

ANGUS COUNCIL

TAYSIDE ACUTE SERVICES STRATEGY CONSULTATION DOCUMENT

Report by Chief Executive

SUMMARY

This report provides a first draft response to the Tayside Acute Services Strategy Consultation Document and seeks the views of the Council for incorporation in a final response to be forwarded to the Chief Executive of Tayside Health Board.

RECOMMENDATIONS

It is recommended that the Council:-

- (i) note the contents of the Tayside Acute Services Strategy Consultation Document which has been circulated to all members, its Executive Summary (Appendix 1) and the long and short lists of options considered (Appendix 2).
- (ii) consider the terms of the draft response (Appendix 3) and advise the Chief Executive of amendments/additions for incorporation in a final response to be sent to the Chief Executive of Tayside Health Board by 31 July 2001.

CONSULTATION DOCUMENT

This Consultation Document sets out Tayside Health Board's proposals on the future of acute hospital services in Tayside. It has been influenced by the work that the Tayside Integrated Acute Services Review carried out, but also sets out options which are either new or have been changed as the result of discussions which have taken place since the Board received the report of the Review in January 2001.

The Consultation Document seeks views on the following proposals:

ADULT ACUTE SERVICES

- **Ninewells Hospital will remain a major teaching centre for Tayside and the East of Scotland. However, there is a need to modernise the way services are provided to improve service delivery.**
- **Perth Royal Infirmary (PRI) should continue to provide a wide range of acute services.**
- **A new local hospital for Angus, supported by existing locally-based services (Model A – see Appendix 3 for details of services); or a new local**

hospital for Angus, linked to the development of existing community hospitals (Model B – see Appendix 3 for details of services).

- In the time before the new local hospital in Angus is set up, the proposed range of services (see Appendix 3) will be developed at Stracathro Hospital.

MATERNITY

- A single consultant maternity (obstetric) unit for Tayside in Ninewells Hospital with midwife-led units in Perth Royal Infirmary and Angus. There will be at least one midwife-led unit in Angus. Midwife-managed care should be retained and further developed across the region in line with the principles set out in “A Framework for Maternity Services in Scotland”, published in February 2001.
- The main things that affect the decision on the final number of midwife-led units in Angus will be:-
 - being able to keep a high standard of clinical skills;
 - being able to recruit and retain midwives; and
 - the cost of providing the units.

We will speak to you about these issues during the consultation period.

- A new midwife-consultant partnership model in Perth Royal Infirmary.
- Ninewells Hospital will provide inpatient emergency gynaecology for the women who live in Tayside.

PAEDIATRICS

- A single inpatient service for Tayside in Ninewells Hospital, with a 12-hour, seven day a week paediatric medical assessment unit in Perth Royal Infirmary should be set up, and day surgery for children over three years old will still be provided in Perth Royal Infirmary. Children from Angus and North East Fife will continue to receive their inpatient care and daycase treatment from Ninewells Hospital. Outpatient clinics will continue to be provided in Perth and Angus.

Appendix 3 sets out a draft response for Members' consideration. The views of members are sought for incorporation in a final response to be forwarded to the Chief Executive of Tayside Health Board by 31 July 2001.

HUMAN RIGHTS

It is not considered that there are any human rights implications arising from this report.

INEQUALITIES IN HEALTH

There are undoubtedly issues of equity of provision to be considered, particularly in light of already existing concerns about inequalities in health, and the Health Board should have

regard to their responsibility to provide adequate services to the whole of the area they serve.

FINANCIAL IMPLICATIONS

It is regretted that the consultation document is less than explicit regarding the costs of the various options. This makes it very difficult to comment objectively on the difficult issues which the document raises. The document alludes to the need to make best use of public money and the need for the health service in Tayside to live within its means. From a customer perspective it would have been useful if the document could have been supported by the fully costed business plan which is mentioned on page 28. This would have enabled the customer to be better informed as to the relative costs of the options put forward and allowed a more objective view to be taken.

