

## **BABERGH DISTRICT COUNCIL**

**FROM:** Head of Environmental Services

**REPORT NUMBER** **E162**

**TO:** Overview and Scrutiny (Community Services) Committee

**DATE OF MEETING** 4<sup>th</sup> October 2005

### **FORMAL CONSULTATION ON THE DELIVERY OF HEALTH SERVICES IN SUFFOLK**

#### 1. **SUMMARY**

The Primary Care Trusts in Suffolk, together with their health community partners, have produced plans for service changes which affect residents in the county. This report, supporting documents and presentations to be made before the Committee provide evidence and information to enable a response to the consultation exercise currently under way. The closing date for consultation is 31<sup>st</sup> October 2005.

#### 2. **RECOMMENDATIONS**

- 2.1 That the Corporate Director (Community Services) in consultation with the Chairman of Council, Chairman of Strategy Committee and the Political Leaders Group submits a response to the Suffolk West PCT and Suffolk East PCTs' proposals fully reflecting the concerns of the Overview and Scrutiny Committee (Community Services).
- 2.2 That, in accordance with the resolution of Council (Minute 33 of the meeting of Council 26<sup>th</sup> July 2005), a copy of the response to the PCTs also be submitted to the Secretary of State for Health, the Strategic Health Authority and Tim Yeo MP.

The Committee is able to resolve these matters.

#### 3. **FINANCIAL IMPLICATIONS**

- 3.1 There are no direct implications.

#### 4. **KEY INFORMATION**

- 4.1 Following a motion moved by Cllr. C.M. Spence at Full Council on 26<sup>th</sup> July, the Overview and Scrutiny Committee (Community Services) was asked to consider the consultation documentation to be provided by Suffolk West PCT on their proposal to close Walnuttree Hospital, Sudbury with specific reference to the impact of proposals on the residents of Babergh.
- 4.2 At that time the manner and full implications of the consultation process were unclear and details of this were not received until mid-August.
- 4.3 From the beginning of August all the Suffolk Health Community – PCTs, Acute Hospital Trusts and the Suffolk Mental Health Partnership Trust published documents for consultation, presenting proposals for the future delivery of health services across the County. These proposals do not only relate to closures affecting the west of the District, but

also the wider implications of changes to local Hospitals and mental health care. The documents relevant to Babergh are:

- **Modernising Healthcare in West Suffolk** – published by Suffolk West Primary Care Trust, West Suffolk Hospital NHS Trust and Suffolk Mental Health Partnership Trust.
- **Changing for the Better** – Suffolk East Primary Care Trusts, The Ipswich Hospital Trust and the Suffolk Mental Health Partnership Trust.

4.4 The broad principles of the proposals contained within both documents are the same and are aimed at addressing similar issues:

- Control of budgets and management of expenditure
- A shift in emphasis from hospital bed based care to community based care.
- Aiming to prolong independence at home as long as possible
- Ensuring care is provided at home or closer to home
- Improved access to assessment, diagnosis and treatment
- Services designed to meet the needs of individuals
- Rehabilitation in community settings

These matters are reflected across the country and are seen as essential in providing a modernised Health Service. Modernisation is essential to address:

- Increase in the costs of specialised services
- High levels of drug costs and prescribing strategies
- Impact of legislative changes particularly working conditions
- New national contracts for doctors improving pay and conditions
- Higher than average performance related payments to GPs
- Increased hospital referrals
- Changes in the way out of hours services are provided
- Increased numbers of emergency admissions and attendances at A&E departments
- Beds inappropriately occupied in acute and community hospitals
- Delivery of the national priorities for healthcare

4.5 Against these pressures, the most significant proposals giving rise to concern and Babergh's suggested responses, are summarised in Appendix 2.

4.6 In order that the implications of the proposals can be properly considered, the Committee will be given the opportunity to receive presentations from the PCTs, from the Council's representative on the County Health Scrutiny Committee (Appendix 3) and from other interest groups (Appendix 4). Members will be able to cross-examine following presentations, to enable identification of the real concerns arising from the proposals. The programme to undertake this process is presented at Appendix 1.

