Caught in the Crossfire

The plight of Hinchingbrooke Health Care Trust

A UNISON response to the Cambridgeshire Primary Care Trust consultation document "Seeking Sustainable Health Services for the People of Huntingdonshire" (February 2007)

Researched for UNISON Eastern Region by Dr John Lister, London Health Emergency, May 2007.

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EXECUTIVE SUMMARY

● Hinchingbrooke Hospital is a modern, high-performing, efficient, low cost and popular hospital, 20 miles from the nearest alternative hospital services. Its size has been constrained by its limited catchment population of just 165,000, and its 20 years of growth and development has now been called into question by a cash crisis affecting the Hinchingbrooke Health Care Trust (HHCT, £14m deficit) and the newly-merged Cambridgeshire Primary Care Trust (PCT, £51m in the red).

● The PCT has published a Consultation Document *Seeking Sustainable Health Services for the people of Huntingdonshire*. UNISON welcomes the commitment of the PCT plan to maintaining most of the services on the site, but argues that the PCT plans offer only a temporary reprieve from wholesale closure of services, while they also involve substantial reductions in its caseload, budget and staff, threaten the future of its A&E service (already one of the smallest in the country), and look forward to HHCT's eventual merger or take-over by another (Foundation) Trust in 2-3 years time.

● **UNISON supports only those aspects of Option 2 which specify the continuation of services at Hinchingbrooke. We reject outright the proposal to squander £2.3 million that should be in the HHCT budget on purchasing elective care from private sector providers outside of Huntingdonshire.**

● In addition we call on the PCT – especially in the light of recent financial adjustments which have significantly reduced the scale of the underlying HHCT deficit to a relatively manageable £3.9m, and the offer of a low-interest 25-year £27m loan to ease HHCT's cash crisis – to investigate other ways of making the required cost savings, and to secure the long-term future of Hinchingbrooke as an NHS district general hospital. In particular we urge the Trust to reconsider its decision not to accept the £27m loan that has been offered, a decision that is artificially worsening an already serious situation.

● Despite having apparently complied with virtually every aspect of the government's regime of targets and reforms, HHCT has become one of the most obvious victims of the many complex market-style reforms introduced by the Labour government since the NHS Plan in 2000: the Trust has lost out under Payment By Results; its Treatment Centre has been starved of referrals; its caseload has been squeezed by Foundation Trusts; its budget is to be cut to send NHS patients to private hospitals; and the merger of Cambridgeshire's PCTs has lumbered Huntingdonshire's health services with new deficits.

● The implementation of Payment By Results has been especially unfair to HHCT as a low-cost provider: if the Trust received its full entitlement under PBR it would be delivering a surplus, not a loss.

● UNISON notes that Cambridgeshire PCTs have reneged on their commitment to refer patients to HHCT's Treatment centre, turning it from a potential asset into a costly liability.

● **The prospect of a Foundation Trust based 20 or more miles away taking over the management HHCT in 2-3 years is unlikely to inspire anything but anger and**

trepidation among local people in Huntingdon. Such a move would be certain to herald the closure of Hinchingbrooke's A&E.

● Efficient, low-cost NHS Trusts like HHCT have been denied any opportunity to compete on level ground with private providers: but the private sector is given privileged contracts that guarantee caseload and income, and is exempt from "payment by results". The consequences can be clearly seen in HHCT, as the public sector provision is being run down to create space for a new private sector.

● The East of England SHA has urged PCTs in deficit to seek ways to reduce hospital activity levels to the "national norm" –disregarding patient choice and local circumstances. Cambridgeshire PCT's plan involves diverting almost 42,000 patients (25%) away from treatment at Hinchingbrooke – 4,900 elective in-patients, 3,500 non-elective in-patients and over 35,000 outpatients.

● **The essence of the PCT proposal is not "reinvestment" in alternative services in the community and primary care, but *disinvestment* from hospital care, and cost cutting to balance the PCT's books – at the expense of HHCT.**
The plan would be to cut hospital services by over £10m but to invest just a quarter of that in alternative provision. UNISON is most concerned that no business plan or cost benefit analysis has been published to demonstrate that alternative services on a scale sufficient to meet local needs can be put in place within the limited budget available.

