



Overview & Scrutiny of Health

Report of the Health & Social Services Overview & Scrutiny Panel
on

Bath & North East Somerset Primary Care Trust's 'Living Within Our Means' Proposals

15th October 2003

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1.0 Introduction

1.1 Scope of this review

Bath & North East Somerset (B&NES) Council's Health & Social Services Overview & Scrutiny Panel have undertaken a review of the B&NES Primary Care Trust's 'Living Within Our Means' Proposals. Its purpose has been to consider these proposals as a matter of public concern, on behalf of local residents. The review was conducted from July to October 2003, to coincide with the PCT's period of public consultation.

This report, to the PCT Board, sets out the Panel's approach, findings, and recommendations on its Living within our Means proposals.

The review has been undertaken under the powers of the new Health Scrutiny regulations, which came in to effect 1 January 2003, enabling Council's to review, scrutinise and comment on the provision of local NHS services.

1.2 Health Scrutiny Review Process

The Review has been carried out in line with Bath & North East Somerset Council's agreed approach to Health Scrutiny as set out in *'The Guide to Health Scrutiny in Bath and North East Somerset'*, available on the Council's website:

www.bathnes.gov.uk/scrutiny/healthscrutiny.htm

1.3 Research

The review has gathered information in a number of ways.

- The PCT's consultation document – 'Living Within Our Means'.
- Briefings and discussion sessions with the PCT on details of their proposals.
- Site visits to locations affected by the proposals – Keynsham, St Martins & Paulton Hospitals, plus Keynsham Clinic. Notes of the visits are included in Appendix A.
- Letters from the public in response to the Panel's press releases.
- Written and verbal representations from the public at a public Panel meeting.
- Question and answer sessions with selected contributors (PCT managers, local GP's and nurses, Social Services Managers and local community and voluntary groups) at a public meeting on 16th September. Notes of this meeting are included in Appendix B.

2.0 Background

2.1 The Role of the Primary Care Trust

Bath & North East Somerset Primary Care Trust (B&NES PCT) is the NHS organisation responsible for improving the health and commissioning health care for local people. They receive funding of £150m annually to spend on this, which is broadly in line with their 'fair share' of national NHS resources as calculated through a national formula. As commissioners, the PCT is responsible for deciding how that money is used. Some of the money is used to buy services from other health organisations such as the Royal United Hospital and some is used by the PCT to provide services itself.

2.2 Agenda for change

The PCT needs to make financial savings across local health services. In recent years the local health community has been spending more money than it receives in funding. Across the B&NES locality the PCT is currently spending £15.1m more than they have available. In addition, the PCT has said that further unavoidable commitments over the next 3 years, in particular the need to make provision for new pay arrangements for NHS staff, means that making a recovery to a balanced budget is likely to take 3 years and extend until 2006/7.

At the same time as achieving a financial balance over the next 3 years, the government has set the PCT challenging national targets for NHS service improvements.

2.3 Living within Our Means

The PCT's drivers appear to create a conflict – to save money on the one hand, whilst improving services on the other. To address these problems, the PCT have made a Local Recovery and Delivery Plan for NHS services and documented proposals for change in a consultation document called 'Living Within Our Means'.

The plans describe how financial savings will be made. Where possible, health organisations have been asked to make savings through efficiencies, which will have little or no effect on patient services. However as the size of the deficit is so large, the PCT says that not all the savings can be made in this way and additional proposals are required which will impact on the way services are delivered. The plan sets out 3 proposals for change:

2.3.1 A change in Older Peoples Services

This proposal is to close 23 beds at 3 Community Hospitals [St. Martins (7 beds), Paulton (6 beds) & Keynsham (10 beds)] to release savings of £550k. The reduction would be replaced with increased capacity in existing services to support people in their own homes and through short placements in Nursing Home beds. This would cost £175k, yielding a net saving of £375k.

2.3.2 A change at Keynsham Clinic

This proposal is to relocate services currently provided in Keynsham clinic to another local setting. The PCT says that the existing clinic building has a number of problems. Firstly, it is too small for modern clinical care; secondly, it has high annual running costs (£90k); and thirdly, it is scheduled to require a maintenance program,

which the PCT estimate at a minimum cost of £130k, to bring the property to acceptable standards for the longer term. If services can be relocated to another local setting with reduced running costs and the site sold, the PCT proposes to re-invest the sale proceeds in local reprovision. Local sites and options for co-location are being considered, including other PCT premises, GP premises or local authority buildings. The PCT plans to make a net saving of £50k from this proposal and avoid the maintenance expenditure.

