CASTLES IN THE AIR?

UNISON Gwent Healthcare Branch Response to Public Consultation Document *Gwent Clinical Futures*

UNISON welcomes the debate on the modernisation of the hospital stock in Gwent, and agrees that there is an urgent need for substantial investment in new buildings and equipment to enable staff to deliver up to date care into the 21st century. We have already engaged in discussions with the Trust, Local Health Boards and the wider public on the planning and provision of new hospitals in Blaenau Gwent and Caerphilly, and we are willing to welcome progressive new models of care and innovation where they can be seen to benefit patients and deliver more satisfactory working methods and conditions for staff.

However UNISON also has serious concerns over the practicality and viability of the planned network of hospitals and services in Gwent as outlined in ***Gwent Clinical Futures***. The proposals outlined would drastically remodel the provision of health care across the county, and may also significantly reduce the number of front-line beds available for acute care and older patients.

The document does not identify the resources necessary to carry through the programme of rebuilding and new development that it calls for. And it appears to make assumptions on the impact of new methods of care delivery which are based on wishful thinking and speculation rather than hard evidence.

Missing facts and figures

Important parts of the background information necessary to assess ***Gwent Clinical Futures*** and the practicality of its plans are unfortunately omitted from the document. At no point does it discuss the availability of finance for the ambitious capital programme proposed, or the issue of whether the Welsh Assembly stands by its very sensible policy of avoiding the use of the disastrous Private Finance Initiative, currently wreaking havoc in England and Scotland.

Castles in the air?

While we welcome the injection of new public funds into upgrading the capital stock of the NHS in Gwent, UNISON would have serious objections to any PFI-style arrangement which would leave the Trust in hock to one or more private consortia for a generation to come – and wind up, as in England, costing vastly more than a publicly-funded alternative.

Nor does ***Gwent Clinical Futures*** discuss the related issue of financial viability and the availability of sufficient revenue funding to sustain the new pattern of service. We note the continuing contortions of Gwent Healthcare Trust as it attempts to balance the books in the face of a massive £47m shortfall in 2006-7, before any of the new proposals are implemented. Our branch has already had cause to object to cost-cutting measures which we fear would not only result in loss of jobs and de-skilling of existing staff, but also undermine the quality of patient care. In the context of such ongoing cash constraints on the Trust and Local Health Boards, UNISON is far from convinced that the new plans are financially viable.

More worryingly, they may also be impractical from an organisational and clinical point of view. The entire infrastructure of community health services and primary care, which are absolutely vital to the plans outlined in the consultation document, is referred to only in passing in this consultation: but it is clear that any attempt to reconfigure services will require detailed and continuing attention to the recruitment, training and retention of an expanded workforce of staff delivering a range of services in community and local hospital settings which until now have taken place in the large hospitals. There is as yet little sign that this preparation has been thoroughly thought through. Yet a failure of community services to deliver the expected improvements would leave the new network of hospitals facing an immediate crisis.

The document argues strongly for a new pattern of care, to include six new Local General Hospitals and one much smaller Specialist and Critical Care Centre to cover a county population of just over 550,000. However the plan requires that the smaller local general hospitals should each offer only a limited range of services, raising questions over whether there would be adequate and accessible provision for the clinical needs of the population.

Since the need for the most specialised treatment is relatively rare, UNISON has no objection to centralising such services in a single major hospital, as is largely the case already: the potential problem arises when the ability to deal swiftly and locally with more routine treatments is scaled down, obliging more patients to travel to the specialist centre, and putting pressure on its reduced number of beds and facilities.

We note in particular that all obstetric beds, other than small midwife-led units for uncomplicated deliveries, would be at the specialist centre – requiring women from all over the county to travel there to give birth: and the centralisation of specialist A&E services with the loss of A&E at Nevil Hall would also potentially oblige emergency patients in the north of the county to travel further (and therefore wait longer) for treatment. This would have the greatest impact on the most seriously ill patients, who in our view should be seen as the main priority in the planning of care.

