Gloucestershire Primary Care Trust

Update on ‘Future of Healthcare in Gloucestershire’
consultation proposals

12 September 2007: Health Overview and Scrutiny Committee

1. Introduction
1.1 This paper provides an update to Health Overview and Scrutiny Committee Members on the proposals included as part of last summer’s ‘Future of Healthcare in Gloucestershire’ consultation.

1.2 There has been significant progress against many of the proposals, whereas others have moved more slowly. Some decisions made last year have been amended in response to new national guidance and in the light of the local health community’s improved financial position.

2. Background
2.1 The ‘Future of Healthcare in Gloucestershire’ consultation last summer ran from 12 June to 4 September 2006.

2.2 The health community said that the majority of healthcare services would remain unchanged by the proposals, however it was made clear, that unless some changes were made, the health community was facing an overspend of almost £40million in the financial year.

2.3 During the consultation the reasons behind the need for change were set out. It was attempted to balance the time spent on explaining the financial issues, alongside discussions about reshaping services to meet the changing health and social care needs of the local population.

2.4 Prior to the start of the public consultation, the health community worked very closely with the Health Overview and Scrutiny Committee to agree which proposals for change would require public consultation and which changes we could ‘get on and do’.

2.5 There was a good response to the consultation with 7,567 responses received from the public.

3. PCT Boards decisions made September 2006
3.1 The three Primary Care Trusts met on 21 September 2006 to make decisions about the proposals following the conclusion of the consultation.

3.2 The PCT Boards agreed to adopt the seven guiding principles underpinning the consultation proposals:
• Reduce corporate and administrative costs
• Reduce cost by minimising duplication of services
• Target services at those with the greatest needs
• Help people stay fit and well
• Provide care at home and in local settings where it is sensible to do so
• Reduce spending on premises before reducing numbers if staff
• Balance the books and live within our means

3.3 With regards to the specific proposals, the PCT Boards agreed to endorse the new model of care and direction of travel consistent with national policy. However they recognised the concerns raised over the pace of change and the need for a smooth transition to the new model by sharing and building up confidence in implementation arrangements.

3.4 Specific decisions made in September 2006 were as follows:

4. Planned care:

4.1 Inpatient services
The three PCT Boards:
• Approved the centralisation of all inpatient services for oral maxillo-facial surgery, vascular surgery, gynaecology and urology.
• Supported the proposal to locate all inpatient services for maxillo-facial surgery at Gloucestershire Royal Hospital, to ensure effective linkage with ear, nose and throat services.
• Supported the proposal to locate all gynaecology inpatient services at Gloucestershire Royal Hospital (except for complex surgery for cancer) to link effectively with the obstetric service.
• Supported the preference, which emerged for urology and vascular inpatient surgery to be located at Cheltenham General Hospital, as long as the ongoing work on clinical linkages supported this.
• Requested an implementation plan from GHNHSFT for these inpatient changes by December 2006.

4.2 IVF
The three PCT Boards:
• Endorsed the cessation of routinely provided locally funded assisted fertility (IVF) services.
• Clarified which parts of the infertility pathway were to be funded.
• Agreed with local clinicians the implementation date which would be confirmed to the new PCT at their October 2006 Board meeting.

5. Urgent and Emergency Care Services
The three PCT Boards:
• Supported the proposal for a new model of urgent and emergency care.
• Supported the development of an implementation plan setting out where and when the new urgent and emergency services would be
introduced, accompanied by a patient information and education campaign

- Requested that a programme for reporting back on progress be produced for discussion with the HOSC.

6. **Maternity services**
The three PCT Boards:

- Approved the proposal to centralise all consultant led births and other consultant led inpatient admissions onto the Gloucestershire Royal Hospital site.
- Agreed not to proceed with the original proposal for the centralisation of midwife led services on the grounds that affordability was not seen as sufficient reason to centralise midwife led services when taken alongside the view that the proposal ran contrary to current national direction for more local access to services.

