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14th March, 2019

Dear Mr Warnes

Re. Consultation over the Future of Local Health Services in North Staffordshire and over future use of Bradwell Community Hospital in Newcastle-under-Lyme

I am writing to let you have my submission to the current consultation of the future of local community hospitals, including Bradwell in my constituency, and the proposed re-organisation of local health services to include four Integrated Care Hubs in our area.

I enclose a copy of the formal survey document, with relevant short comments, but by way of a proper narrative, I would like this to be considered together with this covering letter.

In making this submission, I have also taken into account the views expressed by local people, health campaigners, NHS staff and other bodies – including the North Staffs Pensioners' Convention – who have relayed them to me since the consultation started.

By way of background, as you are aware, my involvement with the organisation of our local NHS, and with Bradwell Hospital particularly, pre-dated my election as Newcastle's MP in 2001 – when local services all came under the ambit of the old North Staffs Health Authority.

There have, of course, been several other reorganisations since – together with the replacement of the old North Staffs and City General hospitals by the Royal Stoke University Hospital – and I have had experience of them all.

Never, in all that time, have the financial – and staffing - problems of our local NHS and social care services been so acute, and it is vitally important that not only are the right decisions reached, but that this is done for the right reasons, with patient care paramount.

Regarding Bradwell, I first came to appreciate the valuable role it played, when my father was cared for there in 1997, and more recently after my mother had a crippling stroke in 2014. Both my parents passed away at Bradwell – but my remarks about its future are not personal, but driven rather by the contribution it has continued to make.

Back in the year 2000, I chaired the North Staffs NHS Care For All campaign, which succeeded in preserving Bradwell as a local community hospital, complementing the main hospital, rather than being taken over under ill-thought out plans following the long overdue closure of the old-fashioned St Edward's mental health hospital in Cheddleton.

A further result of that campaign - following an independent review after reference to the Secretary of State - was the modernisation, too, of the Haywood, as a fit-for-purpose community hospital serving the North Stoke area.

Both still have vital roles to play, to my mind, in helping with the recovery of patients, post-discharge from the Royal Stoke - with quality NHS care - along with the provision of other front-line health services, thereby easing pressure further on our main hospital.

I will now take the consultation survey in the order presented, starting with the proposal for Integrated Care Hubs to deliver more health services closer to home and the community.

I agree with the thrust of these plans - though I have residual concerns about the investment needed to make them a reality, as well as the staff required to make them a success, given the Government's continued underfunding of health and social care in North Staffordshire.

Aside from the Haywood, in respect of the best solutions for Stoke South and Staffordshire Moorlands, I hope the Clinical Commissioning Groups will listen carefully to the views of local people there, so that this is a genuine consultation, not an exercise in name only.

As for my area, in Newcastle, I strongly support the Preferred Option 3A in the consultation document: that Hub services should be delivered from the existing hospital at Bradwell, rather than the Milehouse Primary Care Centre.

Bradwell is much bigger than the General Practice centre at Milehouse, with greater capacity therefore for quality service provision; it is easily accessible from the A34, by bus as well as car; and is well-known to local people, who also still use the continuing services it provides.

I note from the near 300 page, final Pre-Consultation Business Case that Bradwell outscores the Milehouse LIFT centre – though, as well as the judgements of those doing the scoring, that is determined by the weightings given to the various grounds of assessment.

Looking at the scores, however, I do think that Bradwell's accessibility, including availability of car-parking and future configuration of bus services, is underplayed in the document.

Given the difference in the estimated affordability of the two options – with Milehouse seen as marginally cheaper in terms of the NPV of investment needed – I would be concerned if the Preferred Option changed on this basis alone, given the CCGs' financial position and the fact that this consultation started before their new Turnaround Director really got to work.

Changing the Preferred Option would, of course, present an existential threat to Bradwell Hospital, and the maintenance of capacity there, which has been vital to the Royal Stoke, not least during winter crises, in recent years.

This leads to Section Two of the consultation, regarding the future of the community hospitals *per se*, and of arrangements for post-acute-discharge and rehabilitation care.

In this respect, I do not agree with the CCGs' Preferred Option 6 – with 77 remaining community beds at the Haywood hospital alone, and up to 55 beds being commissioned in local care homes. Rather, I believe that Option 5 should be preferred, not least because of recent history about need/demand and the proximity of Bradwell to the Royal Stoke.

Firstly, on the basis of experience and the situation currently, I am not the only consultee to question the adequacy of the proposal to cut planned commissioning by 50% from the historic figure of 264, to a maximum of just 132 beds in the future.

From the latest, February board minutes of UHNM, I am not sure of the current formal opinion from the Royal Stoke (and Stafford) hospital, where the new chief executive is still due to take up her place.

I know, however, from meetings with the retiring chief executive that – notwithstanding the recent investment in 64 new beds at the main hospital - there remain concerns about the adequacy of the 132 figure, not least to cope with winter (and hot summer) crises.

While Medically Fit For Discharge (MFFD) patient numbers have reduced at the Royal Stoke over the past year, they still remain above their 100 target.

Re-admission rates from home under the new Discharge To Assess (D2A) system also remain high, double that from dedicated NHS bed-based care. From personal and constituency case experience, too, I continue to have concerns about the performance of the newly-created Midlands Partnership NHS Foundation Trust, which runs the system.

Regarding the proposal to commission 55 of the proposed 132 beds at local care homes, I note the CCGs' statement that it would only commission these from establishments rated either 'good' or 'outstanding' by the Care Quality Commission.

The fact is, however, that the CCGs have and continue to commission places at homes 'Requiring Improvement', which I would certainly not recommend to constituents, friends or family. There is also no guarantee of availability, which would not simply displace families seeking places for relatives privately.

On all these grounds, therefore, I would urge the CCGs to review and change their preferred option, to include retention of capacity at Bradwell to provide NHS quality aftercare.

In recent years, following the closure – without proper consultation – of rehabilitation wards at Bradwell, the history has been of frequent re-opening in times of crisis (or displacement of patients from elsewhere, including Brighton House in Newcastle) to take the pressure off the Royal Stoke in the interests of patient need and patient safety.

This capacity, I believe, should be maintained. Regarding Bradwell, however, which is involved in both sets of options, the consultation documents do not spell out what capacity would be left for such a continued role once the preference for an Integrated Care Hub is pursued. I would very grateful, therefore, if the CCGs could provide these details to me.

I look forward, of course, to the seeing the results and outcome of the consultation and would also be grateful for an indication as to when these will be published for all to consider.

Best regards and yours sincerely

Paul Farrelly
Member of Parliament for Newcastle-under-Lyme