Castles in the air?

Questions that must be raised

Our main question is whether enough services are to be provided accessibly in the local general hospitals, and whether the new facilities will, as a result, prove to be financially viable.

Another concern is whether, given the pressures on capital as well as doubts over future revenue costs, all six local general hospitals would in fact ever be built at all: experience elsewhere in the NHS includes many examples of phased developments in which later phases are slimmed down or eliminated altogether to meet cash shortfalls.
This response will discuss a number of these issues, and set out the union's concerns, recognising that this project will not only shape health care in Gwent for decades to come, but it is also widely perceived as a model for similar reconfiguration in other parts of Wales.

We are rather perturbed to discover that the Community Health Council, the statutory body charged with representing the views of patients and service users, has taken the unusual step of endorsing this plan even before the public consultation process opened up.

While we can appreciate the effort put in to discussions and planning processes by CHC reps, and their enthusiasm for the notion and promise of a new network of hospitals, UNISON believes that it is part of the CHC's responsibility to maintain a degree of independence from the NHS management structures rather than to act as a publicist and protagonist for the local Trust and LHBs. Localities around the county are likely to be less enthusiastic about the scheme when they discover how limited will be their local provision of hospital services and how far they may have to travel for treatment or to visit relatives in hospital.

We might have hoped that a number of the issues we will raise, all of which centre on the adequacy and access to patient services rather than on the more traditional "trade union" concerns of jobs and wages, might have been raised also by the CHC. Indeed if they had been raised firmly enough at an earlier stage in the process, perhaps some of them may have been answered in the consultation document rather than remaining unresolved.

The document itself is far from a model of open government and comprehensive information. It is hard to read (with print running over its energetic graphics) and sparse in its coverage of any hard facts. The Trust and the LHBs have published none of the background research data and planning guidance that have presumably led them to the proposals they put forward. There is no detail on travel times and public transport, no comparative demographic breakdown or analysis of the varying levels of use of hospital and health services, and no assessment of local health needs across the county.

Most glaringly, there is no discussion at all of the current deployment of community based services, any plans to expand and strengthen them, or the interface with primary care and with social services. Any hope of developing a new model of health care should have these aspects of the service firmly at its centre.

Nor are there any costings, current or projected, comparative or otherwise against which we are able to judge the proposals. Yet despite this minimal approach the questions asked in the consultation focus not on the principles but on much more detailed questions, such as where the new local general hospitals should be located.

Castles in the air?

The CHC statement introducing the plan centres on the assertion that "standing still is not an option" as if this is sufficient to make the case for these specific changes: in our view it clearly is not.

We will pose a number of key issues which would need to receive satisfactory responses before UNISON adds its support to the project.

1) The existing pattern of care

Gwent with 552,000 residents has 19% of the total Wales population of 2.9 million (2001). Gwent Healthcare Trust currently has 1672 acute beds (the largest total of any Trust in Wales), in addition to 101 Maternity beds and 146 "geriatric" beds and 389 mental health beds (2004-5 figures from National Assembly of Wales). The Trust therefore has the equivalent of 18% of the acute beds in Wales, and a third of the acute beds in South Wales. However there is little sign of spare capacity: the Trust's average length of stay for acute in-patients is right on the Wales average, while its occupancy level of acute beds, at 85% is slightly higher than the Wales average, and the fifth highest in Wales.

Gwent's beds for older patients are even more heavily used: the Trust comes after Cardiff and just after Swansea as the busiest beds in Wales with an occupancy level of 93%. And while Gwent almost matches the Welsh average for numbers of acute patients treated per bed, it achieves just over 40% of the Welsh average of patients per geriatric bed, which at 5.9 is by far the lowest in Wales, while Gwent's average length of stay for older patients, at 57 days (two months) is massively the longest of any Trust in Wales.