● The proposed "savings" from the PCT proposals flow from five main sources, all of which UNISOIN considers ill-conceived:

- Treating fewer patients – and cutting over 200 NHS jobs at HHCT
- Putting some NHS support services out to tender, hoping to cut costs
- Passing over some of the costs of care to GPs and community services, which are claimed to be cheaper
- Asset-stripping: selling off the rear of the hospital site, to raise a one-off sum estimated at £12 million or more:.
- Dissolving the Board and management structure of the Trust as it is taken over by another organisation – presumably a Foundation Trust

● Plundering the Trust's asset base leaves little room for any possibility of expanded services to meet the needs of a growing local population, and in particular the rapidly rising proportion of older people which is predicted by the various demographic projections.

● More than half of the proposed savings to be realised by the PCT proposals are from the pay budget. UNISON is concerned that the jobs and livelihood of dedicated and skilled health staff are being put at risk by plans that will not safeguard the long term services that the local community needs.

● **Cambridgeshire PCT should join with the County Council, HHCT and staff side organisations to press for an upward revision of the funding formula, which has short-changed the East of England in general and Huntingdonshire in particular.**

● **UNISON wants the hospital to remain in full operation for the indefinite future: that's why we are urging the PCT to drop its plans to run down services at Hinchingbrooke, and to think again. Now.**

Introduction

Hinchingbrooke Hospital in Huntingdon is less than 25 years old, completed in 1983, and serves as the local hospital for a catchment population of 161,000 people in the Huntingdonshire area: the vast majority of its funding (96%) flows through the recently-established Cambridgeshire Primary Care Trust.

It has 310 adult beds, not all of which are necessarily open, in addition to 25 paediatric beds and 12 SCBU cots on the site (run by the PCT), and two mental health wards run by the Cambridgeshire and Peterborough Mental Health Partnership Trust. Hinchingbrooke Health Care Trust (HHCT) employs just over 2,000 staff and has a budget of approximately £62 million. When the PCT consultation document 'Seeking Sustainable Health Services for the people of Huntingdonshire' was drafted the projected deficit was £29.9 million for 2006-7.

Two one-off payments have reduced that deficit to £14million, but after two decades of expansion and development HHCT faces major threats to its survival. The current PCT plans for "sustainable services" which have been put out for consultation offer a temporary reprieve from wholesale closure of services, but involve substantial reductions in its caseload, budget and staff, and threaten its eventual merger or take-over by another Trust in 2-3 years time.

UNISON welcomes the commitment of the PCT plan to maintaining most of the services on the site, even where this requires substantial additional funding, as in the case of maternity services: but we are concerned for the future financial and clinical viability of a district general hospital in which the PCT is so eager to reduce the level of caseload, and eventually to dissolve the management structure.

The harsh reality of the Payment By Results system is that if the numbers of admissions and outpatients are drastically scaled down, as the PCT proposes, the revenue income of the Trust is also sharply reduced. We do not support the proposal to run down HHCT's services, or to divert local patients to private sector treatment centres at the expense of local health budgets.

Another problem is that any significant reduction in attendances at Hinchingbrooke's A&E unit – already the smallest in East of England, and one of the smallest in the country – would raise questions over its clinical viability, with patients facing the threat of a 20-mile drive to the nearest emergency services. While UNISON does not favour unnecessary visits or admissions to hospital, the long-standing patterns of referral and hospital use indicate that local people do not make excessive use of A&E services, and that a centralised provision at Hinchingbrooke is probably as effective and efficient a means of delivering emergency care as the untested alternatives.

HHCT has become a victim of the many complex market-style reforms introduced by the Labour government since the NHS Plan: but the hospital remains clearly popular

with local people – who turned out in force to protest at the point it seemed threatened with outright closure – and enjoys the confidence and support of local GPs.

After close scrutiny of the available information published by the PCT in support of its proposals, UNISON is not convinced that detailed, robust and costed plans are in place to deliver sufficient community-based and primary care services to take the place of the services that would be reduced in HHCT.

We think the people of Huntingdonshire are getting a raw deal that would lead to them receiving under-funded, second class services while precious NHS funds are preferentially siphoned out to Foundation Trusts and profit-seeking private sector providers.

