Bedfordshire's NHS attacked in "Review"

REASONS TO BE FEARFUL!

UNISON

Eastern Region
Bedford Hospital Branch

More details have now been published on the latest thinking of the "Healthcare Review" of services by Clinical Commissioning Groups (CCGs) in Bedford and Milton Keynes, which is set to cost more than £3.2 million and result in a deterioration in local access to services.

An utterly bewildering list of 36 "potential scenarios" was whittled down through an obscure process to a still bewildering 14. Of the 14, **NOT ONE** would retain the existing level of A&E and emergency surgery at both Bedford and Milton Keynes.

The 14 have now been reduced to **FIVE** options, and again it's clear that services at Bedford and/or Milton Keynes will be downgraded.

UNISON believes none of these is an acceptable option.

The most higly scoring options would mean Bedford Hospital would lose its maternity services and children's services. Other services would be seriously at risk.

The two highest scoring "options" would reduce Bedford Hospital either to an "integrated care centre" with almost no beds or inpatient care, or cut it even further – to an "urgent care centre" offering minimal care.

The entire process appears to be based on wishful thinking and abstractions rather than a serious evaluation of the situation and health needs in the two towns.

The first document setting out the "Case for Change" got off to a bad start by offering a list of nine hospitals currently used by patients from Bedford & Milton Keynes – seven of which were upwards of 18 miles away from either Bedford or Milton Keynes (see page 3) . The second document, published in July, giving an update, tells us that the cutbacks are also looming in other towns and cities in the area:

"The region surrounding Buckinghamshire and Bedfordshire contains ten acute trusts with a population of 2.5 million, so around half are unlikely to provide sustainable emergency surgery in the future."

The reviewers also claim to have undertaken "extensive modelling of patient flows and travel times for each of the 14 scenarios," But of course they don't tell us any of the results.

The average distance from Bedford to reach one of the eight surrounding hospitals if local services are downgraded is 25 miles, and 29.5 miles from Milton Keynes.

IF YOU WANT TO JOIN THE FIGHTBACK for health services in Bedfordshire, drop us an email and we will keep you in touch.
CONTACT Ian Thomas – *Ian.Thomas@bedfordhospital.nhs.uk* or Tracey Tansley – *T.Tansley@unison.co.uk*

So it's unlikely that any of these alternatives will be at all attractive to the elderly and seriously ill patients most likely to have their care displaced from its local site, many of whom either have no car or are unlikely to be in a fit state to drive themselves.

A discordant note of reality

There is only the faintest hint that reality may have played any role in the deliberations of the Healthcare Review: under Evaluation Criteria, "Access to Care" raises the question of "What is the impact on patient choice?"

To ask the question is to answer it: few patients if any would choose to add an awkward and uncomfortable 18 mile or longer return journey to the stresses and strains of their treatment, or choose to be so far away from a full range of emergency services.

On "Deliverability" the Review also asks "Are stakeholders supportive of the proposals?"

This is another silly question. It's a fair bet that most stakeholders when they realise what the proposals are will be very much opposed to them. Whether the Clinical Commissioning Groups in Bedford and Milton Keynes or the others running the Healthcare Review are willing to take any notice is more open to doubt.

So far there is no answer to another key question, on Affordability and Value for money: "What is the capital and transition cost implied by option?"

No costings have been suggested. We have a wish-list of generally desirable objectives, with no clear way of getting from here to there, and with no idea of the costs of doing so .

The underlying problem in this whole process is that it is being carried out on a dishonest basis.

The principal reason for spending so much time discussing these plans is the need to save money to avert a mounting deficit over the next few years as the coalition's freeze on NHS spending starts to take a real toll on health services.

Both Bedford and Milton Keynes hospital trusts are in financial problems, which are set to get worse as CCGs squeeze down the amount they pay for each treatment and attempt to reduce numbers referred to hospital.

Milton Keynes CCG admits that if nothing is done, the CCG and the Trust between them could face a £60m deficit by 2019. Similar problems affect Bedford – and every other CCG as the real heavy squeeze intensified on NHS funding.

But reading the various documents of the Healthcare Review we are led to believe that the entire project is purely designed to improve services – in many cases by doing things that would cost MORE money, not less.

What the public want

The public who have been "engaged" at all have spelled out a list of suggestions that would potentially improve health care. But there is little if any detail from the CCG on how any of these aspirations might be realised.

■ The public, we are told want "more emphasis on prevention" – but there are no plans published for this, only downgrading hospitals

■ The public want "more joined up care" with better communication: so do we all – but again there are no plans that would deliver it. Instead the CCG in Bedfordshire has begun a piecemeal process of putting services out to competitive tender and handing them over to private sector-led consortia or private profit-seeking companies.

■ The public want better use of IT: so do we all, but this is an unresolved disaster area for the whole NHS, and does not lead to downgrading hospitals

■ The public want "more, better trained and 'up-skilled' frontline staff": so do we all. But this is not likely to be the result from any of the plans so far presented, or helped by the privatisation of services – the private sector does not train any health professionals.

■ The public want "consistent access to GP with reduced waiting times". So do we all. So do (at least most of) the GPs – but sadly the NHS nationally (led by NHS England, which is a part of the Healthcare Review) is continually reducing its spending on primary

Bedford's Mayor Dave Hodgson addresses campaign meeting August 5

care services, withdrawing financial support for practices in deprived and rural areas, and increasing the work burden on GPs to the point that it's increasingly hard to recruit new GPs and trainees.