## 5. APPENDICES

- (a) Appendix 1 – Programme for receiving representations
- (b) Appendix 2 – Summary of proposals by Suffolk PCTs with suggested response by Babergh

(c) Appendix 3 – Report from Dr. Michael Miller, Health Scrutiny Representative

(d) Appendix 4 – Reports and other representations received.

6. **BACKGROUND PAPERS REFERRED TO:**

1. Modernising Healthcare in West Suffolk
2. Changing for the Better – next steps

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**APPENDIX 1**

**Proposed Agenda for Overview & Scrutiny (Community Services) Committee  
of PCT Proposals – 4 October 2004**

Item	Suggested Timetable
Chairman's Introduction	5 min
<b>PART 1: WESTERN SUFFOLK PCT CONSULTATION</b>	
Presentation by Chair/Chief Executive of Western Suffolk PCT	20 mins
Presentation by Dr. Michael Miller as BDC's representative on SCC Health Scrutiny Panel advising O&S (CS) on any relevant points made by SCC (see Dr Miller's Briefing at Appendix 3)	10 mins
Presentation by Peter Clifford, representing Walnuttree Hospital Action Committee (WHAC) (see Mr Clifford's paper at Appendix 4)	10 mins
Presentation from Cllr. Tony Shelton, Chair of Public Safety, Policy Development Group, Braintree DC	10 mins
Response from Western Suffolk PCT to points made	10 mins
Q & A Session for BDC. O&S (CS) Members to ask questions	30 mins
Summary of issues BDC wishes to raise with Secretary of State	10 min
<b>PART 2: SUFFOLK EAST PCT CONSULTATION</b>	
Presentation from Suffolk East PCT	20 mins
Presentation from Dr. Michael Miller, as above	10 mins
Q & A Session for BDC O&S (CS) Members as above	30 mins
Summary of issues BDC wishes to raise with Secretary of State	10 min

## APPENDIX 2

### Response to PCT Consultation Documents – Modernising Healthcare

Proposal by PCT – (E) Suffolk East - (W) Suffolk West	Suggested Response by Babergh DC
Aim to provide more care closer to people's homes (E) & (W)	The Council would welcome this principle providing it is not at the expense of, or compromises the level of health care currently provided.
Rectification of significant financial problems by developing more efficient and effective healthcare (E) & (W)	The Council supports any move to resolve financial problems arising from inefficiencies, inappropriate traditional methods of treatment or uncontrolled expenditure. However, achieving these aims should not be justification for delivery of lesser healthcare services available within the district.
The proposed closures of the Walnuttree and St. Leonard's Hospitals in Sudbury prior to the development of a new 'Health and Social Care Centre' due for completion in 2007. – Loss of 32 inpatient beds and the transfer of <b>many</b> outpatient clinics to the West Suffolk Hospital (W)	<p>Whilst reassured that the development of a new facility in Sudbury is contained in the proposals, the Council has significant concerns regarding:</p> <ul style="list-style-type: none"> <li>• The closure of a total of 48 community hospital beds in Sudbury and Newmarket, and a further 55 beds at West Suffolk Hospital, a significant number of which are for rehabilitation and care of older people.</li> <li>• In the short term those requiring bed care may be accommodated some distance from the Sudbury locality – in conflict with the PCTs intention to '...ensuring more people receive care at home or closer to home..'</li> <li>• Any proposed changes will need careful management to ensure that withdrawal of services at Walnuttree and their replacement with equivalent services in the Sudbury area will not leave gaps in provision. The rapid timescale for change gives us serious doubts that this can be achieved without affecting patient care.</li> <li>• It is not clear what care services will be transferred from Walnuttree and St Leonard's to the West Suffolk Hospital. The Commission for Health Improvement document "Coronary heart disease in the West Suffolk Area: progress in implementing the national service framework, published 2004" identified transport and distance from West Suffolk Hospital as the main barriers to accessing services for people with coronary heart disease. The same concerns could well apply to the specialist outpatient services that are proposed to be transferred from Walnuttree hospital, even though they might not</li> </ul>