In other words, Gwent has a system that is relatively weak on discharging vulnerable patients to alternative forms of care, and which therefore relies heavily on the availability of sufficient hospital beds. And as figures from the National Assembly Government demonstrate, the trend in Wales as a whole over the last six years since 1999 has if anything been towards an increase or no change in average length of stay. Acute in-patients averaged 6.3 days in hospital in 1999, but this has now edged up by 10%, to reach 7.0 by 2004-5.

The most recent figures from the National Assembly show that in Gwent over 62% of the hospital caseload, and more than three quarters of the in-patient admissions were emergencies.

Many of those admitted as emergencies will be older patients needing medical rather than surgical treatment: and medical specialties have achieved much less dramatic reductions in length of stay than surgery with improved less invasive techniques, anaesthetics, and emphasis on day surgery and minimising time in hospital. Many patients discharged from hospital after emergency medical treatment will need ongoing support from community and primary care services, and possibly social services, and limitations in this area may well be a factor in more complex discharge arrangements and longer lengths of stay.

By contrast just 17% of Gwent Healthcare's total hospital caseload, and less than half of the total elective caseload, were day cases – very low compared with many Trusts in England. Indeed in Wales as a whole numbers of day cases have actually been falling – after a massive drop in 2002-3 – and are still well below the figures from 1999-2000. Finding ways to increase the use of day surgery seems to be a key issue in improving the performance of Gwent Healthcare and other Welsh Trusts on waiting lists and waiting times.

Castles in the air?

It is important to note that one of the principal reasons why patients may be excluded from day surgery tends to be social factors – that they are older, more frail, and lack adequate carer support at home after discharge. Any measures to minimise these exclusions would require an expansion in community teams and primary care.

This proven pattern of service use in Gwent therefore clearly reflects both a continuing level of clinical need, and the absence of any established alternative system that could begin to reduce the dependence upon hospital treatment, and support frail older patients more effectively in their own homes. For whatever reason, neither primary care services, nor community-based services have been able (or maybe even willing) to substitute for long-established use of hospital care.

UNISON argues that no amount of rhetoric or well-intentioned theorising will wish away this reality: in our view any serious plan to shift the model of care has to take account of the physical needs and patterns of behaviour of existing local residents, and establish the infrastructure for a new system before dismantling the services we already have.

And if primary care professionals and community teams have now decided in the course of the consultation and planning process that they now wish to endorse the new plans and work in new ways, they must begin swiftly to undertake the basic steps required to organise and make this possible.

We need to see a clear statement from the Trust and the LHBs addressing the issue of current and future use of hospital beds and services, and offering concrete proposals that can lead towards the desired result of reducing dependence on hospitals and improving care closer to home. In addition, we need to see a much clearer discussion of the issues involved in delivering a fuller range of health care treatments, elective and emergency, in the new local general hospitals if they are to deliver the kind of services that patients want close at hand.

We are convinced that within the framework of a single county-wide Trust it would be possible through negotiation with the appropriate professional bodies to ensure rotating consultant and junior doctor cover in smaller units for a range of less technical and advanced specialist services, which would reduce travelling for patients and their families and make more effective use of local facilities.

2) The existing hospital services

According to the most recent National Assembly figures, Gwent Healthcare currently has 1,672 acute hospital beds. As we have discussed above, these beds are heavily utilised. However the plans for a new network of Local General Hospitals together with a Specialist and Critical Care Centre could result in a substantial reduction in bed numbers without any necessary corresponding reduction in demand.

We have already been told (outside of this consultation process) that the new hospital planned for Blaenau Gwent is intended to have 96 “general” beds plus a small (11 bed) psychiatric unit. And the latest plans for the new hospital in Caerphilly call for 277 beds.

Castles in the air?

However the consultation document becomes extremely vague when it addresses the issue of bed numbers, and the totals it suggests do not correspond to the much more limited details that are set out in writing.