7. **Patient Transport Services**
The three PCT Boards:

- Endorsed the proposal to tighten the criteria for escorts.
- Requested further work to be undertaken on the practicalities of charging for some journeys and working through the Integrated Transport Unit with key partners (including GHNHSFT, the Great Western Ambulance Service NHS Trust and the voluntary sector) to develop a more flexible and cost effective car transport service which meets patients’ needs
- Requested that a timetable for the further work be shared with the HOSC.

8. **Rehabilitation and Delancey Hospital**
The three PCT Boards:

- Agreed to proceed with the original proposal, part of which was already underway, to increase rehabilitation in patients’ homes and in community facilities leading to the closure of beds at Delancey Hospital and the transfer of the remaining specialist rehabilitation beds onto the Cheltenham General Hospital site by 2009 to complement those at Gloucestershire Royal Hospital
- Agreed to share implementation plans setting out where and when investment in community services would take place with the HOSC.

9. **North Cotswolds**
Cotswold and Vale PCT Board:

- Endorsed the proposal to develop a new health campus in Moreton-in-Marsh and redevelop the Moore Cottage Hospital site at Bourton-on-the-Water.
- Agreed to hand over the Business Case to the new Gloucestershire PCT to take forward to include the location for services and consideration of siting of outpatient services.
10 Berkeley Vale
Cotswold and Vale PCT Board:
- Endorsed the proposal to develop the new service model for the Berkeley Vale locality.
- Agreed to hand over the Business Case to the new Gloucestershire PCT to take forward.
- Supported the change in opening hours of the Berkeley Hospital minor injuries unit.

11. Forest of Dean
West Gloucestershire PCT Board:
- Agreed not to proceed on the basis of the original proposal but to undertake further detailed work on the commissioning plan with the GP Commissioning Cluster, in conjunction with key stakeholders, to develop an affordable service model for the Forest of Dean, which would meet patients' needs.
- Required details of the next steps to be shared with local stakeholders as soon as possible and with the HOSC.
- Required the GP Commissioning Cluster to complete the commissioning plan by 16\textsuperscript{th} October in time for full consideration at the October 2006 meeting of the new Gloucestershire PCT Board.

12. Tewkesbury and Winchcombe:
Cheltenham and Tewkesbury PCT Board:
- Agreed not to proceed on the basis of the original proposal but to undertake further work with the key stakeholders, including local clinicians, to develop an affordable service model for the Winchcombe locality, which would meet patients' needs.
- Required details of the next steps to be shared with local stakeholders and with the HOSC.
- Supported the change in opening hours of the Tewkesbury Hospital minor injuries unit with opening hours from 8.00am to 8.00pm from 1st November 2006.

12 months on

The three former PCTs have merged into one Gloucestershire PCT. The PCT has balanced its books and is working to achieve its 'Vision': \textit{Achieving excellence in health for the people of Gloucestershire}.

The following table (Appendix 1) provides an update on progress made during the past twelve months in relation to the specific proposals for change put forward last year to the Health Overview and Scrutiny Committee, with some going forward for public consultation.
### PROPOSALS WE NEEDED TO ‘GET ON AND DO’

<table>
<thead>
<tr>
<th>Summer 2006</th>
<th>Update September 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PCT Management Costs and premises</strong></td>
<td>Gloucestershire PCT is well on the way to achieving a 15% reduction in management and administrative costs. The PCT’s Annual Accounts for 2006/07 will show a £1,067m reduction in these costs, a 9% reduction.</td>
</tr>
<tr>
<td>As part of reconfiguration of PCTs proposed for 2006, a 15% reduction in management and administrations was required (national targets). PCTs were already holding vacancies and needed to agree onward plans once the outcome of consultation was confirmed and new Chair and Chief Executive in post.</td>
<td>date £m</td>
</tr>
<tr>
<td></td>
<td>2006/07 10,934</td>
</tr>
<tr>
<td></td>
<td>2005/06 12,001</td>
</tr>
<tr>
<td>Vacancies are no longer frozen.</td>
<td></td>
</tr>
<tr>
<td><strong>Reduced payments to GP Practices</strong></td>
<td>The payments to GPs for appraisals were ceased in 2006/07 as planned, ensuring achievement of the contribution towards the savings plans. However, this funding has now once again been made available in 2007/08.</td>
</tr>
<tr>
<td>GP Appraisals – PCTs led the introduction of appraisals for GPs. This was a well established process. Spend including support was £320k. It was proposed that GPs be responsible for funding their own appraisal. The PCTs would continue to offer organisational support, PCTs could make a number of discretionary payments to GP practices. It was proposed that these be ceased.</td>
<td>The discretionary payments have not ceased as cessation of these discretionary payments would have resulted in discriminatory practice, especially in relation to female GPs. However, it was appropriate to ensure that decision making criteria across the county were consistent, reasonable and in line</td>
</tr>
</tbody>
</table>