	<p>be part of coronary patient care. This does not represent 'improved access to assessment diagnosis and treatment', one of the key objectives of the proposals.</p> <ul style="list-style-type: none"> <li>• There is a critical lack of public confidence in health care provision in the Sudbury area due to the legacy of broken promises and commitments to development that have been made by the NHS over the past decade. The Council demands that the standards and facilities of the proposed development are finalised without delay.</li> <li>• It is also not clear how the transfer of services to West Suffolk Hospital is being reconciled with the Department of Health's document "Creating a patient-led NHS" given that there is a clear sentiment in the local population that such transfer represents a poorer service to the public. The issue of travel and transport alone indicates that this will provide significant barriers to the accessibility of services.</li> <li>• No provision of an emergency A&amp;E type service in Sudbury conflicts with the objective of unnecessary A&amp;E presentations at West Suffolk Hospital</li> <li>• The locality has a catchment of some 40,000 people who will be deprived of locally based and readily accessible facilities.</li> </ul>
<p>Proposed closures of Hartsmere Hospital (Eye), the Bartlet Hospital (Felixstowe), the reduction of beds at Aldeburgh and the closure of the Hayward day Hospital at Ipswich, and loss of up to 80 medical and surgical beds at Ipswich Hospital. (E)</p>	<p>Whilst these facilities are not based within the district, they have been and are used by Babergh residents. Aware of the well publicised crises facing acute demand in hospitals, the Council remains unconvinced that these services can be transferred into intermediate or community based care. Already residents in the East of the district face long and inconvenient journeys to access services, and dependency on home care visits will place more strain on under-resourced services.</p>
<p>Ensuring more people receive care at home or closer to home – community based provision of care. (E) (W)</p>	<p>Whilst accepting the desirability of prolonged independence at home, the Council remains unconvinced that services may replace some bed care and outpatient treatments economically. The Council would wish to see evidence of financial modelling to illustrate this. Major concerns lie in:</p> <ul style="list-style-type: none"> <li>• Delivering adequate standards of care in the home environment</li> <li>• Reliance on home carers (family) to provide high levels of care</li> <li>• Lack of support to families undertaking long term care.</li> <li>• Capacity of the Trusts to recruit suitably qualified and adequate numbers of professional nursing and care staff</li> </ul>

Provision of 'out of normal hours' services (E) (W)	Proposal relating to this, such as reducing out of hours services, appear to conflict with the document "Creating a patient-led NHS", especially as it cites good practice examples of providing services at hours to suit patient needs rather than those of the service provider
Changes to mental health 'model of care' (E) (W)	Accepting the move to a model of support in the community, the Council would again expect to see the level of support and monitoring increase, often the impact of those needing mental health care on the local community can be significant and response is not always timely or appropriate.

The above are observations on the key areas raised in the consultation, which will be supplemented by any concerns raised during the discussion by committee.

**BABERGH District Council**  
**Overview & Scrutiny Committee (Community Services)**  
**Meeting: 4 October 2005**

**BRIEFING ON SUFFOLK HEALTH COMMUNITY FINANCIAL CRISES**

From: Cllr Michael Miller (Babergh representative on Suffolk Health OSC)

**BACKGROUND**

*This note summarises the information obtained by Members of the SCC Health Overview & Scrutiny Committee.*

The “Suffolk Health Community” comprises West Suffolk PCT, East Suffolk PCT, Ipswich PCT, Waveney PCT, Ipswich Hospital NHS Trust, West Suffolk Hospital NHS Trust and Suffolk Mental Health Trust. Whilst it serves Suffolk people, the James Paget Hospital NHS Trust is located in Norfolk.

For some time all the NHS organisations have been under financial pressure. The Norfolk, Suffolk & Cambridgeshire Strategic Health Authority (the SHA) has provided the following figures, which are cumulative from 2002/2003 onwards

Financial year	Suffolk Health Authority	Ipswich PCT	Central Suffolk PCT	Suffolk Coastal PCT	Suffolk West PCT	Waveney PCT	Ipswich Hospital	Local Health Part'ship	West Suffolk Hospital	Total
2004/05		(8,316)	(2,874)	(4,890)	(8,900)	139	(4,328)	1,978	(7,444)	<b>(34,635)</b>
2003/04		(5,598)	(1,831)	(3,480)	(4,423)	(474)	(1,404)	(489)	(2,501)	<b>(20,200)</b>
2002/03		(413)	5	(432)	(1,581)	(176)	992	9	947	<b>(649)</b>
2001/02	910						(992)	20	(936)	<b>(998)</b>
2000/01	0						620	58	290	<b>968</b>
1999/00	(1,921)						87	24	(286)	<b>(2,096)</b>
1998/99	(964)						(769)	(826)	28	<b>(2,531)</b>

Table 1: Health organisation deficits

*Local Health Partnership have renamed to Suffolk Mental Health Partnership Trust in 2004/05*

The SHA has consistently reiterated that it is the duty of each organisation to get its annual spending into surplus and to pay off the accumulated deficit.