For Newport, for example, the document proposes a new local general hospital of 350-400 beds, but gives no details other than a passing reference to an "acute medical ward" and "a surgical ward", an Emergency Assessment Unit that would pass on patients requiring any form of specialist treatment to the Specialist and Critical Care Centre, intensive rehabilitation, sub-acute and palliative care beds, mental health beds, outpatient clinics and diagnostics. There is nothing in the document that gives any credibility to a unit on anything like the scale of 400 beds.

In north Monmouthshire, the document proposes a much smaller hospital of 180-200 beds, but again lacks any of the details that makes such a figure convincing. Once again there is a promise of an acute medical ward, a surgical ward, rehab, sub-acute, palliative and mental health beds, but it is clear that patients in this area will only have access to a more limited range of specialist care than they currently do at Nevill Hall hospital, which covers a range of specialties including paediatrics and orthopaedics, and currently has 395 acute beds plus maternity and day surgery beds. More will have to travel south for treatment.

In Torfaen, the document proposes a new local general hospital probably in Pontypool, with 110-130 beds which would have neither a surgical ward nor a medical ward, but rehab, sub-acute and palliative beds mainly for older patients.

The final hospital in the proposed network of six is the tiny 84-bed Chepstow Community Hospital, which is already open. This brings the maximum total of beds at local general hospitals to 1187, with a lower suggested total of 1097.

Hospital locality	**Acute beds**
Blaenau Gwent	96
Caerphilly	277
Chepstow	84
Torfaen	110-130
North Monmouthshire	180-200
Newport	350-400
Totals	**1097- 1187**

The Specialist and Critical Care Centre, to be built in or around Cwmbran (on a site identified on the basis of travel surveys and calculations which have not been published for public scrutiny), is proposed to have 450-500 beds. It will be the only unit in the county offering obstetrics and in-patient paediatric care or ITU beds: as such it can expect to be busy

However even if all of these new hospitals are built as proposed the total planned acute bed numbers would be 1547- 1687 – representing at best a standstill on bed numbers but more likely a reduction of around 8%. We are not convinced that demand for hospital beds will reduce by 8% in the same time frame.

These projected bed numbers are in any case almost certainly optimistic. UNISON believes it unlikely that in the current climate of political opinion and with such strong pressure from

Westminster on the National Assembly the Trust will be able to secure this much in new capital investment without offering a much larger reduction in bed numbers.

Unfortunately the consultation document does nothing to strengthen the case for the full proposals, since it offers no costings, detailed plans or projected caseload figures for the new hospitals, leaving the door open for accountants and others who will argue that the new system in Gwent should simply reduce length of stay and use of hospitals and increase the numbers of patients per bed.

Similar assertions (in defiance of the evidence) have been used as a basis for much recent hospital planning in England, most notably in the development of plans for the first wave of PFI-funded hospitals, in which drastic reductions of 20% or more in acute bed provision were commonplace, with universally disastrous and costly consequences.

UNISON rejects the piecemeal approach to planning represented by this consultation document, which leaves out of the discussion precisely the mix of enhanced community and primary care services would be vital to sustain even the level of hospital beds provision it proposes. A viable plan requires adequate investment in the whole of the health care system across Gwent: if any sector is under-resourced it will have adverse consequences on other sectors of care.

And we remain to be convinced that in the absence of any identified costings or guarantees of capital funding all of the six proposed new hospitals will actually be constructed: it seems much more likely that a more limited number of new-build hospitals are obliged to work in tandem with refurbished or even unrefurbished facilities at, say, Nevill Hall or the Royal Gwent.

There are also large areas of uncertainty over the future of many of the Trust's 12 existing community and cottage hospitals: it is not clear whether endorsing this scheme would also be interpreted as agreeing to closure of these facilities – despite the fact that no case has been made to justify closures.

UNISON wants to see more detailed plans and research to justify the size of the proposed new hospitals and their locations. This will strengthen the hand of local representatives in lobbying for the completion of the full scheme rather than accepting a truncated version when the flow of cash slows down. We believe that any smaller-scale version of this plan would inevitably result in poorer and less accessible services for many parts of Gwent, and call on the Trust and LHBs to make this clear.

