SHROPSHIRE COMMUNITY HEALTH COUNCIL

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Secretary:
Dag Saunders

DS/SMV
16th June 1988

R2016

The Prime Minister,
10 Downing Street,
LONDON.

Dear Prime Minister,

Members of this Council have recently considered their response to Shropshire Health Authority's proposals for The Future of Health Services in Shropshire. These proposals include the closure of 10 hospital units.

Council members were aware that you had received many letters on this subject and that the matter had been raised with you in the House of Commons. For this reason, I have been instructed by members to arrange for you to have a copy of the Council's formal response, which is duly attached. I should say, in this connection, that arrangements are in hand for the response to be printed, together with the appendices referred to, and this printed version will be widely available in the County during the next few weeks.

Yours faithfully,

DAG SAUNDERS
SECRETARY

RESPONSE TO SHROPSHIRE HEALTH AUTHORITY'S CONSULTATION DOCUMENT ON THE FUTURE OF HEALTH SERVICES IN SHROPSHIRE

Shropshire Community Health Council,
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SY1 1QR.

8th June 1988

RESPONSE TO SHROPSHIRE HEALTH AUTHORITY'S CONSULTATION DOCUMENT ON THE FUTURE OF HEALTH SERVICES IN SHROPSHIRE

SECTION 1 - INTRODUCTION

1(i) At its meeting on 17th December 1987 Shropshire Health Authority finally approved for consultation the issue of its proposals on the future of health services in Shropshire and the opening of Telford General Hospital. The Consultation Document marked the conclusion of several years of debate and consultation which commenced with the proposals issued in October 1983 for the funding of Telford Hospital.

1(ii) Both the Shropshire Health Authority and the Shropshire Community Health Council have taken seriously the arrangements for enabling widespread public participation in health care matters in the County and there is a tradition which stretches back to the introduction of Community Health Councils in 1975 whereby the Health Authority, and previously the Shropshire Area Health Authority, have sought and welcomed the discussion of their proposals by the Community Health Council and by the public.

1(iii) In the present consultation exercise the Community Health Council received the proposals at their meeting held on Wednesday, 13th January 1988, and decided to initiate a major public consultation exercise.

1(iv) In the response to the 1983 proposals for funding the Hospital the Council's opening paragraph read "The County has seen what must be one of the largest public consultation exercises ever mounted".

1(v) Events during the last few months have dwarfed the consultation exercise which took place during the Winter of 1983/84 and the Council would wish, at this stage, to pay tribute to the County as a whole for the enormous level of participation which has

1(v) (continued)

taken place. During the course of the last few months well over 12,000 letters have been written to the Community Health Council, the Shropshire Health Authority, the West Midlands Regional Health Authority, Ministers and even the Prime Minister.

1(vi) In addition to this, we estimate that 7,500 people have taken part in public meetings and a further 12,000 people have been involved in events such as marches, sponsored walks, church services etc. Details of these appear in the appendices to this response.

1(vii) The Council has been deeply impressed by the enormous level of interest and involvement from the general public. Such a high degree of concern has meant that all the major elected bodies in the County have had to address themselves to the problem. It is beholden on the Council, as it must be on others who act on the public's behalf, to be influenced by this.

1(viii) The Council welcomes the opportunity to formally respond to the Authority's proposals. In approaching the proposals the Council has been aware of the constraints placed upon Shropshire Health Authority by the West Midlands Regional Health Authority particularly in the financial field and specific reference is made to this later. At this stage the Council would like to pay tribute to the members and officers of the Health Authority who have taken part in the public meetings. It has not been an easy job for them and it is to their credit that they have been prepared to play a full and active part in the public consultation process. The Council would also at this stage like to thank all grades of staff within the Health Authority who have assisted the Council in providing additional information.

1(ix) The Council is also aware of the Authority's view as set out in paragraph 9 of section 1 of the Consultation Document : "The proposals outlined in the document do, however, fall far short of the type of National Health Service as envisaged even in the Care of the Elderly document and as such do not cater for the longer term care of most elderly people. A proposal which instead declares its intention to rely on the private sector is not one which is acceptable to the members of this Authority". The Council feels that during the period of the public consultation insufficient stress has been put on this by Authority Members and Officers who have taken part in the public consultation exercise. Nevertheless, the Council fully acknowledges that the Authority's view is that the present proposals are not acceptable to the Authority.

1(x) In dealing with the proposals the Council has identified a number of key issues. These are as follows :

1(xi) - The long term financial difficulties of the Health Authority are recognised in that the service has been basically underfunded in Shropshire for a considerable period of time. This stems partly from the failure of Government in recent years to fully fund pay and price increases and partly from the failure of the DHSS to bring about RAWP equalisation and the RHA to equitably distribute those funds it has had at its disposal.

1(xii) - The proposals address essentially financial issues and not service ones and do not take full account of the consequences of the changes proposed.

1(xiii) - The Council recognises that there are limitations to the resources available for health services but feels that clear priority must be given to identified patient needs and service issues.

1(xiv) - If RAWP equalisation existed our view is that the drastic measures such as those outlined in this document would not be necessary. We equally recognise, however, that progress is necessary in Shropshire and change is inevitable and that the services would in any case need to be reviewed, evaluated and re-arranged because of changes in treatment, bed throughput and usage, efficiency and population and demographic patterns. It is recognised that one of the problems with the current RAWP Formula is the lack of a population sparsity factor. It should be noted that as well as being the largest inland County in England Shropshire also has the fourth lowest population density behind Cumbria, Lincolnshire and North Yorkshire. These are facts which the Council feels affect the ability to deliver services and the cost of those services and which currently is not adequately reflected in the financial distribution machinery. Several responses have made the point that Shropshire comprises more than a quarter of the geographic area of the West Midlands region which consists of 22 district health authorities.