From the Council's point of view the wider issue of making best use of public money needs to be more fully considered. Some of the issues raised in the document relating to social services and transport undoubtedly have financial implications and there seems to be an implication that these costs can be transferred, at least in part, to local government. Given the present constraints on local authority budgets this proposition would seem unlikely. In these circumstances given the implications from both social work and transport the Health Board should be pressed to provide full costings and ensure that funding is provided for all aspects of delivery.

CONSULTATION

The Directors of Finance, Law & Administration, Social Work and Planning & Transport have been consulted in the preparation of this report.

A B Watson
Chief Executive

ABW/BAK
26 June 2001

ABW/Reports/Tayside Acute Services Strategy Consultation Doc

Tayside Acute Services Strategy

Executive Summary

NHS Tayside brings together the three organisations that are responsible for managing and providing health services in Tayside. We are Tayside Health Board, Tayside Primary Care NHS Trust and Tayside University Hospitals NHS Trust.

We have a responsibility to meet the needs of local people with a wide range of healthcare. This includes planning how we respond to developments in medicine and how best to meet patients' needs in the future. We must build a health service in Tayside that listens better to patients and responds more effectively to their needs. Our aim should be not just to treat people in hospital more effectively, but also to help more people to stay well and receive care closer to where they live.

In line with the Scottish Executive's 'Our National Health - A plan for action, a plan for change', published in February 2001, we aim to build an integrated health service where the public and our patients are more involved in the decisions that affect their care. This will include working together with our local authority partners to deal with inequalities in people's health. In doing this we must also make best use of public money and live within our means. This will mean making difficult choices. We need to work together to deliver modern standards of care for all local people.

Even if we were not facing financial difficulties, we would still need to modernise our service to keep up with today's standards of clinical care and new ways of working.

We have spoken to representatives of the local-community interest groups and doctors and nurses about the proposals for the future of acute hospital services in Tayside. We have also spoken to other health boards about how people living in these areas and who receive their health services in Tayside will be affected.

The report of the Tayside Integrated Acute Services Review (TIASR) was presented to the Health Board in January 2001. It has given us the starting point for these discussions. This consultation document proposes a number of new and improved models that have come out of recent discussions.

We would like you to tell us what you think about the issues and proposals set out in this document.

Proposed recommendations

There is a full glossary of terms at the beginning of the document, which we hope you will find useful.

Adult Acute Services

We would like your views on the following proposals.

- Ninewells Hospital will remain a major teaching centre for Tayside and the East of Scotland. However, there is a need to modernise the way services are provided to improve service delivery.
- Perth Royal Infirmary (PRI) should continue to provide a wide range of acute services.
- A new local hospital for Angus, supported by existing locally-based services (Model A - see Appendix 3 for details of services); or a new local hospital for Angus, linked to the development of existing community hospitals (Model B - see Appendix 3 for details of services).
- In the time before the new local hospital in Angus is set up, the proposed range of services (see Appendix 3) will be developed at Stracathro Hospital.

Other key points about adult acute services

- The Acute Services Review in itself will not affect the services in the community hospitals. Services in the local areas are changing and developing regardless of the review. We will speak to you about any major changes that affect community hospitals.
- Community hospitals must be able to provide the services they were designed for.
- Tertiary services are those which are highly specialised and usually delivered in a few national or regional centres. These may include, for example, neurosurgery, organ transplants and specialist heart surgery. The role and future of tertiary services provided in Tayside are not directly dealt with in this document. The future progress of tertiary services will be developed by the South East and Tayside Group (which includes Tayside, Fife, Forth Valley and Lothian Health Boards) or as part of national planning work led by the National Services Division of the Common Services Agency.

Maternity

We would like your views on the following proposals.

- A single consultant maternity (obstetric) unit for Tayside in Ninewells Hospital with midwife-led units in Perth Royal Infirmary and Angus. There will be at least one midwife-led unit in Angus. Midwife-managed care should be retained and further developed across the region in line with the principles set out in 'A Framework for Maternity Services in Scotland', published in February 2001.
- The main things that affect the decision on the final number of midwife-led units in Angus will be:
 - being able to keep a high standard of clinical skills;
 - being able to recruit and retain midwives; and
 - the cost of providing the units.