3) The cash crunch

The most substantial single element of the new hospitals package is the Specialist and Critical Care Centre. Current costings for equivalent projects in England suggest that a 500-bed unit of this type is likely to come in at a bare minimum of £120 million. In addition the new hospital for Newport will be smaller and less complex, but is also likely to cost a minimum of £70-£80 million. The combined hospital projects are likely to tot up to between £300m and £400m in capital investment, although in some cases there may be a long-term possibility of recouping some of this through land sales.

Castles in the air?

UNISON would be very concerned at the huge spin-off costs of such a project if it were financed through the Private Finance Initiative, which in England has resulted in many hospital trusts paying 5-6 times the capital cost of the scheme over 35-40 years of legally-binding, index-linked payments. This generates huge profits for private investors at the taxpayer's expense, and drains vital resources from front-line health care.

Some English Trusts, most notably the Queen Elizabeth hospital Trust in SE London, have been pushed to the brink of bankruptcy by the combination of inflated overhead costs from expensive PFI hospital projects, coupled with reduced bed numbers and a squeeze on the prices paid to Trusts for each item of treatment. Because the building and all of its non-clinical support services are owned and run by the private sector, Trust managers have had no option but to seek economies by cutting back on clinical staff and care, axing beds.

UNISON has welcomed the fact that since the problematic experimental project of the PFI-funded Neath Port Talbot hospital, health ministers in Wales have not pursued the PFI option for funding: we believe strongly that NHS assets should be publicly funded and publicly owned – and that this also offers the best value for money option, with the fullest scope for flexibility and re-use of assets in future years.

However the restrictions on government allocation of funds for capital investment also mean that even the costs of borrowing this much from the government could be beyond the means of Gwent Healthcare Trust, meaning that new hospitals could only be funded at the expense of cutbacks in other areas of care.

Ignoring these issues does not make them go away: UNISON wants a clear statement from the sponsors of ***Gwent Clinical Futures*** on the likely capital costs and projected sources of funding, and on the longer-term implications for revenue budgets of the Trust and the LHBs. There is little point in engaging in prolonged dialogue and planning exercises if the entire scheme is likely to perish for lack of funds.

4) Out of hospital care

The document tells us of the intention to "provide more care directly to people in their own homes and in local communities" – but it also suggests "a focus on health promotion, preventing ill-health and maintaining independence".

In principle UNISON is in favour of all of these, but in practice health promotion and preventing ill-health take many years of patient investment and effort to achieve any measurable results, while health services in Gwent are tackling the consequences of decades of ill-health.

Page 10 of Gwent Clinical Futures specifically states that the discussion of plans to develop out of hospital services are being discussed at LHB level and not included in the consultation: but this separation is arbitrary and artificial. If these plans, whatever they are, do not work, then neither will the rest of Gwent Clinical Futures.

We note how long the planning process has been over the Blaenau Gwent and Caerphilly hospitals without tangible results, and we are concerned at the idea that it is possible to discuss reconfiguring hospital care on its own, leaving this other dimension out of the picture, even assuming that progress will inevitably be made there, despite long experience showing how hard it can be to change organisations and the attitudes of the public.

Castles in the air?

UNISON wants the sponsors of Gwent Clinical Futures to spell out the type of policies they expect and require from community and primary care if the hospital plan is to succeed. We want the two sides of the planning process brought together – we do NOT want the hospital plan nodded through while community services remain hopelessly inadequate for the new demands they will face.

5) Staffing the service

While the document is a very general discussion with no real specifics on most issues, UNISON is disturbed to see that no mention is made at any point of the issue of ensuring adequate staffing for the new configuration of hospital services in Gwent.

Staff shortages are a major factor in the cash pressures on NHS Trusts in Gwent, Cardiff and South Wales, resulting in massive bills for agency staff and serious pressure on full-time staff who have remained in post.

