meetings with groups such as the Sutton and Merton Aphasia Group, Sutton Epilepsy Action, Sutton Breathe Easy Group, Sutton MS Society and groups representing patients with osteoporosis and Parkinsons it is clear that there is much to be done to strengthen the links between primary and secondary care in each of these fields and the role of specialist nurses and practitioners with a specialist interest (PwSIs) is crucial. It is not clear from the consultation how these and other long term medical conditions like them will be addressed.

## **9. Timetabling and funding**

- 9.1 The consultation document sets out a timeline which envisages the CCH opening in late 2010. This would be preceded by the opening of the LCHs and the development of enhanced primary care services. What is not clear is to what extent dual running of services will be necessary to ensure that the new service model has the capacity to cope. Part of this must involve education and information campaigns to ensure that people know where they can access particular services.
- 9.2 My reason for expressing concern about NHS capacity to manage such a massive change programme is that I learned recently that despite taking over responsibility for out of hours services on 1<sup>st</sup> November the PCT is only just beginning to review the provision of non urgent care which could be provided or commissioned. This suggests a discontinuity of service has and is occurring for those patients who cannot access a GP service between 8.00 am and 6.30 pm.
- 9.3 I am also concerned about the funding for this complex programme of change and construction. Given that the success of the model of care requires all of its constituent components to be implemented what guarantee is there of the necessary revenue and capital funding? The answer to this question is critical to the deliverability of the whole project.

9.4 The major construction works are likely to be funded by means of a Private Finance Initiative (PFI) contract. PFI shifts capital costs off the balance sheet and converts them into revenue streams for the PFI provider. What modelling has been done to understand the financial affordability of PFI. Furthermore, PFI projects tend to lack the scope for creative design, including addressing the sustainability concerns referred to above in 8.1.

## **10. CONCLUSIONS**

10.1 As this response suggests I am in support of the model of care. But I believe that there are far too many unanswered questions. If the proposals are to proceed and secure general public support it is essential that answers to these questions are forthcoming.

**Paul Burstow MP**

## **APPENDIX: Questions asked in the Better Healthcare Closer to Home Consultation Document**

### **QUESTION 1**

This summary describes a number of different ‘models of care’ and explains why the NHS locally considers that the model involving a network of local care hospitals supported by a single critical care hospital is the most appropriate model for Sutton, Merton and Mid-Surrey. Do you agree that the model of care being proposed is the right one for this area?

### **QUESTION 2**

This summary explains about proposals for a network of local care hospitals:

a) For Sutton and Merton:

Do you agree with the range of services we propose to provide from local care hospitals in Sutton and Merton?

b) For East Elmbridge and Mid-Surrey:

Do you agree with the range of services we propose to provide from local care hospitals in East Elmbridge and Mid-Surrey?

### **QUESTION 3**

This summary also explains about proposals for the locations of the local care hospitals:

a) For Sutton and Merton:

Do you agree with the proposed locations for the local care hospitals in Sutton and Merton?

b) For East Elmbridge and Mid-Surrey:

Do you agree with the proposed locations for the local care hospitals in East Elmbridge and Mid-Surrey?

### **QUESTION 4**

For East Elmbridge and Mid-Surrey:

Do you agree with the proposal that the East Elmbridge and Mid-Surrey PCT should cease to maintain beds in Emberbrook Care Centre and should deliver intermediate care services from community hospitals?

### **QUESTION 5**

This summary raises the issue of a Birthing Centre. What is your view on whether or not there should be a Birthing Centre?

### **QUESTION 6**

This summary explains details about the proposed services to be included in the critical care hospital. Do you agree with the services we are planning to provide in the critical care hospital?

### **QUESTION 7**

This summary proposes five site locations for the critical care hospital. What do you think are the important considerations when choosing the site for the critical care hospital?

### **QUESTION 8**

And with those in mind, where do you think is the best site for the critical care hospital?

### **QUESTION 9**

Do you have any other views on the options and proposals contained in this summary consultation document?