We will speak to you about these issues during the consultation period.

- A new midwife-consultant partnership model in Perth Royal Infirmary.
- Ninewells Hospital will provide inpatient emergency gynaecology for the women who live in Tayside.

Other key points about maternity services

- We have no plans to increase the level of resources we spend on maternity services. This is based on the funding we provided for 1999 to 2000.
- We can only look at a new way of providing maternity services if we can show that we could carry it out without increasing the money we would have to spend on maternity services.

Paediatrics

We would like your views on the following proposals.

- A single inpatient service for Tayside in Ninewells Hospital, with a 12-hour, seven day a week paediatric medical assessment unit in Perth Royal Infirmary should be set up, and day surgery for children over 3 years old will still be provided in Perth Royal Infirmary. Children from Angus and North East Fife will continue to receive their inpatient care and daycase treatment from Ninewells Hospital. Outpatient clinics will continue to be provided in Perth and Angus.

Other key points about paediatric services

- Doctors have recommended that specialist inpatient services for children must be delivered from one site in Tayside. This is to safeguard the delivery of safe, effective and high-quality services for all families in the region.

General points

- We will only look at a new way of providing services if we can do it within the projected level of funding over the next five years.
- Carrying out the new plans depends on, and will help with, achieving financial balance in NHS Tayside. This means we cannot spend more money than we receive. Carrying out the recommendations will need to reflect this.
- We must deliver the Tayside Acute Services Strategy as part of a financial plan that improves the level of investment in primary and community care.
- Ambulance and public transport arrangements will need to take account of changes in the way modernised health services will be delivered.
- Services will continue to change over time. This strategy sets out how they will change.
- We will also look at other affordable and clinically practical options that you, or anyone else we speak to, may put forward during the 90-day consultation period.

The long list of options considered by the Tayside Integrated Acute Services Review

General Acute Services

- 1 The 'do minimum' (as at 31 March 2000) - keeping the current range of services as at March 2000 (three sites).
- 2 Three sites, keeping the same range of services in Dundee and Perth with a developed District General Hospital in Angus.
- 3 Single inpatient site in Dundee with more intermediate care and ambulatory care in Perth and Angus.
- 4 Single inpatient site in Perth with more intermediate care and ambulatory care in Dundee and Angus.
- 5 Single emergency site with planned surgery and specialist services in Dundee. An Elective Surgical Centre, plus more intermediate care in Perth. Developing inpatient intermediate care, early supported discharge and an Ambulatory Care Diagnostic and Treatment Centre in Angus.
- 6 Single emergency site with planned surgery and specialist services in Perth. An Elective Surgical Centre, plus more intermediate care in Dundee. Developing inpatient intermediate care, early supported discharge and an Ambulatory Care Diagnostic and Treatment Centre in Angus.
- 7 Two emergency sites in Dundee and Perth with planned surgery on each site and early supported discharge. Developing inpatient intermediate care, early supported discharge and an Ambulatory Care Diagnostic and Treatment Centre in Angus.
- 8 Two emergency sites in Angus and Perth with planned surgery on each site and early supported discharge. Developing inpatient intermediate care, early supported discharge and an Ambulatory Care Diagnostic and Treatment Centre in Dundee.
- 9 Two emergency sites in Angus and Dundee with planned surgery on each site and early supported discharge. Developing inpatient intermediate care, early supported discharge and an Ambulatory Care Diagnostic and Treatment Centre in Perth.
- 10 Two emergency sites in Dundee and Perth with planned surgery on each site and early supported discharge. Early supported discharge and an Ambulatory Care Diagnostic and Treatment Centre in Angus.
- 11 Two emergency sites in Angus and Perth with planned surgery on each site and early supported discharge. Early supported discharge and an Ambulatory Care Diagnostic and Treatment Centre in Dundee.
- 12 Two emergency sites in Angus and Dundee with planned surgery on each site and early supported discharge. Early supported discharge and an Ambulatory Care Diagnostic and Treatment Centre in Perth.

13 No acute services provided in Tayside, with acute care purchased from other health boards. Inpatient intermediate care and three Ambulatory Care Diagnostic and Treatment Centres in Angus, Dundee and Perth and Kinross.