More effective and efficient drugs prescribing across the board

The prescribing spend was £81m in 2006. Practices across Gloucestershire had improved the clinical and cost of effectiveness of prescribing. Prescribing advisors would look at further benchmarking to continue the drive for improvement.

<table>
<thead>
<tr>
<th>with legislation and this has been achieved.</th>
</tr>
</thead>
</table>

All practices met individually with the locality medicines management lead pharmacist and discussed their practice prescribing performance. Each agreed a bespoke practice prescribing action plan for the next year, with specific measurable actions to agreed time lines. If not already in place, the practices were offered and accepted support from sessional prescribing support pharmacists and PCT medicines management technicians. The practice prescribing performance in relation to effective and efficient prescribing, which encompasses aspects such as the practice population, the size of the forecast overspend and specific patient groups within the practice population e.g. older people, determines the amount of time the prescribing support pharmacist and technicians spends in the practice. This can be half a day every two weeks to one day per week.

The provision of prescribing support contributes to the achievement of effective and efficient prescribing. It is important that the practice team, including all prescribers, agree and are committed to the practice prescribing action plan.

Prescribing is now linked with Practice Based Commissioning, which provides a natural focus for effective and efficient prescribing, facilitating the linkage of the prescribing budget to the overall performance of individual and practice clusters, within an overall budget.

The prescribing action plans are centred on the effective and
Efficient prescribing performance indicators identified by the strategic health authority, as recommended by the National Audit Office (NAO) report (May 2007) prescribing costs in primary care. The indicator identified by the NAO is the prescribing of statins (drugs used to lower blood cholesterol levels and reduce the risk of heart attacks and stroke). 80% of all statins prescribed should be for either Simvastatin or Pravastatin. Gloucestershire moved from 73.8% in 2005/06 to 76.4% in 2006/07, which equates to a saving of £360K.

Prescribing spend for 2006/07 was only 0.16% over the expected target spend.

<table>
<thead>
<tr>
<th>Private Placements Purchasing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with Gloucestershire Partnership Trust and Gloucestershire County Council to assess the scope for improved value for money when purchasing individual private placements. Current spend was £15m</td>
</tr>
</tbody>
</table>

Clinical Case Managers have been appointed to oversee care packages to ensure best value and continual assessment to ensure clients are supported to develop optimum independence. New service models are being developed to reduce the number of people needing placements out of area, again, with the objective of maximising independence and autonomy.

<table>
<thead>
<tr>
<th>Out of County Contracts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with Gloucestershire Hospitals Foundation NHS Trust and Gloucestershire Partnership Trust to assess the use of Out of County contracts for tertiary referrals (current spend was £41m)</td>
</tr>
</tbody>
</table>

The PCT has proposed that consultant-to-consultant referrals, that are unrelated to the original referral and are non-urgent in nature, should be referred back to the relevant GP. This principle has been agreed and work continues to embed this practice.

