

30<sup>th</sup> April 2008

Dear Chairman,

**Joint Health Overview Scrutiny Committee's Response to the  
'Fit for the Future' proposals**

We have recently had sight of the Joint HOSC's draft Response document relating to the proposals from the PCTs, and wanted to make contact with you before the text of that document is approved by the Joint Committee at its meeting on Friday this week. We also wanted to indicate to you - and your committee colleagues - that the Support the Princess Royal Hospital campaign appreciates the significant amount of work undertaken by the committee in assembling and reviewing evidence on the range of complex issues canvassed within the original consultation document.

Our starting point was to ensure, for the benefit of the people of central Sussex and beyond, that as wide a range of services as possible is retained at the Princess Royal Hospital (PRH). One of the crucial services was (and is) accident and emergency. Although not a full service (because of the previous loss of the surgical emergency function) that service needs to be underpinned by a comprehensive acute medicine function and by ITU at level 3. That in turn requires an adequate supply of on-site anaesthetists and intensivists.

Our second principal concern turned on the availability of a readily accessible obstetric service, staffed by both consultants and midwives. As you know, the obstetric service is backed up by anaesthetists and other professionals, including the advanced neo-natal nurse practitioners who provide first-port paediatric care.

Assuming the PCTs adopt the LGH+ model for the PRH, incorporating a functioning A&E facility (Service model 3, which your committee appears to endorse at section 6.19 of its draft report, but - inexplicably - fails specifically to recommend in its Recommendations at paras. 4.1 and 4.2), we are content with that solution. We however adopt your committee's concern (at paras. 6.19.2 & 3 on lack of clarity) that the breadth of A&E service at each hospital site is not spelt out, and believe that your committee should have made a specific recommendation in this regard at Recommendation 4. In this regard we believe your response is deficient.

Our second concern relates to the inter-relationship between maternity services and ITU. Again, at para. 7.8.2 in your conclusions (under maternity), you rightly recognise the relationship, but you fail to give proper or adequate consideration to how that relationship works within section 7 or within your Recommendations. The question relating to the adequacy of anaesthetists for the LGH+ model turns in significant measure on the availability of an on-site obstetric service. Obstetric procedures (such as caesarean or epidural) require quick-response anaesthetist cover. Anaesthetists' availability on-site means that they are able to augment and deliver the intensive care service at level 3 (which is central to the delivery of a full range of acute medical care) rather than at level 2 (which is less than adequate for that service). An ITU service which is dependant either on a reduced anaesthetist workforce - because of the loss of on-site obstetrics - or on ambulatory care linked to another acute hospital, is less safe and is less than sustainable in the medium to long term. This is a very serious issue and we believe that in your committee's Response document (Recommendation 5.1) you should address this. You will recall that the Support the PRH campaign's evidence highlighted this concern which was based on both obstetrician and anaesthetist professional opinion.

We are also concerned by the thrust of two other of your recommendations in connection with the maternity service. Although you indicate (Recommendation 5.1) that closure of the PRH consultant-led maternity unit at the PRH would fail to serve the interests of the central and north County populations, you appear to suggest that this issue can await the outcome of the FFF exercise and be tackled subsequently in the separate North-east County review. That, in our view, is far too late. The pattern, and the funding, for the delivery of hospital-based maternity services will be set in the present exercise. The North-east County review will focus on primary and community facilities and, at most, will make recommendations relating to a stand-alone midwife-led unit. In our view it is inconceivable that the issue of a consultant-led obstetric service will be revisited in this second phase. To put it bluntly – we believe your recommendation is unsatisfactory.

Linked to this is our very real concern that the ANNP service will be lost. In your Recommendation 5.4 you concede that the PCT has “no realistic option other” than to centralise inpatient paediatric services (which you then go on to support). That recommendation fails to distinguish or to understand the way in which neo-natal paediatric services operate and, more particularly, why the ANNP service at the PRH - which has received national recognition and plaudit - should thrive and survive. We would particularly ask you to revisit the way in which you have framed your maternity Recommendations.

We appreciate that time is short, but we believe that the various points we set out in this letter are worthy of fuller consideration by the JHOSC prior to your making your recommendations to the PCTs. They are – in our view – central to the wellbeing of the people of Mid and central Sussex.

We would be very grateful if you would ensure that this letter is distributed to the members of your committee ahead of their deliberations.

Yours sincerely,

**Nicholas Soames**  
**Member of Parliament for Mid Sussex**

**Jonathan Teasdale**  
**Support the Princess Royal Hospital Campaign**

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Following the JHOSC meeting on the 2<sup>nd</sup> May Mr Soames said; “I am pleased that JHOSC have accepted the strongly worded points of Jonathan Teasdale of the Support the Princess Royal Hospital Campaign and myself and have added the following key recommendation to its report to the Primary Care Trust”;

*‘That the Committee is not persuaded of the safety/desirability of only one consultant-led maternity unit in West Sussex (especially with the changes in East Sussex), and would prefer to see the retention of a second consultant-led unit north of the South Downs, at Princess Royal Hospital.’*