1(xv) - It has been a national trend that where development in the Health Service is necessary this has almost invariably been by the further centralisation of services, i.e. the reduction of service points to individuals and the increasing concentration of service provision. The Council is of the view that the Health Authority is in danger of placing too great an emphasis on the policy of centralisation and insufficient emphasis on the development of primary health care and community care supported by local GP hospitals necessary to serve large rural areas. There is particular irony in the situation in that as the 1980's, and inevitably the 1990's, will see Britain becoming a reducing urban living nation, hospital services for people could well continue the trend to becoming more urban centred.

1(xvi) The Council has been impressed by the level of debate both in terms of quality and quantity across the County by organisations and individuals, both lay and professional, and notes that the views expressed seem to be calling largely for a continuation of localised services, particularly in rural areas.

1(xvii) We support the Griffiths Report on General Management which stresses that health authorities should be more responsive to consumer views. The public response to the Health Authority's proposals is a startling example of the public clearly stating its preference for health services. The Council and the Health Authority have been involved in a number of public consultation exercises over the years. There can, however, be no doubt that the present exercise has produced not only the largest level of interest but also a range of formal replies which have been of the highest quality in that the points made have been substantial ones and have been carefully reasoned and, in some instances, costed. While emotions have sometimes run high in the public meetings, the written responses have been notable for their careful research and well presented arguments.

SECTION 2 - BACKGROUND

2(i) Telford Hospital

For many years it has been widely recognised that Shropshire was increasingly failing to provide an adequate level of acute hospital care for its resident population. This has been illustrated by the high and increasing level of waiting lists for many of the acute specialties over the last 10 years. In addition to the shortage of acute hospital facilities, there has been the changing balance of population in the County with the establishment and growth of Telford New Town in East Shropshire, some 12-15 miles distant from Shrewsbury.

2(ii) In 1978 the indication was given to Shropshire that Ministers would not support the further development of acute services on the Royal Shrewsbury Hospital site. Government policy at that time was that there would be an upper limit in terms of bed numbers for district general hospitals. This policy substantially remains. There was at that time no alternative for Shropshire other than to look to a new district general hospital to meet the problems of the shortfall of acute hospital care and the growing population in East Shropshire. The decision in principle at that stage was that there would be a new general hospital located in the Telford area and that this would be built on the Apley Castle site, Wellington. The decision for the hospital location came after several years of dispute between Telford Development Corporation and the West Midlands Regional Health Authority on the suitable location for the hospital. In the circumstances, there was little option for Shropshire but to accept the Apley Castle site although, ideally, the hospital should have been located in or adjacent to the designated Telford Town Centre and not on the North West edge of the New Town.

2(iii) When initial agreement was given to proceeding with Telford Hospital the then Minister of Health, Dr. Gerard Vaughan, required the Health Authority to produce proposals which enabled the hospital to be opened but also enabled the retention of cottage hospitals in the County.

2(iv) In 1983, following the issue of the 'Rayner' letter which required that health authorities specify how the running costs of new developments would be met, Shropshire Health Authority was required to indicate in detail how it would provide for the running of Telford Hospital. This had to be done before formal Ministerial approval was given to the hospital contract being let. The Health Authority produced its proposals and following widespread public debate the Community Health Council supported the building of Telford District General Hospital and some of the associated proposed closures. These included the Eye, Ear & Throat and Cross Houses Hospitals. At that time the Council was not, however, able to support the proposed closure or re-designation of cottage hospitals and the matter was then submitted to the Minister for consideration. After much discussion the then Minister of Health, Mr. Kenneth Clarke, agreed to the building of Telford Hospital on the basis that Shropshire Health Authority and the Regional Health Authority would together agree a process of 'sensible rationalisation' in conjunction with the opening of Telford Hospital. There can be little doubt that the term 'sensible rationalisation' clearly meant that some service changes would be necessary and would have to be borne by the County but that these should be changes which do not substantially reduce the level and pattern of distribution of care available and are in general terms sensible for the overall needs of the County.

2(v) It should be noted that on the various occasions where Ministers have been involved in the discussions of the rationalisation of Shropshire's health service provision alongside the opening of Telford Hospital they have on each occasion specifically resisted the wholesale closure of cottage hospitals (Mr. David Ennals, Dr. Gerard Vaughan, Mr. Kenneth Clarke).

SECTION 3 - THE EXISTING SITUATION AND THE PROPOSALS

3(i) Shropshire's non psychiatric hospitals currently provide three broad types of service, namely :

3(ii) a) Acute General Hospital - Royal Shrewsbury Hospital.

3(iii) b) Single Specialty Units -

i) **Acute** - Robert Jones & Agnes Hunt Orthopaedic Hospital and the Eye, Ear & Throat Hospital.

ii) **Geriatric Units** - Monkmoor, Beeches, Deermoss Hospitals etc.

3(iv) c) GP or Cottage Hospitals.

3(v) - In some the functions are combined, i.e. Stone House combines consultant geriatric inpatient care with GP facilities as do Ludlow and Shifnal Hospitals, among others.

3(vi) - During the public consultation it has become clear that the GP or cottage hospital tier is currently providing a variety of services (not all of which are suitable for transfer to a district general hospital site). The services in some instances have developed as a reflection of the interests of local doctors, nursing staff and others or have evolved in response to local needs and priorities as identified within the community. It has, therefore, not been helpful to look at the present debate as being a simple acute hospital (district general hospital) versus a cottage hospital alternative. In many cases cottage hospitals have provided a level of acute care although this has varied substantially between individual units.

