

22nd, October 2007

Mr. J Wilderspin
Chief Executive
West Sussex Primary Care Trust
The Causeway
Goring-by-Sea
Worthing
West Sussex BN12 6ZZ

Dear Mr Wilderspin

Re: “Creating An NHS Fit For The Future”

I am writing on behalf of my GP colleagues, who represent 22 practices in the area, and serve a population of about 185,500 patients, for whom St. Richards Hospital is the main provider of secondary care. Amongst our patients are the articulate, who have already expressed their views to you, but we are also advocates for many others who have difficulty finding a voice, but nonetheless have strong views about this matter.

We are deeply concerned and strongly opposed to the possible option of downgrading St Richard’s Hospital and we wish to record our strong support for St Richard’s continuing to provide a full A&E service.

We note that the PCT have stated that Clinical Safety and Quality is the first criterion for any of the proposed options to satisfy¹. We wish to present arguments from the primary care perspective to show that downgrading St Richard’s Hospital will not satisfy this criterion, and moreover will seriously undermine and compromise our patients’ care.

1. Patient Safety and Access to Emergency Care

Despite PCT attempts to reassure, this issue remains paramount in the minds of our patients, and is still a matter of grave concern to us as primary care clinicians. Our concern is made all the more profound by the recent publication of Professor Jon Nicholl et al’s paper “The Relationship between Distance to Hospitals and Patient Mortality in Emergencies”². This paper has reinforced our concerns for the PCT high risk strategy of transporting emergency cases long distances to specialist centres. We agree with Professor Nicholl’s statement, that the evidence that some critically ill patients have the capacity to benefit from specialist care is an argument for bypass of local A & Es, but it is not an argument for closure or restriction of non specialist A&E centres. Nicholl et al’s finding of a 1% absolute increase in mortality for every 10 km increase in straight line distance, coupled with the inadequacy of our local road system, makes the PCT’s proposals to remove A&E from St Richard’s totally unacceptable. The main trunk route through our district, the A27, can no longer cope with the volume of traffic and is normally severely congested, especially so in the summer months.

The Manhood Peninsular faces uniquely challenging access issues of its own, as do all of the rural areas^{3,4}. These severe local traffic problems serve to make Professor Nicholl's findings even more critical for us locally.

In the face of this evidence the PCT's proposal of Urgent Care Centres (UCC's) becoming a substitute for a full A&E at St Richard's appear to us alarmingly inadequate, especially as so little detail as to the set up and functioning of UCC's has been given. Who will man these UCC's? Where will they be? How many will there be? What will be the training experience of the staff and their back-up? Will they have the systems to deal with other A&E related problems such as Child Protection issues? Where is the evidence base to prove their effectiveness and safety? We remain very sceptical as to whether such provision will cope with the unpredictable nature of most medical emergencies, be they traumatic, cardiac, surgical, medical, gynaecological, obstetric or paediatric.

In our last letter to you, we stated that the significant delays in our patients receiving appropriate treatment for their medical emergencies because of excess travel times would cost lives. We were prepared to offer anecdotal evidence to support this. Now our contention has an evidence base and must not go unheeded. Closing A&E at St Richard's **will** cost lives.

2. Quality of Care and Primary/Secondary Care Interface

St Richard's Hospital is a centre of excellence. This is not an opinion, but a fact, as attested by the recent awards given to the hospital e.g. Dr Foster's Guide - Top Hospital in the South East for clinical quality, patient experience, efficiency and waiting times. Holder of the Most Consistent Top Hospital Award, May 2006, and holder for the Charter Mark for Excellence in Public Services 1996-2005, amongst many others.

One of the main reasons for our choosing to spend our professional lives in this area as GPs is the reassurance of having an excellent District General Hospital for our patient referrals. It is significant that even practices at the eastern, western and northern peripheries, who have alternative choices, register high referral rates to St Richard's Hospital, with one peripheral practice having a rate of 92% & another 93.5%. Good relationships between GPs and hospital specialists are essential to effective patient care. Currently we are privileged to work with very highly qualified and experienced consultant colleagues at St Richard's Hospital, supported by excellent juniors, dedicated nurses and an efficient administration. We have developed these relationships over many years through personal contact, meetings and good telephone access.

As a consequence we have fostered together mutual trust and learning, which would be significantly harder, if not impossible, to achieve with a larger and more complex referral centre 30 miles distant. The St Richard's Hospital Guidelines for Clinical Care have been produced by agreement between consultants and GPs from national guidelines for the care of many medical conditions, with an agreed framework for local care. These guidelines and care pathways have been disseminated to every local GP, resulting in improved efficiency and outcomes in clinical practice. These guidelines would not have been achievable without the long-term relationships that we have with our hospital colleagues.

If full A&E services were withdrawn, St Richard's Hospital would be emasculated – and in a domino effect ITU, emergency surgery and medicine, obstetrics and the core of paediatric care would also subsequently be lost. Many of our hospital colleagues would leave and recruitment of staff to a similar standard would be impossible. Standards of care would inevitably fall, which in turn would incur an adverse impact on General Practice in this area, and with it the excellent medical care that our patients have, quite justifiably, grown to expect.