<table>
<thead>
<tr>
<th>Procurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review scope for continued efficiencies in procurement</td>
</tr>
</tbody>
</table>

Work is ongoing with the Procurement department to identify opportunities to reduce inefficiencies.
<table>
<thead>
<tr>
<th><strong>Back Office support services</strong></th>
<th>The PCT is working towards centralising its management, commissioning and public health functions on a single site next summer, thereby achieving economies of scale.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prison Health Services</strong></td>
<td>The Community Patient Advice and Liaison Service (PALS) is currently planning a pilot service to prisoners in Gloucester Prison. This pilot is due to start Autumn 2007.</td>
</tr>
<tr>
<td><strong>Nurse Led Ward</strong></td>
<td>The pilot for the Nurse Led Ward at Cheltenham General Hospital did not proceed.</td>
</tr>
<tr>
<td><strong>NICE Guidance</strong></td>
<td>Following further assessment of this proposal, the PCT has now adopted a policy of introducing new NICE Technology Appraisals (TAs) within the timescale given for implementation (usually 3 months). Decisions are taken on an individual basis for all other areas of NICE guidance, these do not carry a statutory requirement to implement.</td>
</tr>
</tbody>
</table>

**NEW SPEND**

**PROPOSALS FOR CHANGE – PRESENTED FOR PUBLIC CONSULTATION JUNE – SEPTEMBER 2006**

**PLANNED CARE**
| **Review thresholds for care to ensure maximum clinical benefit and value for money** | As part of the ‘NHS Better Care, Better Value’ Indicators, the NHS Institute for Innovation and Improvement highlighted several procedures where there is evidence that they are overused and carried out on patients who derive little or no benefit as a result. All PCTs have been asked to review their access criteria for these 4 procedures [Dilation and Curettage for menorrhagia, Hysterectomy for menorrhagia, Grommets and Tonsillectomy]. This has been done in Gloucestershire with appropriate clinical input and agreed referral guidelines now are in place. |
| **Transfer of all oral-maxillo facial inpatients to either GRH or CGH** | As proposed in the implementation plan shared with the PCT in January 2007 by Gloucestershire Hospitals NHS Foundation Trust, this reconfiguration was completed by the end of June 2007 (reconfiguration of inpatient beds to GRH site). |
| **Transfer of all urology inpatients to either GRH or CGH** | The implementation plan shared with the PCT in January 2007 by Gloucestershire Hospitals NHS Foundation Trust identified that this change would be operational by 2010. Good progress has been made against the implementation plan and this remains the projected date for the change (reconfiguration of inpatient beds to CGH site). |
| **Transfer of all gynaecology inpatients to either GRH or CGH** | The implementation plan shared with the PCT in January 2007 by Gloucestershire Hospitals NHS Foundation Trust identified that this change would be operational from April 2010. Good progress has been made against the implementation plan to date but the operational date for change is now predicted to be December 2010. The delay is a consequence of the problems encountered in a linked capital scheme required to progress the building of the |
new Women’s Centre (reconfiguration of obstetric and gynaecology inpatient beds with the exception of those required for complex surgery).

**Transfer of all vascular inpatients to either GRH or CGH**

At the close of the consultation last year it was acknowledged that clinical discussions were continuing. These discussions have progressed but as yet no definite plan for reconfiguration has emerged.

**IVF – the cessation of routine provision of the locally funded assisted fertility (IVF) services.**

In June 2007, the PCT announced plans to resume the funding for the local provision of assisted conception (IVF) services for eligible couples from 1 July 2007. Eligible couples in Gloucestershire are now offered one IVF cycle or up to 6 cycles of less invasive fertility treatment, such as ovulation induction, where appropriate.

### PATIENT TRANSPORT SERVICES

<table>
<thead>
<tr>
<th>Adherence to escort policy</th>
<th>Other than ensuring adherence to the existing agreed policies and eligibility criteria, this proposal has not been progressed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduce charges for C1 car transport journeys and transfer service delivery</td>
<td>The PCT is supporting Gloucestershire Partnership Trust in its pilot patient/carer transport project with ‘Gloucestershire Wheels’ to provide transport for patients/carers accessing mental health services in the county.</td>
</tr>
<tr>
<td>Reduce overall provision in line with other service changes</td>
<td></td>
</tr>
</tbody>
</table>
### MATERNITY