3(vii) - The minor injury service which is provided at all cottage hospitals is highly valued by the local community as being immediate and accessible. Some cottage hospitals have also developed outpatient services such as physiotherapy, for example, Market Drayton and Shifnal, or consultant clinics, for example, Much Wenlock and Newport. Notwithstanding the difference between the pure GP hospitals there is an even greater difference between some of these hospitals and the mixed function hospitals such as Oswestry & District Hospital and Bridgnorth & South Shropshire Infirmary.

3(viii) Alongside and in support of the hospital services there currently exists a range of community support facilities which include community nursing, health visiting, chiropody, domiciliary physiotherapy and occupational therapy etc. In some cases the staff providing these services are based within the local hospitals.

3(ix) A great deal of the public participation during the consultation process has been concerned with the possible loss of either a specific cottage hospital or of the pattern of cottage hospital services. The general public of the County has high regard for the services which are provided at their local hospitals. A great many of the public responses have stressed the importance of local access to services both where hospitals are used for outpatients, minor injuries and inpatient care where people can not only be cared for locally but are also able to retain contact with their relatives and friends. The difficulties of travelling in remote rural areas have grown in recent years where public transport has been reduced and in some cases disappeared.

3(x) Considerable support has been given to the local GP hospitals particularly by local industry, including farming with its relatively high accident rate, where if a local minor injury unit or outpatient clinic were to close the perceived alternative is the District General Hospital which would require a long journey and a considerable period of time spent away from the community or workplace. Likewise, services such as physiotherapy departments are seen to provide considerable support for local communities and local industry enabling people to have treatment within a relatively short period of time.

3(xi) Although the cottage hospital support movement has received the most publicity and has, in fact, contributed to the greatest extent to the public consultation exercise there is, nevertheless, also significant support for geriatric hospitals such as Monkmoor Hospital and Stone House which are seen to provide a much needed level of continuing care for longer term elderly patients. There is very real fear within the community that if these facilities are not available in the future and if respite care is reduced or unavailable due to the closure or reduction of GP beds then considerable difficulties will be created for the elderly dependent and their carers.

3(xii) In addition to this, the clear medical view which has been presented to the Council by both consultants and general practitioners is that the reduction of continuing care and respite care beds will lead inevitably and in a relatively short period of time to the blocking of acute beds at the District General Hospitals.

3(xiii) Against this background, the Health Authority's Consultation Document sets out its thinking and proposals for the rationalisation of hospital services alongside the opening of Telford Hospital in 1989. Specifically, these proposals are set out in the Consultation Document as follows :

3(xiv) a) To make permanent the following temporary measures:

Closure of one ward of beds designated for elderly use at Wrekin Hospital.

Closure of 7 beds at Monkmoor Hospital.

Conversion of Ward 29 at the Royal Shrewsbury Hospital from 5-day surgery to day surgery.

Closure of 13 elderly beds at Ludlow Hospital.

Closure of 20 beds at the Royal Shrewsbury Hospital (Shelton) and opening of 20 beds for the elderly mentally infirm at Ludlow (planned for January 1988).

Closure of one ward of beds designated for elderly use at Beeches Hospital.

3(xv) b) The transfer of services at Cross Houses, Monkmoor and Wrekin to general hospital sites at Shrewsbury and Telford.

A policy of transferring ownership of the following cottage hospitals to either an independent trust, local authority or private sector :

Broseley
Ellesmere
Newport
Market Drayton
Much Wenlock
Oswestry & District
Wellington

The change of use and/or reduction in number of beds at the following hospitals :

Beeches
Bridgnorth
Eye, Ear & Throat
Ludlow
Robert Jones & Agnes Hunt
Royal Shrewsbury Hospital (North)
Royal Shrewsbury Hospital (South)
Shifnal
Stone House

3(xvi) At the same time it is inherent in the proposals that the Health Authority is proposing the opening of Telford Hospital.

SECTION 4 - THE PUBLIC CONSULTATION EXERCISE

4(i) At its meeting on 17th December 1987 the Health Authority formally approved the publication of its proposals for public consultation. These were received by the Community Health Council at its meeting on 13th January 1988 when a number of Working Parties was established by the Council to look at particular parts of the County and the likely implications of the proposals for that area. Details of the Working Parties are given in the appendices.

4(ii) Both the Health Authority and the Community Health Council are aware of the high level of public interest and concern in health services in the County and are committed to undertaking the widest possible public debate.

4(iii) For this reason, it was agreed between the Authority and the Council that a series of public meetings would take place with the dual role of enabling the Authority to set out its proposals and answer specific questions and enable the Council to receive the views from the public. Details of these meetings are set out in the appendices.

4(iv) In the light of experience it is clear that considerable confusion arose over the role of the public meetings. This was exacerbated by two problems, namely, the spontaneous reaction in some parts of the County where public meetings were called immediately the proposals were known in November 1987 and by a number of meetings organised at the request of local authorities in order to enable local authority members to discuss the situation directly with officers of the Health Authority. Notwithstanding these problems, the Council organised 11 public meetings and took part in a considerable

4(iv) (continued)

number of informal discussions with MPs, Parish & Town Councils, Hospital Action Committees, Leagues of Friends, General Practitioners etc. Notes of the public consultation meetings and details of other meetings are given in the appendices. In addition to these meetings an intense level of activity has taken place ranging from a sponsored walk between the hospitals proposed for closure to a co-ordinated 'hands round' the hospitals operation. Details of these activities are set out in the appendices. The concern of the public has received wide recognition leading to a 35 minute TV programme made by the BB2 Open Space team. The Council feels that this programme which sets out to put the case for cottage hospitals does so in a clear and well presented manner and feels that this should be seen. A copy of a video tape of the programme is available at the Community Health Council office and permission is currently being sought for this to be presented as part of this response.