2.3.3 A change in District Nursing and Health Visiting Services

This proposal suggests how savings of £150k can be made in District Nursing and Health Visiting Services by managing the services more efficiently. The proposal is to achieve a different mix of grades in teams and reduce senior grades as vacancies arise.

These 3 proposed changes to services amount to total savings of £575k.

The 'Living Within Our Means' document, produced by B&NES PCT provides full details of the proposals (see appendix C)

3.0 Findings and Recommendations

In keeping with the scope of the Panel's review (see Appendix D – Terms of Reference), the Panel's findings are structured around the following issues:

- The **background** to the financial problems in the local NHS economy.
- The PCT's **processes** in addressing the financial problems including its development of proposals and methods of consultation.
- The PCT's specific **3 proposals for change**:
 - Older Peoples Services
 - Keynsham Clinic
 - Grade mixes in District Nursing and Health Visitor Services
- Provision of **NHS services in the Keynsham area**.

On all of these issues, the panel have provided general comments and on some we provide specific recommendations. These are highlighted and numbered in boxes at the end of relevant sections.

3.1 Background Issues.

3.1.1 Fair share of NHS funds

The Panel noted that the PCT believe they receive their fair share of NHS funds, as calculated by a national formula. This underlines the need for the PCT to bring its spending in line with the funds it has available.

3.1.2 Breakdown of the Deficit

The Panel recognises that the PCT's £15.1m deficit is derived from overspend on a range of issues.

Area of Overspend	£m
Inherited deficit from the former Avon Health Authority	2.5
Royal United Hospital	9.0
United Bristol Healthcare Trust	0.5
Mental Health	2.0
Special Placements	0.6
Increased Prescribing costs	0.7
Learning Difficulties	0.3
- New allocations	(0.5)
TOTAL	£15.1m

The Panel noted that some of the deficit is inherited from the former Avon Health Authority when it was disbanded to create the current network of PCT's. This was bound to create a difficult birth for any organisation.

3.1.3 Royal United Hospital (RUH) Deficit

The panel wish to be clear in defining the relationship between the B&NES PCT deficit (£15.1m) and the larger deficit of the RUH (approximately £24m). The two are

often confused because part of the RUH figure does contain a portion of the PCT deficit (£9m, as noted in 3.1.2 above). Other commissioners including West Wiltshire, Mendip and Kennett & North Wiltshire PCT's are responsible for the balance of the RUH deficit (approx. £15m).

The B&NES PCT and RUH deficits are sometimes confused and 'double counted', mainly because, although the RUH is geographically located within the B&NES area, it provides services for four regional PCT's, patients numbering approximately 450,000 people (B&NES residents using the RUH number approximately 150,000).

3.1.4 PCT duty

There is an argument by some that more Government funding could be a solution to resolve the deficit problem but this is a circular argument that the Panel chose not to pursue. It is not the role of the Panel to ask Government for more money for the NHS.

The Panel agrees with the PCT that, in the final analysis, the PCT has no option but to make savings. This is a challenging objective for the PCT.

3.2 PCT Process

3.2.1 Context

The Panel recognise that the current 3 proposals are part of a wider range of service variations that will be proposed by B&NES PCT. There will be further service change proposals from the PCT over coming months/years. These are likely to include proposals on changes to Mental Health and Maternity Services. At this time, this review looks only at the current 3 proposals that have reached a public consultation stage.

3.2.2 Royal United Hospital

The panel recognise that a key component for local recovery is the reduction of funds spent on the RUH to aid the PCT's financial recovery. The Panel wishes to be clear that the current consultation is about the PCT's directly provided services, not issues relating to services commissioned via the RUH. A separate consultation on plans for reduction of the RUH deficit, run by the RUH itself, is likely to follow in the future.

3.2.3 Consultation

We consider that the consultation process has been generally good with many positive aspects:

- The PCT have gone out to the public at a number of public meetings. Extra meetings have been arranged where demand has required them.
- Staff consultation also appears to have been well conducted.
- There have been opportunities for special interest groups to receive special briefings and discuss issues directly with the PCT.
- Good pre-consultation discussion with most stakeholders, although the Panel did find that some user groups and affected individuals only became aware of the proposals through newspaper reports.
- The PCT has sought to make use of the local press to inform and engage the public in consultation over its proposals. Information about the proposals, either in summary leaflets or the full proposals was readily available at various locations and on the PCT's website.