For these reasons we support only those aspects of Option 2 which specify the continuation of services at Hinchingbrooke. We reject outright the proposal to squander £2.3 million that should be in the HHCT budget on purchasing elective care from private sector providers outside of Huntingdonshire.

In addition we call on the PCT – especially in the light of recent financial adjustments which have significantly reduced the scale of the underlying HHCT deficit to a relatively manageable £3.9m, and the offer of a low-interest 25-year £27m loan to ease HHCT's cash crisis – to investigate other ways of making the required cost savings, and to secure the long-term future of Hinchingbrooke as an NHS district general hospital. In particular we urge the Trust to reconsider its decision not to accept the £27m loan that has been offered, a decision that is artificially worsening an already serious situation.

The plight of the Trust

Since it opened, Hinchingbrooke has changed and expanded. It added a new unit, the Woodlands Centre – paid for by fundraising by the hospital and Macmillan – providing care, support and outpatient treatment for cancer patients and others with a terminal illness. A new 20 bed medical assessment unit, which reduced demand on both accident and emergency and the other wards, was added to the hospital in December 2001.

In November 2005 the Princess Royal officially opened a new £22 million Treatment Centre, which has yet to be fully utilized. And a new £6.5 million emergency care centre has also opened, offering a state of the art environment for Accident and Emergency services, and out of hours GP, social and emergency mental health services.

These subsequent additions to an already modern hospital confirm that until relatively recently Hinchingbrooke's services were seen as high quality, low cost, good value, and capable of attracting patients and contracts not only from Cambridgeshire and the immediate catchment area but from surrounding counties.

So what changed? It has taken a while to take effect, but despite having apparently complied with virtually every aspect of the government's regime of targets and reforms, HHCT has become one of the most obvious victims of the

many complex market-style reforms introduced by the Labour government since the NHS Plan in 2000:

- its income has been squeezed by the controversial system of Payment By Results;
- its Treatment Centre has struggled for financial viability as a result of PCTs which initially endorsed the plan withholding their support;
- its hopes of expanding its caseload have been torpedoed by the launch of Foundation Trusts in Cambridge and Peterborough, which has intensified competition for patients while handing privileged financial arrangements to the Foundations;
- further pressures on HHCT's income flow from the PCT's determination, in line with government policy, to divert patients and at least £2.3 million to private sector providers – despite the fact that the closest private unit on offer is over 20 miles from Huntingdon;
- meanwhile the merger of Cambridgeshire's PCTs into a single county-wide organisation has also combined the deficits and resulted in a single body seeking to tackle deficits totalling over £50 million by cutting back on hospital spending.

Payment by Results (PBR)

The PBR system is complex and expensive to administer, and has helped to increase NHS bureaucracy. It has been introduced as part of the government's market reforms because it opens up the theoretical possibility of "competition" between rival NHS Trusts and between NHS Trusts and Foundation Trusts – but also because it makes it possible to switch funds from NHS Trusts to private sector providers – private hospitals of the so-called "Independent Sector Treatment Centres".

Under PBR, NHS and Foundation hospitals are paid per case for each operation or treatment on a fixed national tariff price: the private sector can charge a higher rate Because Hinchingbrooke had been a **low cost** provider prior to PBR, the tariff price turned out to be **higher** than the existing contract price agreed with the PCT. **In theory if HHCT were to be paid for its work at the full PBR rate it would be able to claim an additional £10m a year in income, and could run at a surplus of £3.7 million.**

But there are two major obstacles that ensure this does not happen. The first is that while Foundation Trusts like Cambridge and Peterborough have been allowed to switch over earlier to PBR, the national phasing of the scheme means that HHCT is not due to make the change until 2008 – after several years of escalating deficits.

The second major obstacle is that the PCTs have been given no additional funds to bridge the gap between the price they were previously paying and any higher cost under the PBR tariff. So the additional £10 million which should be due to HHCT would have to come out of the same PCT financial pot – and would result in cuts elsewhere.

The PCT answer to this is to deny HHCT any of the benefits of PBR, but to land them with the costs instead – by forcing them to reduce the amount of

work they do, to match the amount of funding available. UNISON believes this is effectively penalising the Trust for its previous low costs.