4(v) It should, however, be emphasised that the Council is not aware of all events which took place and would at this stage wish to record its deep debt of gratitude to the public of the County for the substantial interest and deep commitment they have shown over the last few months.

4(vi) In addition to the above activity, a great deal of overt political interest has been shown and all of the County MPs have been involved in various meetings, radio discussions etc. In addition, several delegations have met with the Secretary of State or his Ministers and questions have been raised in the House of Commons.

4(vii) These proposals have created the greatest public concern and participation in Shropshire of any issue in the last 25 years.

4(viii) While the Council will endeavour to respond in a rational constructive and positive way to the Authority's proposals, the weight and extent of public concern should not under any circumstances be under-estimated or set aside. It has been noticeable that the opposition to the proposals has come from the widest selection of the local community. It cannot in any way be represented as the views of a minority or a narrow based pressure group. The Council feels it has a duty to report that as far as it has been able to ascertain the concern about and opposition to the proposals is deeply felt throughout the whole of the County. It has always been the Council's view that the public should feel able to have an impact on decisions which affect them in the health service and this can have no greater relevance in Shropshire than at the present time. The County of Shropshire, despite its large size and different communities, has come together in a way which should not be ignored or minimised.

SECTION 5 - THE PUBLIC RESPONSE

5(i) As has already been said, the public response has been quite extraordinary in its intensity and level of participation. Details of the public meetings organised by the Council and other activities appear in the appendices.

5(ii) The Council's office has been quite overwhelmed by the weight of written comments which have been received. The letters received total approximately 3,225 and the names of people who wrote to the Council appear in the appendices. In addition to this, a great many letters have been received by the District Health Authority, the Regional Health Authority, the Secretary of State and the Prime Minister. In all, it is estimated that over 12,000 individual letters have been written on the proposals. Almost without exception the letters have expressed deep concern over the proposals and the effects they would have on a part of the County or the County as a whole.

5(iii) In addition to the letters received, the Council has also been presented with a number of more formal responses prepared by local action committees, leagues of friends and others; details of these appear in the appendices. The quality of many of these responses is quite exceptional and it is clear that a substantial amount of work has been undertaken by people in their spare time in order to represent the views of their local communities. While many of the points which have been made in these responses are included in the Council's own response, it is hoped that these documents will, nevertheless, be read in their own right.

5(iv) Amongst the very many useful points which have been put to the Council through meetings, letters or formal responses the following appear to be the major areas of concern :

5(v) a) The problems which will be created for elderly people and their carers if there is a reduction of hospital beds for long stay care.

5(vi) b) Despite the increased level of acute hospital services the reduction of longer stay beds will mean that the acute sector will become blocked leading to a virtual breakdown in the acute services.

5(vii) c) With the substantial reduction of facilities in cottage hospitals there will not be adequate provision for the care of the terminally ill who do not require either (a) the hi-tec medical support service provided in an acute general hospital, or (b) the specialised knowledge and care offered by the hospice.

5(viii) d) A reduction of continuing care beds will lead to the inability to provide respite care and crisis relief for those families looking after a very elderly, disabled or severely ill relative. The effect of this could be to lead to a breakdown of the home caring situation.

5(ix) e) The withdrawal of local outpatient and minor injury services will lead to a substantial increase in the demand for ambulance services and a high degree of individual inconvenience where people have to travel long distances for hospital treatment.

5(x) f) The overall effect on the community of the loss of a local facility which has been well supported and well thought of. There is a very real sense of community in the smaller towns of the County and in many cases the cottage hospital is an essential part of this. The local population sees the cottage hospital as more than just a hospital and very much as the 'life blood' of the area.

5(xi) g) With a reduction of hospital beds, particularly for elderly people, the community support services provided both by the Health Authority and the County Council will simply not be able to cope with providing even a basic level of care.

5(xii) In more general terms the view expressed to the Council in many parts of the County can be summarised in the following way : "If the price of opening Telford Hospital includes the closure of the units as set out in the Consultation Document this price is too high for the County to pay however much it is acknowledged that the Telford Hospital is necessary".

5(xiii) In concluding this section, the Council would like to pay tribute to all those people who have taken the trouble to write or take part in local committees or events or who attended one of the Council's public meetings. In the wake of such a demonstration of interest it can never be said that Shropshire as a County does not care.

SECTION 6 - KEY ISSUES

6(i) Inevitably the proposals fall into several sections and for convenience the Council has divided the following section into 5 major areas, namely :

'A' - Finance
'B' - Demography
'C' - Maternity Services
'D' - Services for Elderly People
'E' - Cottage Hospitals

There is, of course, a close relationship between the sections.

6.'A' FINANCE

6.A(i) When Shropshire Health Authority published its specific proposals for the funding of Telford Hospital in October 1983 it identified a 'shortfall' between the known money available for the running of Telford Hospital and the actual cost of running the Hospital in the order of £2.5M. The Regional Health Authority was not able to commit itself to meeting this shortfall and the matter when it was resolved by the Minister was on the basis that there should be an agreed programme of 'sensible rationalisation'.

6.A(ii) At that time Shropshire's revenue allocation was about 3.1% below its RAWP target, i.e. in the region of £1.5M. Since then the overall funding position of Shropshire has deteriorated markedly to a position where in the financial year 1987/88 it is estimated that the shortfall is in the region of £7M, being 10% below the notional RAWP target and considerably more than the savings which will come from the proposed closures. Over the same period the RAWP position of the Regional Health Authority has moved from being

6.A(ii) (continued)

in the region of 6% underfunded to being 4% underfunded. Within this situation Shropshire has, with other health authorities, suffered from the failure by the Government to meet the full cost of pay awards and price rises in the Health Service.