<table>
<thead>
<tr>
<th>Proposal</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transfer of all consultant led deliveries from CGH to GRH</strong></td>
<td>Gloucestershire Hospitals NHS Foundation is currently undertaking a major capital project to re-provide the maternity services accommodation at Gloucestershire Royal Hospital. The timing of the transfer of services is linked to the completion of this development.</td>
</tr>
<tr>
<td><strong>Transfer of midwife led deliveries from CGH to GRH</strong></td>
<td>This proposal was rejected by PCT Boards in September 2006. A review of clinical services and governance arrangements for maternity services in the county has been undertaken. A national review of maternity services is underway and the PCT is awaiting the findings of this national review.</td>
</tr>
<tr>
<td><strong>Transfer of all deliveries from Stroud Maternity Hospital</strong></td>
<td>This proposal was rejected by PCT Boards in September 2006. (see above).</td>
</tr>
</tbody>
</table>

### URGENT AND EMERGENCY CARE

<table>
<thead>
<tr>
<th>Proposal</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Review community Minor Injury Units (MIU)</strong></td>
<td>Minor Injury Units at Tewkesbury, Moreton and Berkeley Hospitals have closed overnight (20.00 hours to 08.00 hours). This alteration to services was facilitated by local publicity and on-site arrangements to ensure patient safety. Winchcombe Hospital Minor Injury Unit was closed temporarily in July 2007. The PCT is considering a permanent closure, with services being reprovided by the local Medical Centre, by community staff and the Out of Hours Service. The PCT is in the final stages of a project to introduce joint</td>
</tr>
<tr>
<td>- overnight services</td>
<td></td>
</tr>
<tr>
<td>- day time services</td>
<td></td>
</tr>
<tr>
<td>Further development of Out of Hours service and links with MIUs and A&amp;E</td>
<td></td>
</tr>
</tbody>
</table>
working between the Great Western Ambulance Service at Stroud General and Lydney Hospitals Minor Injury Units, with the introduction of Emergency Care Practitioners working in Minor Injury Units.

Introduction in Minor Illness training is now in place for nurses working in Minor Injury Units as part of the development of skill-mix and integration into the Out of Hours service. Contracting mechanisms with doctors will be reviewed as part of this process.

### CARE CLOSER TO HOME

**North Cotswolds**

New model of care strengthening community services and changes to bed type:

- 56 NHS beds – 25 semi acute (MH) plus 15 intensive care (BH)

- Enhanced OP – increase specialty range and numbers

- Enhanced community and therapy services

The PCT has applied to the Department of Health for the necessary capital funds to build the replacement facilities and expects to receive a positive outcome in October 2007.

Potential sites have been identified and these are currently being assessed.

The PCT hopes to commence construction in early 2009 and occupy the new facility in late 2010.

The PCT is currently developing the detailed business case and specifications for the new hospital and intends to award a design and construction contract in Spring 2008.

Development of criteria to assist with the selection of sites for capital developments
The PCT held a workshop in July 2007, which sought views from a wide range of local representatives including public and carer representatives, local GPs, commissioners, estates, care service and finance staff. The aim of the workshop was to agree and 'weight' a set of criteria to assist the PCT in the future selection of appropriate sites for capital developments. The agreed criteria include: access and convenience for local population, planning issues, potential for partnerships with other agencies/services, service integration and costs, both capital and revenue.

**Enhanced Community Services**

Discussions are taking place with GP Commissioning Clusters regarding implementation of case management to improve the experience of patients with long-term conditions and their carers.

The Department of Health 'End of Life' baseline assessment will be completed over next few months across county. This assessment will help the PCT to identify gaps in service provision in the North Cotswolds and inform future investment.

The North Cotswolds Intermediate Care Team is now in place and taking referrals to offer short term rehabilitation and therapy to prevent unnecessary admission, enabling patients to stay in their own home, supporting hospital discharge and offering acute nursing intervention.

**Berkeley Vale**

Remodel services within locality to develop clusters and new

The PCT has applied to the Department of Health for the necessary capital funds to build the replacement facilities and expects to receive a positive outcome in October 2007.
| **health and social care facility and closure of Berkeley Hospital** | Negotiations have begun with potential developers and sites are being appraised.  
  
The PCT hopes to commence construction in late 2009 and occupy the new facilities in 2011.  
  