- On its visits to affected sites, the Panel saw evidence of public notices and information boards about the proposals and how people could become involved.
- The Panel are pleased to note that its own early comments about additional consultees were taken on by the PCT. This demonstrates that the PCT have been attentive to feedback it has received.

The Panel would like to highlight some areas for improvement:

- The overall message about 'change' could have been made clearer at the start of the consultation period. Early messages concentrated only on the specific closures or alterations, rather than on the alternative options that would result. These only became clearer when public concern grew.
- Although pre-discussion with stakeholders was generally good, it may have been useful to have issued the written proposals in advance of them appearing in the press. For example, some councillors were contacted by concerned residents before they had received information or been briefed.
- Consultation messages have been modified as the process has gone along. At the start, only half a picture was given - just the immediate proposals for cuts - rather than future plans for service development. This meant that people had little in the way of concrete proposals (other than cuts) to base their feedback on. Latterly, the PCT appeared to be giving positive messages about the new services that would replace those under review. For example, as we produce this report at the closing stages of the consultation period, development of ideas for Keynsham Clinic and the potential for situating specialist day clinics in Community hospitals is beginning to emerge. A solid set of proposals at the outset would have been of benefit to provide a clear vision of the future for reasoned debate.

3.3 The Proposals for Change

3.3.1 Older Peoples Services

On the proposal to close community hospital beds and develop community care services for elderly people, the Panel recognise that the basic principle of community care of patients in their own homes is generally a good and preferable option for many people. Care in a non-hospital setting can lead to swifter recovery than a long hospital stay where there may be added risks of secondary complications.

However, we do have some specific points on the component parts of this proposal.

Respite Care

In the early stages, the PCT failed to be clear about its proposals for respite care provision.

It was not clear that both the PCT and Social Services have responsibilities for different types of respite care according to individual patients care requirements but historically, due to local agreements, the PCT provides care to some 13 individuals and it specifically these whose care may change. In light of these small numbers, we believe that the PCT should have made more effort to directly inform existing clients of how their choices would be affected. These proposals have come against a background of other reported changes (a carer told the panel that her family had

already experienced alterations over the last year with respite care) and led to great uncertainty and stress amongst some.

There were some confusing messages over the future provision to cover the removal of beds and how exactly how respite care will be provided in the future. Early in the consultation, there were no reassurances to respite care users that their existing provision would remain. This led to unnecessary confusion and worry for people. Some believed that respite might be provided at home and there were concerns about how it could be provided in nursing homes – would they be local, always the same, and always available when required?

Recommendation 1

In order to reassure those individuals affected, we would like to see existing patients informed as quickly as possible of the PCT's final plans for respite care.

Single Point of Entry Scheme

We heard evidence from healthcare professionals who supported this idea as a way of directing patients to the most appropriate location for care at the point of referral or admission to hospital. The Panel believe this is a good idea, particularly in light of the proposal which will require patients to be managed through a reduced number of beds. It is therefore, a sensible and vital thing to do to ensure that remaining beds will be used to best advantage for patients in need.

Recommendation 2

It was clear that there are some operational details still to be worked up and the Panel feel that the proposal needs to be fully developed for it to be introduced effectively.

Community Teams for Older People (CTOP)

Again this is a good idea which, now in its third year of operation, is reported to have worked well. The panel had questions about whether the planned expansion is enough to compensate for the closure of 23 community hospital beds – under emerging PCT proposals only 8 to 12 additional CTOP placements are proposed with part of the released funding. Will other solutions, such as use of temporary nursing home beds really be enough? Have the PCT 'modelled' its proposals? What contingency does it have?

The Panel found it very difficult to judge if there will be sufficient CTOP cover and capacity under the new arrangements although PCT management and practitioners said they felt that the system was robust enough to withstand the proposed changes.

As a Panel we were made aware of some of the problems that may arise. For example, there appears to be a high dependence on the RUH to successfully deliver these proposals, particularly in terms of patients needing to flow straight from the RUH back to their homes or into nursing homes.

In summary, the Panel are concerned about the potential for vulnerable elderly people to fall through the net.