6.A(iii) While significant levels of efficiency savings have been made during this period (nearly £3M in the last five years) it is unlikely that continuing efficiency initiatives will lead to savings of a similar level and indeed it appears that the most recently introduced efficiency savings have led to a deterioration of service. It should also be noted at this stage that the 1987/88 RAWP allocation is based on a population estimate which has now been proved to be too low following the recent OPCS revised population estimates.

6.A(iv) The root of the problem that Shropshire is now facing lies without doubt in this considerable and increasing financial shortfall.

6.A(v) There are signs that the RAWP Formula itself will be re-adjusted to take more account of the costs of dealing with health needs relating to urban deprivation. This is fully appreciated. It is, however, felt that the additional costs of providing care to a widespread rural community such as that in Shropshire are currently under-estimated; a situation which will be exacerbated should the proposed changes to the RAWP Formula take place.

6.A(vi) There is clear evidence that the next stage of development of Telford New Town is beginning to take off with an increase in the level of relocation of industry, population and a real reduction in the unemployment figures. The feelings of many that Telford would eventually become an extension of the West Midlands

6.A(vi) (continued)

industrial conurbation could be well founded; but in terms of both demography and geography the greatest part of Shropshire is closer to the neighbouring districts of Wales than to much of the West Midlands. If Shropshire were currently funded on the same basis as the Welsh health authorities the 1988/89 allocation would be increased by about £15M to over £90M. (The revenue allocation to Clwyd Health Authority for 1988/89 was £95,180,000; Clwyd population being 396,000).

6.A(vii) The Health Authority clearly spells out in Appendix II the real level of underfunding of Shropshire's health service as it relates to the present level of NHS funding and the application of the RAWP Formula. The Council feels that it is indefensible that the County's underfunding position has remained so high for so long and has in fact grown in recent years. The Council feels that this matter must be addressed by the West Midlands Regional Health Authority and that if the Regional Health Authority fail to do this then the Health Service Management Board should consider in its review of the Regional Health Authority's performance how this situation was allowed to develop. Such are the apparent differences between the funding levels of the urban and rural parts of the West Midlands that the Council has to raise doubts over the competence of the Regional Health Authority to apply adequate judgement to the question of regional distribution of finance.

6.A(viii) Shropshire is in a particularly difficult situation in that as well as being substantially underfunded it is the only district in the West Midlands whose level of acute inpatient spending per resident falls below the national average and which is not adjacent

6.A(viii) (continued)

to an area which has a level of spending higher than the English national average. All the health districts which border Shropshire are not only underfunded on the RAWP Formula but also spend less than the national average on acute inpatients (1985/86 Performance Indicators). Shropshire then is contained in a clear pocket of deprivation where alternative services are simply not available to residents without a round trip in excess of 100 miles - typically, Walsall, another district of high level underfunding, lies only 9 miles from four major district general hospitals.

6.A(ix) Within the national application of the RAWP Formula of course the West Midlands Regional Health Authority is one of the long term underfunded regions and the Council is fully aware of the situation. It is clearly beyond the Council and the Health Authority to rectify the situation. It must be stated, however, in that the present consultation exercise is carried out in the light of such financial limitations, this area has received the greatest amount of public attention and concern. The Council requests that the Regional Health Authority and Ministers urgently address themselves to this problem.

6.'B' DEMOGRAPHY

6.B(i) For a considerable period of time there has been a movement of population within the West Midlands away from the urban sectors and into the rural areas and new towns. In this sense Shropshire has been very much a population 'gainer'. In the recent OPCS projections (December 1987) it is clear that the population figures on which the Consultation Document are based are wrong and under-estimated. For this reason the projected bed needs, even using the lowest

6.B(i) (continued)

bed norms, would appear inadequate for the medium term needs of the County. The National Health Service has always experienced difficulties in responding to changes in populations. It takes many years for the infrastructure of a complex hospital service to be developed. It is essential that mechanisms for the direction of NHS finance are improved to enable it to respond more quickly to population movements, particularly where acute services have to be provided. The County expects the Regional Health Authority particularly to carefully examine the OPCS projections and to adjust the Regional Strategic Plan for relocation of services to those parts of the Region where the population is growing. The Region has to face the problem of a reducing Birmingham population and cannot expect the population of the West Midlands to look to the urban centre in the present manner.

6.B(ii) Within the population figures the question of the elderly becomes a particular concern. In several parts of the Consultation Document where services for the elderly are considered the age group of 65 and above is applied. The Council has said on a number of occasions that this is a quite inadequate and inappropriate method of approaching the provision of services. The Council has previously referred the Health Authority to planning norms used by other regional health authorities and district health authorities whereby a differential scale is used to reflect the increased need and use of health care facilities by the older age groups.

6.B(iii) Within the over 65 age group there is projected a very considerable increase in the numbers of very elderly. Between 1986 and 1996 the projected increase for the over 85 age group in Shropshire is nearly 50% which is not a problem for the long term future but one which must be faced now and which the present consultation exercise has to address. The pattern of service which comes out of the present consultation will clearly form the basis for health care in the County over the next few years and will need to respond to the simple statistic presented above.

6.B(iv) One of the options available to the Council was to explore the demographic changes in more detail. The Council is happy to do this but feels that this whole matter is one which must be carefully looked at as a matter of urgency by both the Health Authority Planning Department and the County Council's Social Services Department. The Council, therefore, rejects the basis of the intended provision for elderly people as set out in the Consultation Document.