The Treatment Centre

Facing an increasingly serious financial situation, HHCT opted to work its way out of the problem and outlined a business case for a new NHS Treatment Centre at Hinchingbrooke, which would supplement the limited and over-stretched capacity for elective work in Cambridgeshire, and attract patients who might otherwise have gone of Cambridge or Peterborough.

The plan appeared to fit in with the government's policy of promoting "patient choice" and was endorsed by PCTs in and adjacent to Cambridgeshire. The HHCT Board was told in May 2005 that almost £9m in additional income could be generated through this and other measures to speed up the process of discharge of patients and reduce length of stay.

The Treatment Centre was built through the controversial Private Finance Initiative, managed by Keir. This means that although the build cost was just £22m the total cost of the contract will be £93m, while the income stream that was supposed to pay the unitary charge to the PFI consortium has fallen well short of expectations. As with many PFI projects, the contract is so tightly written that any private sector operator wanting to take over the Treatment Centre would have to pay up the full balance of the £93m, making this an unlikely answer to the problem.

When the Treatment centre opened in November 2005, financial pressures were beginning to be felt by other Trusts and PCTs, and it became obvious that the promised referrals were not coming to Hinchingbrooke. New projections warned of a £5 million loss in income.

South and East Cambridgeshire PCTs broke their commitment to send additional referrals, while Addenbrookes and Peterborough hospitals have stepped up their provision of elective care and competed strongly for any available revenue.

As a result the Treatment Centre has yet to be fully utilised by HHCT: instead of an asset it has become a rather costly mistake, since the Trust invested in increased clinical and support staff to do the new work that was expected, in addition to the cost of leasing the new building.

UNISON notes that unlike some of the NHS-funded treatment centres, the hefty cost of the PFI at Hinchingbrooke, and the high price of any potential buy-out, means that the facility does not serve as a potential lure to attract the interest of the private sector. This is despite the fact that there are no private hospital facilities in Huntingdonshire, and the fact that the private sector generally is being encouraged by ministers, the Department of Health and by the Strategic Health Authorities to seek additional contracts and profitable revenue streams from the NHS.

East of England SHA has declared the aim of diverting 60,000 elective operations and treatments a year to private sector providers, with a consequent loss of potential revenue to NHS Trusts, ensuring that HHCT is not the only Trust Board in the region that will be forced to contemplate drastic reductions in services as the "money follows the patient" … out of the NHS.

UNISON is strongly opposed to any solution to the HHCT financial crisis which further expands the role of private sector provision at the expense of core NHS services. We note that in every instance the private sector seeks contracts only for the most minor and straightforward, risk-free elective operations, leaving all of the more complex, costly, chronic and risky cases to be shouldered by the NHS with diminished resources.

Foundation Trusts

Among the many objections which UNISON and other critics of Foundation Trusts raised during the passage of the proposals through Parliament (with the resulting wafer-thin majority) was the warning that the first wave Foundation Trusts would enjoy an unfair advantage and preferential treatment compared with non-Foundations.

We have now seen the way in which Peterborough FT has been able to benefit from the early roll-out of PBR, already receiving 50% of the additional income it should receive as a former below-tariff provider, while the same system has worked to undermine the finances of HHCT. And we have seen the way that Cambridge University Hospital FT has been able to exploit the appeals mechanism to challenge and pressurise the PCT into spending far more than it wanted – at the expense of other services.

The requirements for achieving Foundation Trust status centre strongly on financial viability, so now that it is in the current predicament, HHCT does not even have a realistic option of becoming a Foundation itself. Indeed that possibility would seem to be permanently precluded by the proposals in the PCT consultation document that it should be taken over by another (presumably Foundation) Trust in 2-3 years time.

In the West Midlands we have already seen the first expansionist FT gobble up one of the stragglers – with the take-over of Good Hope Hospital Trust. Ministers seem to have overlooked the fact that such takeovers negate one of the primary advantages they argued for Foundations – that they should be locally controlled and accountable.

The prospect of another Trust based 20 or more miles away taking over the management HHCT is unlikely to inspire anything but anger and trepidation among local people in Huntingdon. Such a move would be certain to herald the closure of Hinchingbrooke's A&E.