In terms of annual balances, the following table (derived from Table 1) shows that Suffolk West PCT has a particularly serious situation, with increasing annual deficits. In contrast, Waveney has now managed to achieve an annual surplus, as has Suffolk Mental Health Partnership.

Financial year	Ipswich PCT	Central Suffolk PCT	Suffolk Coastal PCT	Suffolk West PCT	Waveney PCT	Ipswich Hospital	West Suffolk Hospital	Local Health Part'ship
2004/05	(2,718)	(1,043)	(1,410)	(4,477)	613	(2,924)	(4,943)	2,467
2003/04	(5,185)	(1,836)	(3,048)	(2,842)	(298)	(2,396)	(3,448)	(498)
2002/03	(413)	5	(432)	(1,581)	(176)	1,984	1,883	(11)

Table 2: Annual deficits

The management of Central, Ipswich and Coastal PCTs has now been combined into “Suffolk East PCTs” and there is a new proposal (to go out to consultation from November) to amalgamate all the Suffolk PCTs, or possibly to leave Waveney separate and amalgamate the rest.

The West and “East” PCTs have both decided to reduce beds in Community Hospitals and ultimately to close many of the hospitals altogether. This would have the effect of allowing them to reduce some annual expenditures and to achieve a capital saving with which to pay off the accumulated deficits.

## ANALYSIS

### Underfunding

The annual funding of PCTs (and through them the Hospital Trusts) by the NHS is based on the population base and deprivation factors. In general, funding received is about £1150 per head of population against a national average some £130 per patient greater.

There has been considerable discussion with PCTs at the Health OSC about which annual population figure they use, as Suffolk has increased its population by 5.1% and Sudbury by 5.7% between 1991 and 2001. Until recently there was no doubt that 1991 figures were still being used, although it is now stated that more up to date annually adjusted data are being used. Waveney gets additional funding because of local deprivation.

### Out of Hours service

A major recent factor has been the new GP contract, which since September 2004 allows GPs to opt out of providing an out of hours service. If they decline to do so, their annual salary is reduced by £3500. However, the PCT then needs to contract with an agency to provide locum GP services (from many of those same GPs) at an annual cost of £19700 per GP. The NHS does not make up the deficit of £16200 per GP. At present, the PCTs are providing much the same OOH service but are being encouraged to reduce to fit their budgets.

Hospital Trusts have noticed an increase in patient A&E self-referrals (no GP available, go in car to nearest A&E), which puts pressure on their services. With a 4-hour treatment deadline, many patients end up in a hospital bed, blocking it for booked admissions (even cancer treatment).

### Over-prescribing

Another issue is that Suffolk GPs are prescribing at a rate of £3m per year above the expected national rate per patient. The PCTs have no direct control of GP prescribing as this is left to clinical judgement. They are thus not in control of this important part of their budgets.

Whilst in many cases Generic drugs are as effective as branded drugs (which are heavily marketed to GPs), there are cases where a patient does not respond as well to a generic. The PCTs are endeavouring to convince GPs to change their approach to prescribing. My discussions with individual doctors leads me to believe that there can be some changes that would not impact adversely on patients but the ability to step up to a branded drug must always be available.

## **THE PCT PROPOSALS**

The PCTs are slashing their expenditures, and staffing is a major area for this. They are in discussions with GPs about prescribing costs. The recently announced merger proposals are aimed at substantially cutting management costs.

***Members may wish to ask the PCTs for exact capitation fees from NHS, for the national average and whether they are satisfied that these match the actual population levels of the area and whether they have made any representations seeking additional funding.***

### Community hospitals

The proposal to close these would reduce revenue expenditure as well as provide a capital sum from sale of land. (It is not clear whether capital received may be used to reduce a revenue deficit.)