6.'C' MATERNITY SERVICES

6.C(i) It is noted that the only proposed alteration to maternity services in the Consultation Document is the closure of 11 GP maternity beds at Oswestry & District Hospital. It should be said that whatever the scale of this proposal it is inconsistent with the current District Health Authority strategy. Within the figures and provision norms set out in the Consultation Document, it would appear that the County would still have sufficient capacity to deal with the needs. The Council is not convinced about this for the following reasons :

6.C(ii) a) The demands for services come substantially from the Eastern part of the County and the overall County provision still depends on services in Ludlow and Bridgnorth.

6.C(iii) b) The removal of services from the Oswestry & District Hospital will cause considerable difficulties for that part of the County and adjoining Welsh districts.

6.C(iv) c) It already appears that there are occasions when the consultant unit at the Royal Shrewsbury Hospital is operating at near 100% capacity. It should be noted that since the eight new beds were opened they appear to have almost invariably been fully utilised. With the gradual increase of the child-bearing population over the next few years it does not seem likely that the obstetric services will be able to fully cope until the opening of Phase 2 of Telford Hospital in the latter part of the century, if indeed this development proceeds as currently planned.

6.'D' SERVICES FOR ELDERLY PEOPLE

6.D(i) Without doubt the group which will be most affected by the proposals in the Consultation Document is the elderly and their carers. The Council fully and strongly supports the Authority's move to providing a geriatric service which is based to a greater extent on acute assessment facilities in district general hospitals. There is no doubt whatever that the County has not been best served with the distribution and type of hospital beds for elderly people in the past and the Council continues to be of the view that efforts should be made to fully integrate the geriatric

6.D(i) (continued)

specialty with the specialty of general medicine. The Council also strongly supports the Health Authority's move to clearly differentiate and designate three areas of hospital care for the elderly, namely, acute assessment, rehabilitation and continuing care. The proposed designation of acute assessment beds at Telford District General Hospital and Royal Shrewsbury Hospital is fully supported.

6.D(ii) The Council further supports the provision of rehabilitation beds at Royal Shrewsbury, The Robert Jones & Agnes Hunt Orthopaedic, Ludlow and Whitchurch Hospitals. Reservations are, however, expressed over the proposed provision of rehabilitation beds in the East of the County. The Council is not convinced that Shifnal Hospital is able to provide adequate paramedical support services and proposes that the Authority give consideration to short term use of facilities at Wrekin Hospital with the associated physiotherapy and day hospital units prior to a more appropriate provision of service in this part of the County.

6.D(iii) As far as continuing care is concerned, this would appear to the Council to provide the greatest area of difficulty. The view has been put to the Council by the County Council, amongst many, that the reduction of beds caring for the long term elderly sick is too great and too quick. The reduction of continuing care facilities depends on a number of factors, namely, the successful operation of acute assessment services, the successful development of rehabilitation facilities, the development of more accessible and higher levels of community support and the ability of the local

6.D(iii) (continued)

authority and private and voluntary sectors to provide alternative care. It will clearly take time to assess to what extent each of these factors is able to contribute to the care of the elderly but with reference to the increasing demands amongst the 85+ age group the proposed substantial reduction of continuing care facilities as it is set out in the Consultation Document cannot be supported.

6.D(iv) On previous occasions the Council has referred to the need to develop services for the elderly and mentally frail and the Council would at this stage wish to acknowledge and support the positive moves which are taking place in this direction.

6.'E' COTTAGE HOSPITALS

6.E(i) Cottage hospitals are listed as a separate category for the reason that they have been identified by a large proportion of the general public as the key issue in the current Consultation Document. Without doubt cottage hospitals have served Shropshire well. While it is fair to say that they are very different in their functions there are, nevertheless, some common factors which can be identified and which do not appear to be fully acknowledged in the thinking behind the Consultation Document. These are :

6.E(ii) a) Their provision of nursing care for the elderly.

6.E(iii) b) Their ability to provide respite care particularly for the elderly and their families and also for the younger chronically sick.

6.E(iv) c) Their ability to provide post-operative and pre-convalescent care in support of the district general hospitals.

6.E(v) d) Their ability to provide terminal care for those who require neither (a) the hi-tec medical support services provided in an acute general hospital, nor (b) the specialised knowledge and care offered by the hospice.

6.E(vi) e) The very real feeling of well being that is created in the rural communities by the operation of a much loved and supported local cottage hospital.

6.E(vii) f) The availability of a local minor injury service whereby people can be dealt with rapidly within their local communities, thus avoiding a lengthy journey to a distant specialist unit.

6.E(viii) The level of public support for the cottage hospitals cannot be over stated and it is a credit to all the staff who are working in these hospitals and who have worked in them in the past that the County has so strongly come to their defence. The Council endorses these views.

SECTION 7 - THE COUNCIL'S RESPONSE

7(i) The Council's duty in responding to the Health Authority's proposals is to represent the interests of the general public in the County. In previous consultation exercises the Authority and the Council have been dealing more usually with one or two specific proposals. The sheer size of the present exercise, i.e. where 10 units are proposed for formal closure, has raised the temperature of the public debate and participation to such a level that this has become a major significant factor in determining the approach the Council has taken in preparing its response. In view of this, it is clearly stated at this stage that the Council is not able, at the present time, to accept or support the package of proposals set out in the Consultation Document.

7(ii) There are two types of proposal included in the Document, namely, the premature strategy changes listed in Section 1 and the larger scale proposals set out within Section 2. While a number of these specific proposals might well be seen as acceptable, proper or necessary within the revised strategy, it is felt inappropriate for the Council at this stage to make an isolated response to any specific proposal, as in many respects the Health Authority has abandoned its declared strategy. The Council feels that if the approach set out below is developed more fully then a clearer understanding of the service which is required to meet the needs of the County will be gained by all concerned.