The switch to new models of care will require additional and different efforts by the whole health care team, and UNISON is anxious to ensure that the goodwill and cooperation of staff who have played such a vital role in keeping the Trust's services alive should not be taken for granted. Enhanced care in the community will require development of appropriate skills – which means enhanced training of staff, and a fresh emphasis on recruitment and retention.

It would be easier to assume that the Trust and the LHBs have taken these points on board if there was some recognition of the issues in the document. Relocation of staff across the county might be possible to organise, but again requires a constructive approach from management, and a willingness to negotiate suitable terms and arrangements, without which the necessary staff cooperation cannot be assumed.

UNISON wants to see a response from the Trust and the LHBs which addresses the staffing issues of this project both in relation to hospitals but also in community services and primary care.

As the organisation representing all grades of staff throughout the whole of Gwent, UNISON does not wish to express a firm view on the geographical location of the new local general hospitals, although we are alarmed at the proposed sharp reduction in specialist services in the north of the county, which we do not feel would be adequately compensated by centralised services in a new unit.

We are surprised that the sponsors of ***Gwent Clinical Futures*** have not published any of the "travel times analysis" which they claim to have undertaken or commissioned, or revealed any of its key assumptions, methodology or terms of reference. We are no clearer than anyone else as to how such a survey could have come down so precisely as identifying the target location of the Specialist and Critical Care Centre "within a 3-mile radius of Croes-y-ceiliog, Cwmbran". Is this based on public transport networks, car use, or other assumptions? Has there been any environmental impact assessment? Is the chosen location in any way influenced by the availability and affordability of suitable sites? Why there and not the centre of Newport, where most of the public transport goes?

UNISON calls for this study and its working papers to be put into the public domain as part of the debate on the location of the new hospital services.

Conclusions

Any proposal that involves reorganising a major sector of public services and spending upwards of £300 million deserves full and proper scrutiny. One of the bodies that should have carried out this scrutiny, the Community Health Council, has for reasons best known to itself instead become one of the core sponsors of the proposal.

However this response has drawn out a number of unresolved issues which leave UNISON concerned that the project as proposed may prove not to be financially viable, or clinically adequate to the needs of the local population of Gwent.

We would welcome a major injection of public sector investment into local hospital and health services: but we want to ensure that the money is well spent and that the end result would be an improved, accessible and high quality service capable of attracting and retaining the best doctors, nurses and other staff who must make up the NHS team of the 21st century.

Our reservations centre round a number of key practical issues:

1. We need to see a clear statement from the Trust and the LHBs addressing the issue of current and future use of hospital beds and services, and offering concrete proposals that can lead towards the desired result of reducing dependence on hospitals and improving care closer to home.

2. In addition, we need to see a much clearer discussion of the issues involved in delivering a fuller range of health care treatments, elective and emergency, in the new local general hospitals if they are to deliver the kind of services that patients want close at hand.

3. UNISON wants to see more detailed plans costings and research to justify the size of the proposed new hospitals and their locations. This will strengthen the hand of local representatives in lobbying for the completion of the full scheme rather than accepting a truncated version when the flow of cash slows down.

4. We believe that any smaller-scale version of this plan would inevitably result in poorer and less accessible services for many parts of Gwent, and call on the Trust and LHBs to make this clear.

5. UNISON wants a clear statement from the sponsors of ***Gwent Clinical Futures*** on the likely capital costs and projected sources of funding, and on the longer-term implications for revenue budgets of the Trust and the LHBs.

6. UNISON wants the sponsors of Gwent Clinical Futures to spell out the type of policies they expect and require from community and primary care if the hospital plan is to succeed. We want the two sides of the planning process brought together – we do NOT want the hospital plan nodded through while community services remain hopelessly inadequate for the new demands they will face.

7. UNISON wants to see a response from the Trust and the LHBs which addresses the staffing issues of this project both in relation to hospitals but also in community services and primary care.

8. UNISON calls for the "travel times analysis" and its working papers to be put into the public domain as part of the debate on the location of the new hospital services.

Drafted for UNISON by Dr John Lister, London Health Emergency
December 2006