A key service currently provided is the “step down” from an acute bed towards a return home via a bed in a community hospital. It is asserted that this service can be more cheaply provided in the private sector. However, there is currently grave public doubt about private sector capacity.

An important feature of the community hospitals is the provision of rehabilitation care, by specially trained staff. It is stated by the PCTs that an “intermediate care team” will be established to provide itinerant rehabilitation care, presumably with some of these existing trained staff. However, Councillors at Suffolk HOSC remain unconvinced that this will provide as good a patient recovery. Anecdotally, hospital doctors are convinced that Delayed Transfers of Care (“bed blocking”) will increase.

***Members may wish to ask the PCT if there has been any change in Acute Hospital “bed blocking” since the bed capacity at the Walnuttree was reduced.***

There is concern among Councillors that additional costs will fall on Social Services budgets. However, it is likely that strict management of eligibility criteria will be sufficient to minimise this. This does not stop the financial burden falling on families.

## **HOSPITAL TRUST ISSUES**

### Doctors’ contracts

The new Hospital Doctors’ contract increased rates of pay, so Trusts are endeavouring to reduce hours worked. This has led at some hospitals to operating theatres being closed, with the consequence of increased waiting lists for some treatments. There is an expectation that this will lead to some patients being transferred to the private sector for treatment.

### Outreach clinics

A feature of the Walnuttree is that West Suffolk Hospital has operated “outreach” clinics for Sudbury residents. The Hospital Trust is now withdrawing these on grounds of cost efficiency, as staff will no longer have unproductive travelling time to and from Sudbury from Bury.

This is in effect a costs swap, with patients now expected to take a bus from Sudbury (1 hour each way) or to go by car, although parking is virtually impossible. For patients unable to do either there will be a call on the Ambulance service.

#### Emergency Self-referrals

Patients unable to get a GP out of hours and unhappy with palliative advice from NHS Direct are already referring themselves to A&E. There has been a significant increase in A&E activity since mid 2004. There is also evidence from individual patients that their booked admissions have been deferred “because a bed was not available”.

### **CONSEQUENCES FOR BABERGH RESIDENTS**

#### Out-patients clinics

The linked decisions to close Walnuttree and to withdraw outreach clinics will leave Sudbury area residents with no alternative but to travel to Bury St Edmunds. This will impose a time burden as well as costs on residents. In some cases it will cause problems with employers.

***Members may wish to ask the PCT for information on when NHS Patient Transport is available.***

#### Rehabilitation

Patients leaving an acute hospital will be accommodated in private sector nursing homes where it is unlikely that they will receive the same degree of rehabilitation care. This will at best delay their return home and in some cases leave them unable ever to return. If families object to a proposed discharge from the acute ward on grounds that the patient is not being properly provided for, this will create “bed blocking” and delay the admission of other patients.

***Members may wish to probe with the PCT the way in which rehabilitation services will be provided if Walnuttree is closed.***

#### Out of Hours service

There is pressure on PCTs to reduce service levels to what is affordable for the £3500 taken from non-participating GP’s payments.

***Members may wish to ask the PCT how many GPs are not providing the OOH cover and for the costs of the substitute agency cover.***

***Members may wish to ask the PCT for details of changes implemented or planned in OOH provision and whether there has been any change in hospital A&E admissions in the past 12 months.***

#### Medicines

For some patients it is necessary to find non-generic medicines to control conditions. In cases of chronic illness (asthma, diabetes, etc.) this may persist for years.

***Members may wish to ask the PCT for details of their approach to “GP over-prescribing” and to seek reassurance that this will not adversely impact on patient outcomes.***

MRM  
23-9-05

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**Overview and Scrutiny Committee (Community Services) Committee Babergh DC  
Peter Clifford for Walnutree Hospital Action Committee, Sudbury. 4<sup>th</sup> October  
2005**

- 1. Summary:** The Walnutree Hospital Action Group (WHAC), Sudbury, believes that the proposals in Suffolk West PCT's (SWPCT) consultation document, "Modernising Health Care in West Suffolk", are deeply flawed. They rely on misleading and sometimes false premises to reach erroneous conclusions, and will seriously affect patient care.
  