The PCT is currently working on the outline Business Care for the project and intends to award a contract for design and construction in Spring 2008. |
|---|---|
| **Tewkesbury and Winchcombe** | Work has progressed steadily in both Winchcombe and Tewksbury to develop a new model of care that is consistent with work carried out elsewhere in the PCT, and which supports care closer to home in these rural communities. The Winchcombe stakeholder group have been presented with an initial financial and activity summary of the current service model and a new project team is being established to take this work through to Business Case. The outcome of this work at this stage points to the development of more community based intermediate care, palliative care, social care and case management, with some outpatients in medical, orthopaedic and some surgical specialties provided from a site in the Winchcombe community. A review of the need to commission a Minor Injuries Service, provided by the local GP practice, has also commenced.  
  
The options for patients who require bed based care are currently less advanced. The modelling carried out points to an initial over-estimation of the demand for an inpatient facility and it is now |
| **Enhanced role for Tewkesbury Hospital and a changed model of care in the Winchcombe area** | --- |
probable that patients requiring more complex medical care, and therefore admission to a GP medical bed, will need to be admitted to Tewkesbury Hospital. An option is being explored to evaluate whether it will be possible to commission a local provider to provide services for those patients who require skilled nursing care (e.g. end of life care) or those with a significant therapy input (e.g. rehabilitation). It is expected that the option appraisal will be completed fully by December 2007/Jan 2008.

<p>| Forest Hospitals | The Forest of Dean has maintained strong inpatient, outpatient, surgical and Minor Injury Unit services at both Dilke and Lydney Hospitals. The beds at Dilke Hospital are now all managed by the Blakeney GP practice. The GPs holding the contract are also active as part of the Forest of Dean GP Commissioning Cluster, and have invigorated the medical care, with increased admissions and reduced length of stay. The next development for Dilke Hospital is the implementation of an intermediate care facility with 6 beds, managed by a multidisciplinary health and social care team. A local GP provides a Gastro-enterology service at the hospital, supporting fast-track endoscopy where this is the identified diagnostic procedure. Lydney Hospital continues to offer a broad range of outpatient and surgical specialties, with podiatric surgery as part of the procedures offered. Inpatient activity has also increased over the last year. Following the establishment of the new Gloucestershire PCT, a joint management structure has been implemented and the |
| Changed model of care to provide enhanced hospital at home, community nursing and therapy services | |
| Closure of Dilke Memorial Hospital with potential transfer of outpatients within the area. Enhanced service levels at Lydney Hospital &amp; some activity transfers to GRH. Planning to commence for new community health facility | |</p>
<table>
<thead>
<tr>
<th>General Manger post for the Forest of Dean (as for all 6 localities) is a joint appointment between the PCT and the County Council Adult and Community Care Directorate. This has created an integrated health and social care team for the Forest of Dean. The Social Enterprise Pathfinder established at the end of the previous PCT public consultation continues to be active and has recently been considering the potential for social enterprise in the Forest of Dean a year on.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delancey Hospital and rehabilitation</td>
</tr>
<tr>
<td>Changed model of care with alternative community based services and intensive in hospital support leading to reduced length of stay across rehabilitation beds in CGH &amp; GRH. Transfer of 50-60 beds to CGH site and closure of Delancey Hospital</td>
</tr>
<tr>
<td>The In Reach team is now well established, having been introduced in August 2006. The Team comprises of nurses, occupational therapists, physiotherapists and social workers. The Team works alongside Gloucestershire Hospitals' Discharge Assessment Team (DAT) in enabling early supported discharge or transfer to another more suitable rehabilitation centre such as intermediate care facilities or community hospitals. A team of discharge rehabilitation assistants provide rehabilitation in residents' homes for a short period of time under the supervision by the In Reach physiotherapist. This is enabling local residents to receive their care as close to home as possible. The success of the scheme is seen through a reduction in number of days local residents spend in acute rehabilitation settings of 7947 days for the first quarter of this financial year compared to the same period last year. This brings an associated financial saving of £1.29m in the rehabilitation spend with Gloucestershire Hospitals NHS Foundation Trust.</td>
</tr>
</tbody>
</table>