Recommendation 3

The PCT must ensure that sufficient safeguards are built in to cover the transitional period when beds are first closed.

Cultural Change and Training

To mitigate risks during the transfer and alteration of services, training and awareness regarding new procedures for clinical practitioners will be essential. The Panel believe this will be the key to its success, particularly where major changes are proposed around the revised admissions and discharge parts of older peoples' services.

For the proposals to be successful, a shared vision will be required between all participants (Social Services, CTOP teams, GPs and practitioners at the PCT and RUH). We recognise that joint planning has existed between NHS & Social Services for some time and that this is currently being updated. The aim must be to create an understanding between services where the roles of the NHS and Social services are integrated to provide seamless services for patients.

It is clear that the final clinical decision over admissions to hospital rests with GP's and they will need to be convinced of the robustness of alternative plans to care for their patients.

Development of Community Hospitals

There have been positive messages from the PCT about re-provision of other services in place of the closed beds. In all 3 sites (St. Martins, Paulton & Keynsham) we heard about visionary plans for day clinics with specialisms.

At Paulton, when the Panel visited the site, we were impressed with the quality of the hospital and feel it should be used to its fullest potential. We feel the PCT's proposals for future use at Paulton have not been identified and there are doubts in our mind that these will happen. The PCT should be clearer about its proposals.

At St. Martins, there are lots of changes happening on the site but the modern ward is an important facility which we believe has a long term future. Plans for developing a specialist stroke services unit were discussed and once again, we would like to see the PCT come forward with firm plans.

At Keynsham hospital, we had concerns about the viability of the Somerset Ward following the removal of beds. Although we had assurances from South & West Bristol PCT that their plans for the new South Bristol hospital are not dependant upon reduction of services at Keynsham, the panel feel that given the overall position of health services in the Bristol area, we don't have the same confidence for the future of Keynsham Hospital.

In summary, we would like to see the proposals for all community hospital developments firmed up before bed closures are announced. This would give reassurances over the PCT's long term commitment to and development of community hospitals.

Should the PCT decide to implement their proposals, the Panel recommends that:

Recommendation 4

The PCT must ensure that adequate safeguards are in place during the transfer period from hospital to community care, and;

Recommendation 5

The PCT must ensure that resultant ward space is swiftly re-utilised to develop new community services, as the PCT has alluded to in the later stages of its consultation.

3.3.2 Keynsham Clinic

Keynsham clinic is a well used and familiar local resource, used by around 400 each week. The proposal for re-provision of Keynsham clinic services to other local settings appears to hinge on 2 issues; cramped accommodation and; expensive running and maintenance costs.

Regarding space problems, the recent development to erect a new temporary building* for physiotherapy on the Keynsham hospital site gives an opportunity for other related services to be accommodated. The PCT's suggestion to relocate podiatry (chiropody) services appear sensible and as well linked to physiotherapy as any of the other services provided at the Clinic. This move will create extra space at the Clinic, which can be utilised by remaining services to resolve some of the problems currently experienced in the cramped Clinic building. In making this suggestion, the Panel asks the PCT to ensure its podiatry clients are consulted and informed as to the reasons why this change is planned.

*At its own cost, assessed at £35k, the PCT propose to install a temporary building to replace the original which was declared unsafe. Physiotherapy services have temporarily been moved to Paulton. We welcome this proposal and look forward to its implementation as it would show the PCT's commitment to local services in the Keynsham area. However, we feel that UBHT, as the provider of accommodation with responsibility for buildings maintenance, should have footed the bill, particularly given the PCT's financial situation. This raised a question: Are the 'Commissioner / Provider' contractual relationships working in the recently created NHS structures? The panel are concerned that this may be symptomatic of problems and the ability of the PCT to drive through other recovery issues.

Regarding the high running and maintenance costs of the Clinic, the Panel examined the figures presented by the PCT which do create a strong case for closure. However, on their site visit, the Panel was also able to see that, visually at least, the building is in a good state of repair. The outside is well painted and secure from the elements with modern replacement windows. Inside, accommodation is a little tired and we appreciate that some essential repairs may be needed, particularly to provide a reliable and safe environment for staff and clients. Overall, we accept that all the proposed expenses would eventually need to be incurred but over what timeframe remains uncertain. There certainly appears to be a reasonable short term service life left in the building, which could be utilised at low cost without needing to commit to the entire maintenance programme. We therefore believe that the Clinic should remain open until a firm alternative is proposed. This would be the least expensive

option, make least disturbance to services and is least likely to cause local concern in light of recent local feedback.