- 2. Community Distrust:** The PCT and its predecessors have consistently promised to deliver improved community hospital facilities to Sudbury over a 20 year period. These promises have been just as consistently broken and local community trust of the NHS in general and the PCT in particular is now virtually non-existent. Projected housing development in Sudbury and Great Cornard, already in the planning stage, would suggest that the population will increase by at least 5,000 over the next 10 year period to around 30,000. Sudbury has already been identified as a town with a higher than average ageing population and two areas of deprivation. These segments of the population will be very seriously affected by these proposals.
  
- 3. Travel and Transport:** If these proposals go through, then many members of the public will effectively be faced with a 40 mile round trip to attend consultant clinics or to visit friends or relatives in West Suffolk Hospital. Many of these people will be elderly and may have no transport of their own, relying on public transport (effectively a three hour return trip by bus with changes and waiting times) or the goodwill of others. Hospital transport services are at the same time under financial pressure and being further and further restricted. The result will be that the cost of health services, in terms of transport, time lost and increased fuel costs, will transfer from the PCT to the members of the public who require these services. There will also be a direct effect on local industry where employees will need extended time-off to make these longer journeys. Parking at West Suffolk Hospital is also a major problem. In addition, the consultation document also makes no further mention of the planned Minor Injuries Unit, therefore implying that journeys will have to be made to West Suffolk Hospital for help with less serious illness as well.
  
- 4. Acceleration of existing plans?** The consultation document claims that the proposals merely accelerate existing long-term plans. This is highly misleading. The existing plans are to be found in "*Intermediate care: a time of transition*" (2003, SWPCT, Suffolk CC). This does not refer to closing community hospitals or inpatient beds; it sees community hospitals as an integral part of the service. If as the PCT now insists it always intended to cut inpatient beds in Sudbury

(and Mr. Stonard repeated this assertion on the BBC's Political Show on Sunday 18<sup>th</sup> September, saying these cuts "have been planned for 2 years"), then why did the PCT in April/May 2005 advertise in the European Journal for design bids to build a 32 bed inpatient unit at Chilton? Why were 23 bids subsequently submitted and examined, 5 design companies shortlisted and interviewed and one company (from Newmarket) appointed to come up with a design?

- 5. Modernisation or financial anxiety?** The document misleadingly claims the proposals are primarily about modernisation and not finance. Yet a new Sudbury health centre with inpatient beds, approved by the PCT Board in April 2005, was described as a modern model of care. It was also approved as an Outline Business Case by the Norfolk, Suffolk, and Cambridgeshire Strategic Health Authority. The Department of Health 'Gateway Review' team was described (April 2005) as 'very happy' with it (see *Suffolk West PCT Board Papers*, Agenda Item 5, 27<sup>th</sup> April 2005; also Suffolk West PCT, *Sudbury Health and Social Care Centre Steering Group*, minutes, 1<sup>st</sup> April 2005, para 6.2). Then, at the end of May 2005, the PCT suddenly jettisoned the plan. So what had changed? Clearly, modern models of care do not change overnight. During May, central government altered its approach to PCT financial deficits. The PCT reacted accordingly – for financial, and clearly not modernisation, reasons. Walnutree hospital has operated within budget for many years. To close it and do away with its in-patient beds is to penalise Sudbury for budget overspends elsewhere.
- 6. Intermediate care and closing beds.** The consultation document proposes intermediate care (rehabilitation/recovery) as a 'catch-all' for most people, following (or preventing) an acute hospital stay, other than a few care home placements. It misleadingly claims that this accords with national policy. But it is inconsistent with Department of Health guidance, which warns that intermediate care should be distinguished from other forms of rehabilitation. The guidance says nothing about closing down community hospital beds altogether (Health Service Circular, *Intermediate care*, 2001/001, para 10; also Department of Health 2002: *Intermediate care: moving forward*). The proposals treat intermediate care as a substitute for, and not an extension of rehabilitation services – the very trap warned against by the Audit Commission (*Way to go home: rehabilitation and remedial services for older people*, para 24, paras 36-37).
- 7. Loss of all community rehabilitation beds is contrary to local evidence.** The PCT is proposing to close 68 beds (although it misrepresents the figure as 32) in Sudbury, 16 beds in Newmarket Hospital and up to 30 rehab/elderly care beds at West Suffolk Hospital. This is directly contrary to evidence contained in a report commissioned by Suffolk West PCT, Suffolk County Council and West Suffolk Hospitals Trust in late 2003. It found that about half of the rehabilitation beds across the three hospitals were appropriately occupied. It

suggested that at least one ward should be closed. But this recommendation has already been exceeded in the past year. Notably, it also found other patients not getting the rehabilitation they needed, because of the inappropriately occupied beds. Therefore, the current proposed closures go far beyond the evidence and recommendations contained in the report (Secta 2003: *Developing new models of intermediate care*).