3. GP Education and Training

Chichester Medical Education Centre (CMEC) is nationally recognised as a flagship postgraduate training centre. It represents an unparalleled educational resource for GPs. Part of its varied educational programme includes bi-annual GP refresher courses and weekly GP update meetings with local consultants. The GP Rotational Training Scheme based at St Richard's Hospital has resulted in a very high standard of General Practice in the area, resulting in lower and better targeted referral rates, which lead to high patient satisfaction and an easing of pressure on the hospital. Any downgrading of St Richard's Hospital will have a serious impact on these educational programmes and facilities, and have a very detrimental effect on local General Practice training and continuing professional development. It would be a disgrace to lose this first class educational facility.

4. Care in the Community

We wish to express our continuing support for the phased, long-term development of **appropriate** services into the community. We endorse the view that care should be as near to the patient as possible. Local GPs have a reputation for being innovative in introducing new approaches to care in the community, made in collaboration and with the support of the PCT. Such examples are Intensive Care at Home, fuller use of Community Hospitals and Diabetic Specialist Nurse-Led Clinics – although we note that even these services are only sustainable in the context of a fully operational St Richard's Hospital. You will also, of course, have noted the increasing engagement of practices in Practice Based Commissioning projects over the past year.

However, we are deeply concerned about any plans for expedient and major development of service provision in the community, as part of the solution to downgrading St Richard's Hospital. Such action would fundamentally destabilise an already overstretched primary care service, leading to serious clinical and financial consequences.

5. Patient Choice

Patient Choice has become a mantra in the modern NHS, but we question what this 'choice' means in practice. The 'Choose and Book' scheme has been the latest initiative to support this concept. However, it is ironic that many of the hospitals illustrated in the scheme's local booklet are under threat. What is the purpose of offering 'choice' as an initiative for patients when preferred choice is no longer available? The choice that most concerns the 185,500 patients whom we serve, is that they should continue to have access to full emergency services at St Richard's Hospital.

Conclusion

Our plea, therefore, on behalf of our patients, is not to retain ‘much loved services’⁵ but to retain **essential** services. It is not to support ‘a hospital we have worked in and grown to love’⁶, but to support a **centre of excellence**. Clinical safety and quality of care for our patients are directly threatened by an option to downgrade St Richard’s Hospital. We earnestly urge you not to take this option.

Yours sincerely,

The Arundel Surgery

Dr Andrew Mott
Dr Michael Jenkins
Dr Marco Cavaroli
Dr Katie Armstrong

Avisford Medical Group

Dr David Peters

Bersted Green Surgery

Dr Chris Furlapa
Dr Mark Weeks
Dr Michaela Dormer
Dr Nicky Geoghegan
Dr Matt Bradstock-Smith
Dr Carrie Difford
Dr Rebecca West
Dr Henning Schaeper

Bognor Medical Practice

Dr Paul Callaway
Dr Bernadette Marnell
Dr Nadeem Akram

Cathedral Medical Group

Dr Kingsley-Poole
Dr Fiona Lewis
Dr David Ashby
Dr John Bissatt
Dr Tanya Deavall
Dr Jacinta Devlin
Dr Angela Giles
Dr Lorna Sloley

The Croft Practice

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Dr Richard Paterson
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Dr Andrew Bridger
Dr Philip Quinnell

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Dr Fiona Bell
Dr Maria Kipling
Dr Joanne Parsonage
Dr Bill Rogers
Dr Mark Twist
Dr Helen Wartnaby

Grove House Surgery

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Dr James Bramall
Dr Alex Napier
Dr Andrew Naylor
Dr Fraser Paterson
Dr Helen Parkinson

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Dr Brian Goss
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Dr Victoria Beattie
Dr Rosemary Ahmed
Dr Julia Medlock
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Dr Sandra Sedgwick
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Dr Mary Campbell
Dr Jim Price
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Dr P Fludder
Dr R Hill

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Dr Julian Moore
Dr Katherine Miller
Dr Jenny Fleetcroft

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Dr Alison Parrish
Dr Rachel Jameson
Dr Louise Smith
Dr Antonia Gowan

Southbourne Surgery

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Dr Justin Smith
Dr Corke
Dr Pippa Lally
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Westgate Surgery

Dr W Mallam
Dr R Wilson
Dr A Chishick

The Medical Centre, Wittering

Dr D Nicholls Dr M Lacey
Dr G Tamlyn Dr Galbraith
Dr G Watts Dr Hall
Dr A Gregory

References:

1. West Sussex PCT "Creating An NHS Fit For The Future" June 2007, p28
2. Prof. Jon Nicholl et al. "The Relationship Between Distance To Hospital & Patient Mortality In Emergencies" Emergency Medicine Journal 2007;24:665-668
3. Andrew Tyrie MP. Response to "Creating an NHS Fit for the Future, July 2006, pp16 &17.
4. Chichester District Council, Interim Report on The Implications of Downgrading St Richard's Hospital, July 2006, pp10-15
5. Clare Holloway. Top Five, Western Sussex PCT Update, July 2006, p.1
6. John Wilderspin. *ibid.*