Maternity and Gynaecology Services

- 1 The 'do minimum' - keeping the current range of services (status quo).
- 2 Status quo in Perth and Dundee and develop a consultant-led single inpatient site in Angus (this option should only be considered together with developing a District General Hospital in Angus).
- 3 Single consultant unit (all births) in Ninewells and antenatal care in Perth and Kinross and Angus with or without developing community midwife services across the region.
- 4 Status quo in Ninewells and Perth with a single midwife-led unit in Angus.
- 5 Status quo in Ninewells and Perth and a single GP-midwife unit in Angus.
- 6 Single consultant unit in Ninewells and midwife-led units in Angus and Perth.
- 7 Single consultant unit in Ninewells with an improved community midwife service. Midwife-led units in Angus and Perth with improved community midwife services.

Paediatrics

- 1 'Do minimum' - keeping the current range of services (status quo).
- 2 Single inpatient paediatric medical unit with emergency and elective surgery at Ninewells. Overnight surgical facility, daycase and Day Assessment Unit in Perth Royal Infirmary. Outpatient services in Angus.
- 3 Single inpatient paediatric medical and surgical services in Ninewells. Daycase and Day Assessment Unit in Perth Royal Infirmary. Outpatient services in Angus.
- 4 Single inpatient paediatric medical service in Ninewells. Day Assessment Unit in Perth. Inpatient paediatric general surgery provided outside Tayside. Daycase and outpatient services provided in Tayside by paediatric surgeons from elsewhere.
- 5 All paediatric services in Ninewells with outpatient services in Angus and Perth.
- 6 All paediatric services in Perth Royal Infirmary with outpatient services in Dundee and Angus. (This option should only be considered together with single-site options for general acute services based in Perth).

The shortlisted options - summary description

General Acute Services

- Option 1 'Do minimum' - keeping the current range of services as at March 2000 (three sites).
- Option 2 Three sites, status quo in Dundee and Perth with a developed District General Hospital in Angus.
- Option 3 Single inpatient site in Dundee with more intermediate care and ambulatory care in Perth and Angus.
- Option 7 Two emergency sites in Dundee and Perth with planned surgery on each site and early supported discharge. Developing inpatient intermediate care, early supported discharge and an Ambulatory Care Diagnostic and Treatment Centre in Angus.
- Option 7 a Two emergency sites in Dundee and Perth with planned surgery on each site and minimal intermediate care. Early supported discharge and an Ambulatory Care Diagnostic and Treatment Centre in Angus (used to be Option 10).

Maternity and Gynaecology Services

- Option 1 'Do minimum' - keeping the current service arrangements (status quo).
- Option 3 Single consultant unit (all births) in Ninewells and antenatal care in Perth and Kinross and Angus with or without developing community midwife services across region.
- Option 4 Status quo in Ninewells and Perth with a single midwife-led unit in Angus.
- Option 6 Status quo in Ninewells and Perth with a single midwife-led unit in Angus.
- Option 7 Single consultant unit in Ninewells with an improved community midwife service. Midwife-led units in Angus and Perth with improved community midwife services.

Paediatrics

- Option 1 'Do minimum' - keeping the current service arrangements (status quo).
- Option 3 Single inpatient paediatric medical and surgical services in Ninewells. Daycase and Day Assessment Unit in Perth Royal Infirmary. Outpatient services in Angus.
- Option 5 All paediatric services in Ninewells with outpatient services in Angus and Perth.

ANGUS COUNCIL**Response to Tayside Acute Services Strategy Consultation Document**

In the Angus Community Plan, to which Tayside Health Board is signed up as a partner, there is specific reference (para 7.2) to the acute services review, and it is emphasised that it is essential that one of the key factors to be taken into account is accessibility for Angus residents to acute health services. In this context the Community Plan indicates the need to ensure that primary and acute health facilities are located as close to people's homes as possible, whilst being clinically effective and safe.