The PCT explained their strategic vision for future Clinic services. A new Health Park, located in Keynsham, with shared GP surgeries is the ultimate goal. The Panel was informed that this would be funded by the proceeds of selling the Clinic (and ring fencing the capital receipt specifically for use in Keynsham) plus other capital funding accessed via the PCT.

In the final analysis, we would agree that Keynsham clinic will eventually need to be replaced and it would be better to do this sooner rather than later. As such, we recommend the PCT to develop its future proposals for a 'new clinic' as soon as possible, both to avert any unnecessary expenditure on the existing building and to allay public concerns about commitment to local health services. Only when these plans have been confirmed should the closure of the clinic be considered. In the meantime, the existing clinic is well liked by the public and staff. Reprovision on a temporary basis without firm plans for the future would lead to local resentment and distrust.

We therefore look forward to seeing detailed proposals for an alternative within Keynsham and the public consultation it would generate.

Recommendation 6

Keynsham clinic should remain open until firm alternatives are proposed.

3.3.3 District Nursing & Health Visitors

The Panel have not received any public comment on this proposal and after some consideration have not placed a great deal of emphasis on it, particularly given that our remit is to look at matters of substantial change to services on behalf of local people where there are issues of public concern.

Our understanding of this proposal is that changes to grade mixes in District Nursing and Health Visiting will create flexibility in the service to provide more targeted care for vulnerable people, including the elderly, in the community. As such, we can see that this will support the other current proposal on 'Older Peoples Services', particularly to support people in their own homes. If that is to be successful, as much community support as possible must be provided so this 'joined-up' approach is welcomed.

Whilst we have heard no public concerns about this proposal, it is clear that staff within affected services may not be entirely happy. However, we believe this is a matter for the PCT's internal consultation, human resources and staff representatives such as Unions, not a matter for public scrutiny.

At a time of such change there is a risk of low staff morale in these services. We therefore ask the PCT to support staff through the proposed changes so as to maintain the high standards of services currently provided by the teams.

Recommendation 7

The PCT must support staff through the proposed changes so as to maintain the high standards of services currently provided by the teams.

3.4 NHS Services in the Keynsham Area

Against the high degree of proposed changes in Keynsham, the panel were keen to explore concerns that the PCT are running down its community services in the Keynsham area.

The panel explored two specific concerns.

Firstly, that removal of more than half the beds in the Somerset Ward would impact on the viability of the remaining services, leading to a spiral of further closures.

Secondly, the Panel investigated the fact that Keynsham hospital is owned by UBHT and run on behalf of 2 commissioners (B&NES PCT and South & West Bristol PCT). South & West PCT is the larger commissioner, running 3 wards as opposed to 1 by B&NES PCT. South & West PCT have plans for a new hospital in South Bristol. Are they preparing to wind down services in Keynsham?

We raised these issues with both PCTs.

B&NES PCT stated their commitment to continuing to provide services in Keynsham including inpatient beds, citing their proposed investment in a new (albeit temporary) building for physiotherapy, plus plans for development of a new health park incorporating GP surgeries and other locally based services. Commitment to the hospital was not given.

South & West PCT told us that their business case for a new hospital is not dependant on relocating Bristol based patients from Keynsham.

We therefore understand that whilst the current 'Living within our Means' proposals are not an immediate threat to Keynsham Hospital, the overall development of health services in the Bristol & Keynsham area are likely to impact on its longer term future.

4.0 Glossary of Terms

In alphabetical order

B&NES	Bath and North East Somerset
CTOP	Community Teams for Older People
GP	General Practitioner
NHS	National Health Service
O&S	Overview & Scrutiny
PCT	Primary Care Trust
RUH	Royal United Hospital

5.0 List of Appendices

A – Notes of site visits

B – Notes of public meeting, 16 September 2003

C – B&NES PCT's 'Living within Our Means' document

D – Terms of Reference for the Overview & Scrutiny Review

In order to save paper, appendices of this report are made available separately by contacting the Corporate Performance Unit, Guildhall, Bath, BA1 5AW. Tel: 01225 477329.

6.0 Review Structure & Organisation

O&S Panel: Health & Social Services

Chair: Gerry Curran

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