Save Our Hospital Services

IT'S A SHAM!

The entire population of Bucks has been misled by the PCT. There is no other way to say it. Even the PCT's most ardent cynics were stunned to hear that the most senior person in the Primary Care Trust ~ the Chairman, has admitted to journalists that whatever the public might say there is no way that the PCT will scrap any of the so called BHiB "proposals" unless there are ***medical*** reasons to do so.

No Accountability

The Save Our Hospital Services team has, on numerous occasions, highlighted that the PCT acts as a non-accountable autonomous body taking no heed of the public's views. Never has it been so blatant and so clearly put: There is no accountability and no way for us to challenge them.

Duty to Involve

Under Section 11 of the 2001 Health and Social Care Act the PCT in general and its Chairman in particular have a *statutory duty to involve the public in all decisions about the way services are operated* and how they could be changed. Our views are supposed to be *welcomed, taken seriously and used to bring about change*. This is not **SOHS** wishful thinking; it is the parliamentary guidance given by the Department of Health to all PCTs.

Bucks PCT is not exempt from the law and should not be allowed to ignore us.

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Public's opinion will not derail hospital changes says chief

A BUCKS health chief says the planned transfer of services out of Wycombe Hospital will not be derailed by public opinion – and only clinical evidence could force a U-turn.

NHS bosses have been repeatedly challenged about their consultation process over the last few weeks, with several people suspecting it will make no difference to the plans.

When former RAF man Sir Kenneth Jackson left a consultation meeting in High Wycombe last week, he said he was convinced a decision had already been made.

The formal consultation document outlines seven different options for organising services at Wycombe and Stoke Mandeville hospital. However, six of the options, including a do-nothing approach, have already been rejected.

The Bucks Free Press asked Stewart George, joint chairman of the NHS Buckinghamshire and Oxfordshire Cluster, what would happen if the consultation process found overwhelming public opposition to the overall changes.

He said: "I would like to say that public opinion would sway everything but this is clinically led. I'm saying that if somebody comes up with [clinical] evidence that we haven't considered we'd have to look at it.

"Unless someone can provide us with evidence we haven't seen, which the clinical commissioning board can have a look at, we would have to use what we've already got."

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What a waste of our money

The "Consultation" meetings have then been a sham, and we have all been misled as, unless we are Clinicians with medical expertise, our views are of very little consequence. How much time, effort and money has been wasted in this charade. The Better Healthcare in Bucks "proposals" are ridiculous.

Only one option

The PCT will only discuss the clinical aspects of its so called "Option 3" as it has already discarded all other options. Not exactly what we had in mind as a consultation.

Strange that whilst the PCT prepares for closure (current Government Health Bill spells end of Bucks PCT) and is refusing to have proper talks with us the Bucks Primary Care Collaborative (the GP Consortium that will assume PCT duties in the future) has invited **SOHS** for a second meeting to ensure that we can look jointly at the future.

The population of Buckinghamshire is currently being asked to participate in a consultation process designed, we are informed, to ensure that the public can help to shape the provision of their hospital services. At numerous public meetings, we have been told how vital our input, as ordinary people, is to the process of developing healthcare services in Bucks. We are told that it is "Our NHS" and our views are of paramount importance.

On the previous page you will have seen Press reports that the Chairman of the PCT has publicly ruled out any changes to the *Better Healthcare in Bucks* "proposals" unless they are clinically driven. QUOTE: *"Unless someone can provide us with evidence we haven't seen, which the clinical commissioning board can have a look at, we would have to use what we've already got.*"

This means the entire "Public Consultation" and "Have Your Say" initiatives are misleading and a total waste of public money but suffice to say the cynics are proved right! There was only ever one option on the table and it will be implemented whatever the public thinks!

The only views that the PCT will accept on its *Better Healthcare in Bucks* proposals then are CLINICAL. Although this, by definition, means that the our views are immaterial, there are still a few questions that we ignorant residents may ask.

The *Better Healthcare in Bucks* sales pitch is very big on saying that outcomes will be "better"; but nowhere is this defined in the documents. **SOHS** has asked the Bucks Health Overview & Scrutiny Committee to seek measurable improvements in outcomes over agreed timescales and to hold the NHS to account if they fail to achieve the performance targets. We hope they will demand this for all our sakes.

As non-clinicians, and not privy to NHS management agendas, we are unaware of the real potential for "better" health outcomes in Bucks County, but we are aware of some of the numerous medical concerns that BHiB has obviously failed to address, and of which the PCT has full documentation, such as:

- ☹ How will BHiB improve performance when we look at the number of MRSA cases?
- ☹ Will the BHiB changes have any effect on the instances of *c.difficile* infections, and if so will this be positive or negative? No answers are provided.
- ☹ Will the changes mean that cleanliness in hospitals is perceived to improve?
- ☹ Will the current poor performance on Chlamydia screening be improved and by when?
- ☹ Bucks PCT is failing to ensure that sufficient children are immunised for MMR and for DtaP/IPV. Will the changes improve this indicator?
- ☹ Insufficient health checks, according to the Department of Health, are being carried out within the Bucks PCT area. How will this be improved?
- ☹ Under "Planned care", the Trust is failing to deliver sufficient

Elective First Finished Consultant Episodes (i.e. staying with one Consultant). How will BHiB be "better"?