60% of out of hours providers have recently reported they are unable to fill gaps in GP rotas.

■ The public want "more out of hours and community based care". That's certainly necessary if hospital services are to be downsized and downgraded. But there is still no sign of any actual plans to do this, any funding for those plans, and any serious timetable for implementing those plans – bearing in mind that the objective is to save money, not spend more.

■ The public want "more focus on travelling times", availability of public transport and parking without extortionate fees. Sadly that is an objective the Healthcare Review cannot deliver, since they are already dead set on downgrading services in at least one town, bringing more and longer journeys for many patients.

■ The public also want "better hospital aftercare, closer to home": this is a reasonable aspiration, especially if hospitals are to be pressed to discharge patients even more rapidly after treatment, supposedly to complete their recovery at home.

But as with the out of hours and community-based care and GP services, the key question is funding, and the establishment of a suitable system of services, with proper staffing and resources. The plans so far give no hint of how this might be achieved.

"Nearby" hospital identified in Healthcare Review	Miles from Bedford	Miles from Milton Keynes
Bedford	-	18
Buckinghamshire (Stoke Mandeville)	33.4	22.6
Cambridge (Addenbrookes)	34	50.5
Huntingdon (Hinchingbrooke)	22.5	38.9
Kettering	24.8	34
Luton & Dunstable	19.4	19.6
Milton Keynes	18	-
Northampton	22	20
Stevenage (Lister)	26.5	32.3
Average distance to "nearby" hospital	**25**	**29.5**

Strategic goals

The Strategic Goals for Care Closer to Home spelled out by the Healthcare Review represent a similarly abstract wish-list.

There are copious references to "improved access" 7 days a week, "proactive care" for people with long term conditions, establishment of "multi-disciplinary teams", people being "supported to live independently in their own home" and consistent high standards of care …

But nowhere is there any estimate of what extra resources are needed to do this, how many staff are needed, how many might need additional training to take on new roles – or, of course, how much all this might cost.

The section setting out "our current thinking on the service standards we should aspire to" again, as it suggests consists in yet another version of the same wish-list, except in even more ambitious, extravagant terms.

Patients with complex needs should have access both to a "named GP with specialist knowledge" but also "a named care coordinator", and be supported "by a fully-integrated team of professionals, spanning primary care, mental health, social care and community care" plus

"a rapid response service staffed with multi-disciplinary professionals".

They would have access to "tele-care" and short term "intermediate care" in the event of a crisis.

All this sounds splendid: they might also have access to a chauffeur and Michelin-starred chef to care for their other needs – it's just as far-fetched given the financial realities underlying the Healthcare Review.

Abstract assertions

This is all backed up by equally abstract assertions – for example that 20% of people who go to a GP have "self-treatable minor ailments" – without explaining how they are supposed to diagnose this themselves.

● We are told that 50% of 999 calls "could be managed at the scene" – assuming that sufficient properly trained and equipped paramedics had the time and facilities to do so. There is no explanation of why they don't, or what proportion of cases ARE managed at the scene.

● Apparently over 1 million emergency hospital admissions were "considered avoidable" by somebody or other in 2012-13. Again no explanation of how this squares with other very different findings, or what alternative services outside hospital would need to be in place to avoid the emergency admissions.

● Strikingly the same set of figures shows that just 4% (960,000) of the 24 million calls to NHS 111 emergency lines could be resolved on the phone. It seems that they are not all just timewasters after all.

UNISON Regional Secretary Glyn Hawker speaking at the Bedford meeting August 5

Contact the campaign, and follow it, on Facebook: just search for Hands Off Bedfordshire Health Services, and Like our page.

facebook

Who is to be engaged with?

The Healthcare Review wants us to believe that they are reaching out far and wide to engage public views.

They tell us they want to meet ethnic minorities, rural dwellers, younger people, older people, homeless people, LGBT people, even single parents.

In Milton Keynes they spell out the importance of relating to Milton Keynes College (with "1,000 staff making it one of the largest single employers in Milton Keynes").

Strangely they make no mention of the 3,000 staff working in Milton Keynes Foundation Trust, the thousands more working in community and mental health services. They also ignore the thousands of staff at Bedford Hospital, and other services.

Within the NHS attention is limited to a hand-picked selection of "clinicians" who seem willing to endorse anything they say.

The engagement that has taken place so far is in any case largely irrelevant. People have yet to be told the actual plans affecting their local hospitals and services.

Only when these are fully on the table will any real public feedback be of value.

UNISON believes that the writing is on the wall for local services in both Bedford and Milton Keynes.

Whichever hospital is downgraded, the other will face a deluge of additional patients for which they lack beds and staff to offer proper care.

If both are downgraded the two populations will face long and awkward journeys to other hard-pressed hospitals.

This would make life miserable not only for patients but for their visitors, and also create serious complications in arranging suitable support when patients are discharged back home after treatment.

So it's vital to build the biggest, broadest, loudest campaign possible to block any plans to downgrade services in Bedford or Milton Keynes.

After a slow start, the campaign has finally got under way with a big and lively meeting in Bedford on August 5.

UNISON invites all who want to defend their NHS to join the fightback. It's going to be a tough battle: but together we can win!

Printed & published by UNISON Eastern Region, Church Lane House Chelmsford CM1 1UW