- 8. Funding of intermediate care services.** Even for those patients who could benefit from more intermediate care in their own homes, the consultation document provides little detail. It lacks evidence about the level and type of patient needs and services required, and whether they can be funded. In a rural area, community rehabilitation services are not cheap. For instance, the Secta report (see above) identified a serious shortfall in both hospital and community therapy services in West Suffolk. This has not been significantly addressed, despite the fact that people were not getting the rehabilitation they needed. By dispersing all the therapists in the community, and at a time of financial crisis, such a shortfall will be exacerbated.
- 8. Patients will not get the rehabilitation they need.** There is a significant minority of patients for whom intermediate care in their own homes will not work; they need community rehabilitation beds. For instance, they may need 10 or 12 weeks (not just 6 weeks – the limit) of rehabilitation. There may be insufficient space, special (heavy) equipment may be required, they may need specialist handling, or their needs may be too intensive or complex (e.g. because of underlying multiple pathology, confusion, or an unstable medical condition). And care homes generally are not geared up for rehabilitation, a nationally recognised problem (Department of Health (2002) *Intermediate care: moving forward*, p.11, Appendix 3). Indeed, the PCT's own rules ('eligibility criteria') restrict who can receive health care rehabilitation as part of intermediate care.
- 9. Consequences for statutory services and grant aid:** If people end up more disabled and dependent, this will result in at least three things. First, there will be unavoidable acute hospital admissions – the very thing the PCT wishes to avoid. It is notable that a recent national report on hospital discharge emphasised the value of focused use of community hospitals in avoiding acute admissions (Commission for Social Care Inspection 2004: *Leaving hospital: the price of delays*).

Second, self-evidently, whether in their own homes or in care homes, greater disability and dependence will have significant financial implications for Suffolk County Council social services – in terms of domiciliary care, care home fees and equipment and adaptations.

Third, there will be significantly increased costs for **Babergh DC** where it has a duty to provide grants for home adaptations for disabled people under the Housing

Grants, Construction and Regeneration Act 1996. Once certain conditions are met in

any individual case, the duty to award such grants cannot be avoided.

Therefore

excessive demand for these grants can be ruinous.

**10. Outpatients.** The loss of all consultant outpatient clinics in Sudbury is justified in the

consultation document as saving £40,000 per annum. Yet the document nowhere weighs up, against this saving, other relevant issues such as the considerable travel difficulties from Sudbury to West Suffolk Hospital in Bury, mentioned above. In other words, the PCT has asked the question about cost only, not about cost-effectiveness as it should have.

**11. Day Care:** WHAC are also concerned about the elderly who attend the Day Hospital at Walnutree and those with mental health issues who attend the Talbot Unit on a daycare basis. Without these facilities, the regular home carers will receive no respite from their duties, and the patients will receive no rehabilitation unless they are bused to and from Bury. With house to house collection and return, this could mean up to 3 hours plus travelling time in some cases and this is clearly unacceptable. The consultation document offers no adequate answer to these problems.

**12. The SWPCT no longer in control:** Since publishing the consultation document the PCT has effectively handed over any responsibility for building development at Chilton to the Hardwicke House GP clinic (having stood down its own appointed designers and their project manager). It will be down to the local doctors to decide whether to proceed and whether they are prepared to take the financial risk of building on extra space to fulfil the PCT's requirements. With the PCT announcing an **additional** £6.5 million overspend for 2005/6, and news that all Suffolk PCTs are to be amalgamated into one big PCT, and a more recent government directive insisting PCT's shed all direct services in favour of private companies or GP commissioning, the outlook for health services in the Sudbury area in particular and West Suffolk in general looks extremely grim.