Private providers

The PCT plans involve sending almost 2,600 elective patients to private hospitals for treatment, at a cost of £2.3 million despite the fact that there are no private hospitals in

Huntingdonshire. The private hospitals selected are Capio in Peterborough, BUPA Lea and Nuffield Hospital in Cambridge.

Since these contracts will be a substitution of private for NHS, and not additional, they inevitably mean that £2.3 million will be taken from the HHCT budget under the PBR system.

The government policy of creating a new private sector as a basis of "contestability" with NHS providers is taking the form of top-down decisions by Department of Health and SHA bureaucrats to establish new ISTCs, and now the Cambridgeshire PCT's proposal to force NHS patients to travel to private hospitals, irrespective of the choice of local patients.

While efficient, low-cost NHS Trusts like HHCT have no opportunity to compete on level ground with private providers, the private sector is given privileged contracts that guarantee caseload and income, and is exempt from "payment by results". The consequences can be clearly seen in Huntingdon, as the public sector provision is being run down to create space for a new private sector.

UNISON is strongly opposed to this costly and wasteful policy which undermines the financial and clinical fabric of NHS services but delivers poor value for money. We urge the PCT to maintain these services at HHCT.

PCT deep in the red

It is worth noting that at the time of the merger of the Cambridgeshire PCTs, Huntingdonshire PCT was in the black while the others were deep in debt. The merged PCT Cambridgeshire is currently £51 million in the red, and the plans for HHCT are driven above all by this financial reality.

It is also significant that the East of England SHA as a whole receives substantially below its fair share of NHS funding per head of population, at 10% below the average, with Huntingdonshire PCT receiving the eleventh lowest allocation of any pre-merger English PCT, despite pockets of deprivation. Just raising the SHA spending per head to the national average would add another £800 million to the budget – and Cambridgeshire PCT and HHCT's shares would more than wipe out the local deficit.

Instead the PCT's plan involves diverting almost 42,000 patients away from treatment at Hinchingbrooke – 4,900 elective in-patients, 3,500 non-elective in-patients and over 35,000 outpatients.

The PCT's consultation document argues that one reason for this is that HHCT is currently delivering elective treatment and outpatient care to a much higher proportion of the local population than the English average . The East of England SHA has urged PCTs in deficit to seek ways to reduce hospital activity levels to the national norm – again disregarding patient choice and local circumstances.

The SHA argues that PCTs which reduce activity in this way could cut spending by as much as £80 million over all: but of course every penny of that "saving" would come at the expense of destabilising local NHS Trusts. And in many cases, as with the Cambridgeshire consultation document, the reduction in hospital-based care runs alongside a commitment to deliver alternative services in primary care and community settings "closer to home".

UNISON is concerned that the plan for consultation is only a stop-gap for the next two or three years: and the run-down of HHCT and its services are likely to culminate after that in a far greater loss of locally-available services, with patients facing seriously long and inconvenient journeys for treatment.

Doubts over PCT's alternative plan

The Cambridgeshire consultation document boasts repeatedly that it includes plans to "invest £2.5 million" in developing alternative services. But as the County Council's Scrutiny Committee has pointed out, the 80-page consultation offers no details on how this figure was derived, how it would be spent, and how, if at all, it corresponds to patient needs and levels of service required to meet them. It is clear that a major motivation for this change is the hope of saving upwards of £2 milllion a year through treatment in primary care. Whether GPs are willing in practice to offer their services on such cut-price terms remains to be seen.

The PCT document describes the proposal as

> "a significant and forward-looking shift of work away from the hospital setting and re-investment of money in community services" (p 17)

We are told that

> "This is good news for local people as it will provide an improved model of care and will enable the hospital to focus on providing services that only it can provide."

The PCT also argues that:

> "This type of re-investment in community services is in line with a recent report published by Professor Ian Philp, National Director for Older People."

But the essence of the PCT proposal is not reinvestment, but *disinvestment* from hospital care, and cost cutting to balance the PCT's books – at the expense of HHCT. The plan would be to cut hospital services by over £10m but to invest just a quarter of that in alternative provision.