Against that backcloth, Angus Council would comment on the various points in the Consultation Document as follows:

ADULT ACUTE SERVICES

- **Ninewells Hospital will remain a major teaching centre for Tayside and the East of Scotland. However, there is a need to modernise the way services are provided to improve service delivery.**

Angus Council's view is that it is essential for the East of Scotland that Ninewells remains a major teaching centre. With regard to modernising the way services are provided to improve service delivery, it is suggested that in a context where people should, as far as possible, access services locally, particular attention should be given to identifying what services could realistically be provided on an outreach basis.

- **Perth Royal Infirmary (PRI) should continue to provide a wide range of acute services.**

Angus Council does not understand why it is proposed that Angus be dealt with in one way, and Perth in another. A consistent approach should be adopted, with acute services being available either in both Perth and Angus, or in neither. Are two acute sites viable financially in the current financial circumstances facing the NHS in Tayside? It should be noted that a conscious decision to take a course of action which produces inequalities in health provision could possibly be challenged.

- **A new local hospital for Angus, supported by existing locally-based services (Model A – see Appendix 3 for details of services); or a new local hospital for Angus, linked to the development of existing community hospitals (Model B – see Appendix 3 for details of services).**

Angus Council strongly supports the continuation of acute services in Stracathro Hospital, and believes that there is a sound case for that stance. If, despite that view, the Health Board decides not to retain acute services at Stracathro, Angus Council's view is that under Model B, two local hospitals are required – one to serve the coastal area, the other to serve the landward area. This should be

linked to the development of existing community hospitals, and still holding to the CRC strategy and vision.

- **In the time before the new local hospital in Angus is set up, the proposed range of services (see Appendix 3) will be developed at Stracathro Hospital.**

To do this would mean a rationalisation of existing service delivery in the interim. There should be no further reduction in services in Stracathro pending the availability of the new local hospitals.

MATERNITY

- **A single consultant maternity (obstetric) unit for Tayside in Ninewells Hospital with midwife-led units in Perth Royal Infirmary and Angus. There will be at least one midwife-led unit in Angus. Midwife-managed care should be retained and further developed across the region in line with the principles set out in "A Framework for Maternity Services in Scotland", published in February 2001.**

This is agreed, on the basis that there would be no diminution of the current midwife-led service in Angus.

- **The main things that affect the decision on the final number of midwife-led units in Angus will be:-**
 - **being able to keep a high standard of clinical skills;**
 - **being able to recruit and retain midwives; and**
 - **the cost of providing the units.**

We will speak to you about these issues during the consultation period.

The view of Angus Council is that Angus and Perth should be dealt with in similar fashion.

- **A new midwife-consultant partnership model in Perth Royal Infirmary.**

This is agreed on the basis that Angus and Perth would have similar facilities available to them.

- **Ninewells Hospital will provide inpatient emergency gynaecology for the women who live in Tayside.**

This is agreed.

PAEDIATRICS

- **A single inpatient service for Tayside in Ninewells Hospital, with a 12-hour, seven day a week paediatric medical assessment unit in Perth Royal Infirmary should be set up, and day surgery for children over three years old will still be provided in Perth Royal Infirmary. Children from Angus and North East Fife will continue to receive their inpatient care and daycase**

treatment from Ninewells Hospital. Outpatient clinics will continue to be provided in Perth and Angus.

Again, it is suggested that the Health Board will not wish to take a decision which leads to inequalities of provision between Perth and Angus. There will be a need for more outpatient clinics and considerable investment will be required.

PLANNING & TRANSPORT

It is good to see that transport has been recognised in the consultation document. Stracathro is an important route on the bus services which are supported financially by the Council. Any change to the level of demand at the Stracathro site could have knock-on implications. Should a new hospital be developed at another site it would have implications for public transport. A new site would have planning implications. The process of site selection should pay particular regard to accessibility by a range of transport modes. It is essential to make sure that a new site is the most convenient possible both in the wide Angus context and with the town in which it is located. If a new site is the preferred option, the issue of site identification should start early because it may be that the best site requires to be assembled and processed through the planning system.

A B Watson
Chief Executive

ABW/JW
26 June 2001

ABW/Reports/Tayside Acute Services Strategy, Appendix 3