7(iii) It should be clearly said at this stage that the Council does not take the position that there should be no service alterations. The Council has always

7(iii) understood that the development of Telford Hospital provided Shropshire with a first class opportunity of developing a more appropriate system of health care for the County and this view remains the Council's position.

7(iv) The Council has been concerned that little is said in the Consultation Document of the likely implications of the proposed changes for the ambulance service. There can be no doubt that a substantial amount of Telford - Shrewsbury traffic will be reduced. There is, however, a likelihood that additional transport requirements will be identified from those areas where a cottage hospital is proposed for closure. This could well lead to ambulances being 'tied up' outside the County, i.e. referral patterns between Market Drayton and Stoke-on-Trent, and Bridgnorth and Wolverhampton. The Authority should take an early opportunity of identifying the likely alteration in demand for the ambulance service.

7(v) During the course of the consultation period members have visited all of the hospitals in the County and have been concerned by the under-use of some of the accommodation and grounds in the County's hospitals. There may well be opportunities for some income generation in some of the smaller local hospitals which might provide an opportunity for a direct contribution to be made to the running costs of some local facilities, and the Council would welcome the opportunity to discuss this with the Authority in more detail.

7(vi) The Council fully appreciates the pressures which the Authority have been put under in recent months. It is noted that the Consultation Document properly refers to the procedures laid down in the DHSS

(vi) (continued)

Health Service Circular HSC(1S)207. This circular requires health authorities to address themselves to a number of issues in presenting closure or change of use proposals. The Council is not convinced that the Authority has fully dealt with the question of the likely implications for patients, for example, travelling and transport (Appendix Alv).

7(vii) In acknowledging that the Health Authority is currently having to operate within what the Authority themselves describe as inadequate financial resources, it is unlikely that the strategy set out by the Council could be acceptably funded within those limitations. It is, however, essential for everyone concerned with Shropshire's health service that a clear strategy of the model of care to be provided should be identified in detail in order that a proper decision can be taken as to what is and is not affordable within RAWP equalisation. The Council would be willing to participate in any further exploration of the issues or the proposed strategy or, alternatively, would - given further time and additional resources - be prepared to further develop this strategy on its own. It does seem, however, that if answers are to be found to what has been widely acknowledged as a problem then the way forward must be through a joint approach between the Regional Health Authority and the District Health Authority and include the Family Practitioner Committee and the County Council.

7(viii) The Council feels that sufficient work has already been done within the County, albeit in an individual or unco-ordinated way, to enable such a strategy to be developed in a relatively short period of time in order that there is no critical delay in moving towards the initiation of change within realistic funding expectations.

7(ix) In reaching these conclusions, the Council is aware that it is not necessarily staying within the financial limits as set out in the Consultation Document. There have inevitably been some changes in the financial expectations of the Authority which have come about during the period of the consultation and it seems clear that the Authority is in a marginally better financial position now than was thought likely in November 1987. This in itself, however, will not radically change the financial situation and it is inherent in the Council's approach that further steps must be taken in the area of 'sensible rationalisation'.

SECTION 8 - A PROPOSED MODEL FOR SHROPSHIRE'S HEALTH CARE

8(i) It is with considerable regret that the Council records at this stage its concern that the opportunity has not been taken over the last three years to prepare more adequately for the possible changes which were originally envisaged as taking place alongside the opening of Telford Hospital. A fundamental part of the Council's response to the proposals of 1983/84 was that an evaluation of needs should be undertaken. Little adequate research or information gathering appears to have been undertaken over the last three years and this has without doubt left Shropshire in a position where it is less able to respond properly to the problems of the current situation.

8(ii) In its response to the previous major consultation exercise the Council outlined a strategy for consideration. This appeared to have been accepted in principle by the Health Authority and the Council would, therefore, wish to build on this strategy in the present context. The Council would wish to see a strategy which describes a model of health care alongside which any proposed development or alteration of services can be judged. The Council would propose that the basis of this should be an acknowledgement of the different needs which exist in a County the size of Shropshire. The Council feels an appropriate model should have as its basic ingredients the following :

8(iii) a) A recognition of the need for equality of access to services between the urban and rural parts of the County while at the same time emphasising that there will need to be a different balance between the areas.

8(iv) b) A three tier hospital provision should be considered along the following lines :

8(v) 1. **Acute Hospitals.** These would primarily be district general hospitals which would provide :

- Acute inpatient care
- Outpatient clinics including diagnostic service
- Accident and Emergency department
- Acute assessment for elderly people
- Acute rehabilitation for elderly people
- Geriatric day hospital

8(vi) 2. **Second Line or Community Hospitals.** These should provide a minimum :

- Support acute care under the supervision of general practitioners including maternity facilities
- Consultant outpatient clinics in the major specialties
- Rehabilitation (including day hospital), respite care and continuing care for elderly people or patients suffering acute episodic incidents
- Terminal care as recognised in the DHSS Circular 'Care of the Dying'
- Minor injury service
- Inpatient care for the elderly and mentally frail
- Possible headquarters of local community health services

The above sets out a suggested minimum range of services. It is, however, recognised that there currently exist other facilities which have arisen in response to identified local need, i.e. operating theatre facilities at Bridgnorth and Oswestry. There should be sufficient flexibility in the operation of this tier to enable such facilities to be continued where it is clear that they make a positive contribution to the overall pattern of care.

8(vii) 3. **Third Line or GP Hospitals.** These would provide services both for the urban and the more remote rural parts of the County where the provision particularly of community care presents greater problems. They should provide a minimum of :

- Continuing care for elderly people
- Respite care
- Terminal care
- A level of inpatient care for patients suffering from episodic incidents
- Minor injury service

The ability should be available to general practitioners to provide some pre-convalescence or post-operative care in support of their consultant colleagues. Again where the need for such a facility coincides with an existing establishment an element of flexibility in the provision of other services should exist where necessary.