We note that there are no concrete proposals to implement any of the specific policies outlined by Professor Philp: nor is there any plan to establish the specialist stroke unit which according to government guidelines should be a key component of the services which only a hospital can provide for older people. The PCT is selectively using professional opinion as a smokescreen to push through changes which are primarily driven by finance and not by clinical priorities.

UNISON is most concerned that no business plan or cost benefit analysis has been published to demonstrate that alternative services on a scale sufficient to meet local needs can be put in place within the limited budget available.

Having seen similar abstract assurances given elsewhere, we are by no means convinced that the services will be viable and fit for purpose: the current system of hospital-based services operates efficiently, with lower-than-average rates of failure to attend appointments, and the advantage that the limited public transport system tends to run in towards Huntingdon, whereas more diverse venues for clinics could pose serious problems of access for patients without private transport.

We note that any serious attempt to reshape the long-standing behaviour patterns of local GPs (in referring patients to hospital care) and local people (who now expect such referrals) requires a substantial change management exercise: it also includes ensuring sufficient staff receive the correct training and support.

No plans have yet been published to outline how this is to be done. Before a viable and popular system is broken up and reorganised we need to have evidence that the alternative will be in place, and will meet the needs of local people.

How does it save money?

Using the existing facilities of HHCT less intensively does not necessarily save significant sums of money: closing individual beds only saves money if they are grouped into wards which are then closed, resulting in fewer staff in post and in some cases, as with the HHCT plan, closing down whole areas of the hospital. (This reduces capital charges, but can also be linked – as in the case of Hinchingbrooke – to plans for the sale of a chunk of the hospital site for housing and commercial development).

The proposed "savings" from the PCT proposals flow from five main sources:

- Treating fewer patients – and cutting over 200 NHS jobs at HHCT
- Putting some NHS support services out to tender, hoping to cut costs
- Passing over some of the costs of care to GPs and community services, which are claimed to be cheaper
- Asset-stripping: selling off the rear of the hospital site, to raise a one-off sum estimated at £12 million or more: and possibly selling off or leasing out the treatment centre to one of the private companies seeking government contracts.
- Dissolving the Board and management structure of the Trust as it is taken over by another organisation – presumably a Foundation Trust

None of these policies displays any faith in the future of the Trust, especially when they explicitly include the proposal that the whole organisation should be dissolved, with the services taken over by another body whose primary interest is another city miles away.

While UNISON has never favoured the Trust Board structure imposed by Margaret Thatcher's 1991 reforms, we have to insist that an organisation of the size and complexity of HHCT will require its own proper locally-based

management if it is to be run effectively and not as an arms-length, subordinate franchise of an expansionist Foundation Trust.

UNISON would argue that each of the cost-saving plans is ill-conceived. The reduction in capacity, and the axing of close to 10% of the Trust workforce will severely undermine morale, and also undermines the Trust's ability to attract additional contract income in the longer term.

Privatisation of support services has proved to lead to serious reductions in the standard of services, the casualisation of already low-paid staff, further loss of morale among nurses and other health professionals, and a loss of control over quality which has led to the vast majority of private hospitals maintaining in-house services.

The PCT has yet to show that when the plans reach the point of implementation the local GPs – who have made such regular use of HHCT – will actually be willing to put in the additional unpaid work required to deliver a range of lower-cost out patient services and intensive support for vulnerably older patients to keep them out of hospital.

And we note that the PCTt has declined requests to produce detailed figures to show a cost-benefit analysis of the proposed changes, and demonstrate that they are robust. Instead the PCT has responded by arguing that they want approval for the policy before they produce the evidence it can work (see response to questions from Overview and Scrutiny Committee, March 16 2007).

Plundering the Trust's asset base leaves little room for any possibility of expanded services to meet the needs of a growing local population, and in particular the rapidly rising proportion of older people which is predicted by the various demographic projections. Handing over the purpose-built treatment centre to private sector operators would also be a prelude to the loss of even more elective treatment, leaving the rump hospital services of HHCT reduced to little more than emergency surgical and medical cases.

And whatever other economies and changes are imposed, the extent of any actual savings arising from a managerial takeover would be irrelevant in the context of the further run-down of services: there seems little chance of the needs of local people being central to the plans of a mega-Trust based 20+ miles away in Cambridge or Peterborough.

