

Communications Team
NHS Worcestershire
Wildwood Drive,
Worcester
WR5 2LG

1st September 2010

Dear Communications team:

This letter is signed by the three county MPs with community hospitals, but our three other Worcestershire MP colleagues associate themselves with the thrust of our arguments.

We were surprised at the decision reached by the PCT board at their last meeting on July 14th that a Community Foundation Trust should not be an option in the current review of service provision. We disagree strongly.

Although the previous government had ruled out the possibility of a Community Foundation Trust, the new coalition government published a new operation framework for Transforming Community Services on June 21st. This stated the following tests should be applied to proposals:

- Test with GP commissioners and local authorities
- Consider the implications for choice and competition
- Consider a wide range of options, including the development and early delivery of Community Foundation Trusts and Social Enterprises, providing employee leadership and ownership.
- Demonstrate that there has been effective engagement.
- Consistent with the aims of the White Paper published on July 12th.

We believe that the Transforming Community Services options being presented to the people of Worcestershire by the PCT are both completely unsatisfactory. The PCT has not considered a wide range of options in divesting itself of its provider arm. These are our comments on the two proposals.

Vertical integration with the Acute Hospital Trust.

This option fails to consider the implications for choice and competition for patients in Worcestershire. We are all aware that our constituents value our community hospitals very highly.

The CEO of the Acute Hospitals Trust is quoted in the Worcester News as saying that he wishes his organisation to take over the community hospitals because "We don't want too many competitors in the County. The best care is provided by the organisation that provides the whole of care."

He has given a personal guarantee that no community hospital will be closed, but he is planning to close beds at the Acute Hospitals. The financial flexibility of the Acute Hospital Trust is constrained by the expensive PFI contract that is in force for the Worcestershire Royal Hospital.

We are also concerned that the character and ethos of community hospitals is profoundly different from that of acute hospitals and we do not believe these can be protected if the community hospitals became part of the Acute Trust.

We also note deep local opposition, both among staff and the communities they serve, to the control of community hospitals by the Acute Trust. We believe that the PCT must have regard to this democratic issue and not ride roughshod over local opinion.

We do, however, have a generally high regard for the management of the Acute Trust, and we see that there is some logic to transferring some specialist nursing to the Acute Hospital Trust. This is likely to mean that the nursing and the consultant care are based at the same hospital and we appreciate that this may deliver better integrated treatment for patients.

Apart from community hospitals and specialist nursing, the Acute Hospital Trust does not want to take on any other of the provider-arm services, leaving only one option for all the other functions of the current PCT.

Horizontal integration with the Mental Health Trust

Although the Mental Health Trust has expressed an interest in taking on all of the provider arm services, we cannot see that the current management team has the capability or experience, and therefore much of the management would need to change.

The Mental Health Trust has a good track record of providing services in the community via nursing and the new high need psychiatric unit is impressive. We do not want to see this vital work undermined by the distraction of the management of largely unrelated services

Furthermore, the Mental Health Trust has pursued a centralising strategy of bed provision. For example, Sheffield House in Malvern was closed several years ago. Mental health patients now have to go to Worcester for residential care at the unattractive facility of the Abberley and Clifton wards. The Sheffield House building has been left empty and derelict since then, although it was said that the house would be sold to a social housing provider for transitional housing, an area of great need.

We are therefore unhappy at the way in which this proposal has included a presentation stating that the Mental Health Trust would rationalise the estate. This again causes us concern about the community hospitals.

However, we can see that moving some specific services, and particularly dementia care to this Trust could improve provision for patients. We can see the advantages for mental health patients of having better access to physical care. We can see that providing care to children and adults from the same Trust could make the transition at eighteen more effective for patients.

Conclusion

Thus, both of the proposals on offer are deeply flawed. Additionally, this is a time of uncertainty for the wider NHS as we move to GP commissioning and the abolition of the PCT. We believe it would be appropriate for local structures to take full account of these changes and of the emerging views of GPs in particular as they reach decisions about which

services – such as district nursing and health visiting – they may wish to provide themselves, and which they will wish to commission.

The existing structures of the PCT reflect an internal split between their commissioning and providing arms. By far the simplest, least disruptive and flexible solution would be to make this split an external one and to transfer all the services to a free standing Community Trust. Then a more considered series of decisions could be taken about individual services in the light of the new realities. This would include the use of social enterprise models and of charitable involvement in service provision – for example of palliative care services.

We urge the Board to reconsider and to disregard any spurious arguments about the additional management costs of a Community Foundation Trust. We are confident that there are ways to reduce management and governance costs while pursuing this option.

Finally, we have spoken to a wide range of GPs, nurses, Leagues of Friends, local councillors, constituents and the voluntary sector. We are also concerned that many have been misinformed by the PCT that the Community trust is not a realistic option.

We believe that Worcestershire PCT should not transfer community hospitals or the bulk of the other community services to either the Acute Trust or the Mental Health Trust. The overwhelming majority are especially set against the Acute Trust running the Community Hospitals. There is also stiff opposition to the Mental Health Trust running the Community Hospitals. If more time is needed to develop genuinely effective and local solutions, we will approach ministers to seek that time.

A hurried solution reached now on the basis of incomplete information and without full consideration of the options risks forcing yet another reorganisation in a few years' time, something we must all wish to avoid.

Yours sincerely,

Harriett Baldwin MP
Peter Luff MP
Sajid Javid MP