8(viii) It is noted that no specific facilities exist for care of the younger chronically sick and until such a provision is made the third tier hospitals provide an acceptable environment for such care.

8(ix) It is also noted that the Consultation Document while bearing the title 'The Future of Health Services in Shropshire' does not address the full range of services. The Council would wish to repeat its concern over the continuing underfunding and low levels of service provision in areas such as psychiatric care.

8(x) It is implicit in the approach set out above that there will be an adequately resourced community support service. While the DHSS has traditionally seen GP beds as acute hospital beds in many ways they are more an extension and part of the local community support services. The relationship between the two is a dynamic and complementary one and any failing in one part will lead to increased demand in the other.

8(xi) The Council has been impressed by the role played by the GP beds in support of the primary care services. The contribution made could not be better than as put by the current Secretary of State in his speech to the American Health Care Conference: "Our family doctor service, which not only deals with 90% of all medical episodes requiring treatment but also acts as a gatekeeper to the expensive hospital facilities, is widely admired. And where it works particularly well there are strong networks of general practitioners, nurses, health visitors and social workers providing a very effective primary care service".

8(xii) While it may seem that the above model is implied in the current proposals, it is the Council's belief that it should be clearly and overtly stated. It is inherent in this model that community support particularly of the elderly and their carers is more feasible in areas of heavier population concentration and that the cottage hospitals in the past and the third line hospitals in the future should in fact be seen as an essential part of local community support.

8(xiii) The clarification of this model clearly stems from the Council's response to the initial Telford Hospital funding proposals and attention is again drawn to that document. The Council would welcome the opportunity to actively participate with the Health Authority in exploring the implications of this proposed model and would particularly not wish there to be any major delay in the procedure whereby a clear picture of future service development can be identified.

SECTION 9 - OTHER ISSUES

9(i) One of Shropshire's major health care problems has been the shortage of acute hospital services, as reflected in the substantial waiting lists which people throughout the County have had to suffer for many years.

9(ii) The County requires a robust and adequately resourced acute hospital sector in order to deal more appropriately with the acute needs of the County. It is, however, essential that this need, while being a primary one, does not totally over-shadow other health care provision needs which if inadequately provided will inevitably lead to a mis-use and blocking up of the acute sector. The nature of the district served by Shropshire Health Authority must be acknowledged in that notwithstanding the fact that 50% of the population of the County live in primarily urban areas the remaining 50% are spread around the County in market towns or rural settlements in an area of nearly 1400 square miles. This self-evident fact cannot be disregarded in the planning of services locally and there can be little doubt that the acute hospital sector needs support in order to function efficiently.

9(iii) In addition to a firm commitment to the development of the acute hospital sector, the Council has also seen as essential the need in the County to respond to the requirements of the very elderly and their carers. This is a group which it is possible to identify clearly both in numerical terms and in location within the County. Whatever the reasons for initiating the discussion on care in the community at National level, there can be little doubt that the vast majority

iii) (continued)

of people wish to spend their latter years in familiar surroundings in the communities in which they live and with their family and or friends, and the health care system and other support systems must respond to this.

9(iv) The Council has viewed with regret the inability of Shropshire Health Authority to substantially increase its own resources to community support during recent years and also the apparent lack of progress in developing specific joint activity with the County Council Social Services Department and others in the field of developing local community support. The Council has been convinced that until this area is adequately understood and provided for through whatever mechanism, the overall pattern of health care in Shropshire will fall short of what the County has a right to expect.

9(v) The Council has also been conscious of the difficulty in providing comprehensive community support in the more rural parts of the County and for this reason feels it essential that GP run hospital facilities are clearly acknowledged as providing a basis of community care in those areas where alternative approaches might be unrealistic in resource terms. It is noted that the Authority intend to increase expenditure on community services by £100,000 for each of the next two years. It has to be pointed out that this will achieve little improvement in that it will provide for only training for about 10 staff which is unlikely even to enable Shropshire to replace staff who reach retirement age. It should also be pointed out that the greater proportion of time spent by health visitors particularly in the Eastern part of the County is related to child health work.

9(vi) The recent Griffiths Report on 'Care in the Community' has emphasised that support facilities need to be in place before closures take place : "The danger is that if more people are treated at home the resources to keep them properly cared for may not be switched from hospital service to community. Voices of health staff and vulnerable people scattered throughout the community may not be strong enough to prevail over those who demand unlimited resources for high technology medicine".

9(vii) It is in response to these needs that the Council has outlined its proposed model of care.

9(viii) There remain a number of issues which have not so far been referred to. These are the continuing inadequacy of the inpatient facilities provided at the Eye, Ear & Throat Hospital and at the Royal Shrewsbury Hospital South. The Council is aware that the Authority is now actively considering these matters and would wish to play an appropriate part in these considerations. Also the development of Phase 2 of Telford Hospital remains an area of great concern not simply for the services which will need to be provided there but also for the funding implications of that development. In specific terms, the Council feels that the County needs a period of breathing space during which the major changes to hospital services can come about. As an example of this, the Council would recommend to the Authority consideration of the following in order to provide more appropriate services for elderly people in the East of the County.

9(ix) a) The temporary closure of Beeches Hospital prior to its major redevelopment as a continuing care facility for elderly people and for the elderly mentally frail with the possible provision of rehabilitation services.

9(x) b) The short term provision of services for the elderly mentally frail within the Wellington area.

9(xi) c) The short term provision of continuing care facilities and rehabilitation services at Wrekin Hospital making use of the phsyiotherapy department and the day hospital.

9(xii) d) The clarification of the likely future role of Shifnal Hospital.