County concerns

Cambridgeshire County Council's Overview and Scrutiny Panel has already registered its concerns which echo some of the core questions UNISON is raising in this response.

While it supports the proposals to maintain services at Hinchingbrooke and develop new outpatient and intermediate care services, it warns that it does not have the information to judge "whether or not they are clinically or financially sustainable".

The OSC also questions whether the proposals can save enough money fast enough to meet the PCT's target of £14.5m over 3 years, and whether the investment of £2.2m in intermediate care would provide enough capacity to meet the needs of service users and carers.

Councillors also expressed concern over the availability of "sufficient capacity in the primary care sector", and the absence of any needs assessment or business plan for the intermediate care proposals.

In addition the OSC raises doubts over the wisdom of selling off land on the Hinchingbrooke site in view of the likely increase in local demand for services over the next 10-15 years: the most recent forecast predicts a 25% increase in hospital admissions (elective and emergency) and a 23% increase in outpatient services by 2021. And on similar grounds it challenges the plans to downgrade the Special Care Baby Unit.

The OSC response emphasises the limited resources available in social services budgets to meet increased costs, including support of patients discharged more swiftly from hospital care, patient transport, and any other knock-on costs from the proposed new services. It also stresses the need for the PCT to do additional work assessing the needs of both patients and carers as a basis for future partnership working with the County Council.

UNISON endorses all of these warnings and concerns: the PCT has many questions left to answer before the case for their proposals is proven.

Specific services

UNISON supports the proposal to retain and expand maternity services at Hinchingbrooke.

We are less convinced of the wisdom of clamping down on consultant to consultant referrals, which may well conflict with patient choice and result in avoidable delays in patient care.

We are very doubtful whether given the cash constraints we will see the promised system of integrated teams involving community matrons in each market town: and we remain to be convinced that in the absence of substantially expanded community services GP practices will be willing to engage on any long-term basis in the case management of vulnerable patients at home to avoid admission.

UNISON is also concerned that emphasis on reducing the length of stay in hospital, in the absence of an adequate infrastructure of community services, could lead to risks and prejudice patient safety.

We note the lack of figures to demonstrate excessive or inappropriate use of HHCT's A&E services, with over 42% classified as major or standard, and 60% as minor cases of which as with every A&E a proportion might have been handled by primary care.

The impact on staff

More than half of the proposed savings to be realised by the PCT proposals are from the pay budget. UNISON is concerned that the jobs and livelihood of dedicated and skilled health staff are being put at risk by plans that will not safeguard the long term services that the local community needs.

We are opposed to the PCT proposal to cut over £2 million (almost 10%) from the pay bill for elective services, and equally opposed to planned cuts of almost 7% in emergency staff: the Trust has not made a case for reducing staff on this level, especially given the fact that the use of emergency services in Huntingdonshire is close to the English average.

Comparisons with other hospitals show that HHCT is a top performer: it makes better than average use of its beds, sees more outpatients, does much more surgery as day cases, has low levels of sickness, lower pay costs, and below average DNA rates for clinics. All of this is down to the effort and commitment of staff, who are now being forced to make sacrifices to balance the books of the PCT.

A climate of uncertainty and unease in the local acute hospitals Trust is not the best environment to recruit and train community staff to run a new configuration of services. In a recent staff survey large numbers of staff announced their intention to leave their jobs – Trust and PCT bosses still don't seem to recognise the damage they are doing to morale.

Cambridgeshire PCT should join with the County Council, HHCT and staff side organisations to press for an upward revision of the funding formula, which has short-changed the East of England in general and Huntingdonshire in particular.

On one point at least we agree with Trust managers: as the November 16 edition of the staff newsletter Challenging Times points out, if confidence ebbs in the long-term future of the hospital, referrals will start to switch to other hospitals and the crisis facing HHCT will worsen. Unfortunately this warning came in a management bulletin that also announced the closure of a ward and the net loss of 15 beds.

UNISON wants the hospital to remain in full operation for the indefinite future: that's why we are urging the PCT to drop its plans to run down services at Hinchingbrooke, and to think again. Now.

Drafted for UNISON by Dr John Lister
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