- ☹ The Trust needs to improve its performance for "Other" referrals for a first outpatient appointment for G&A Specialities. BHiB fails to suggest how this will improve. Will there be better outcomes? By when?
- ☹ Will BHiB correct the continuing failure to achieve the necessary performance for Diagnostic tests which are currently reporting an unacceptable six week waiting times and worse?
- ☹ Will the creation of a Centre of Excellence for Breast Cancer address the problem of those patients still not being seen within two weeks?
- ☹ How will redirecting A&E patients from Wycombe to Stoke Mandeville ensure that the current failures to ensure A&E waiting times below 4 hours are corrected in future?
- ☹ Although the PCT is not directly responsible for Ambulance response times the failures to achieve 8 minutes response times for "Category A" incidents will be worsened as more resources are switched to ferry patients between Wycombe and Stoke Mandeville. How is this "better"? What will happen?
- ☹ In addition, although BHiB has overlooked access to NHS Dental services why is this not part of any planned improvements to healthcare in Bucks?

Managers and clinicians inside the Trusts will be aware of far more areas where the Hospital can achieve better healthcare in Bucks and should speak up for the public. Since the NHS is now only prepared to listen to clinical argument we need urgent reassurance on all the above. Targets with Timetables.

How else can we make progress? All that we are told is that "*The PCT and BHT are working together closely to address these performance issues and an action plan has been agreed with BHT. Additional capacity to treat patients has been put in place by BHT and identified by the PCT with other local providers."* This is not good enough. There have been too many Action Plans already. How will BHiB produce better results?

As non-medics, this Newsletter is probably our best shot at seeking to understand what the PCT means by "Better Healthcare". According to Drs Frommer, Rubin and Lyle we should consider an outcome "better" if the change in health "*of an individual, group of people or population which is attributable to an intervention or series of interventions*" is measurably improved.

The broadest measure is *mortality* and it is common ground that Bucks Hospitals Trust does underperform against the National average (England &Wales) on this measure. *Better Healthcare in Bucks* does not indicate that mortality rates will decrease under the changes. Will they and if so by what factor and over which period?

Mortality is the easiest measure for us to understand but there are others. Length of stay in hospital as an example. *Better Healthcare in Bucks* refers to decreasing lengths of stay in hospital but no changed outcomes are predicted, let alone "better" ones under these changes. Modern technology should enable clinicians to be positive about this.

The Trust tacitly accepts that its recent "bed blocking" performance is 169% the National average (E&W again) as highlighted by Peter Skinner, Member of the European Parliament for this area, in a recent statement.

Reduced levels of Bed Blocking (delayed transfers of care to be technical) would be another useful measure of improved healthcare; but Bucks NHS refuses point blank to discuss this with us. Why?

How about "cost effectiveness"? We may not all have medical degrees but we can understand this as a measure of performance. Will the Trusts provide detail of how much more cost effective their services will be when they implement the changes? No detail has been provided so far although it has now been revealed, by the National Clinical Assessment Team, that financial savings were the driving force behind the plans after all. Will the Trusts disclose?

Surely these changes should herald big improvements that can be detailed, measured and shared with the public. If this is so then agree to scrutiny by the County Council

Reader be aware that the coyness about the financial problems faced by Bucks Hospitals is due to the management failure to achieve its central objective which is **Foundation Trust** status.

You may hear the sounds of panic from the Directors Suite as yet again BHT fails to secure the required financial performance to secure itself from "a merger" with the John Radcliffe which might mean fewer management jobs.

The only response to all the medical issues that SOHS has highlighted is that "*The PCT and BHT are working together closely to address this performance issue and an action plan has been agreed with BHT. Additional capacity to treat patients has been put in place by BHT and identified by the PCT with other local providers.*"

Since the only argument acceptable to the PCT is restricted to discussing the *Better Healthcare in Bucks* changes on medical criteria, and accepting that the public has no expertise in this area we have Catch 22.

SOHS Committee to meet Health Minister

The Government has agreed to meet a deputation from **SOHS** to discuss the failure by the PCT to hold meaningful consultations with Bucks residents.

The PCT is responsible to the Minister who should ensure that the PCT acts lawfully and openly. We will demonstrate how Bucks PCT has:

- ☹ Deprived the public from proper consultation.
- ☹ Blamed the public for not understanding the medical implications.
- ☹ Provided no cost benefit analysis of the changes.
- ☹ Misled the public on the importance of cash savings.
- ☹ Misled the public on NCAT on veracity of data.
- ☹ Misled the public on status of Health Inequalities in Bucks.
- ☹ Refused to discuss obvious implications such as bed blocking.

The entire process is flawed.