

Oliver Newbould
Assistant Director of Commissioning
Nottinghamshire County tPCT
Birch House
Ransom Wood Business Park
Southwell Road West
Mansfield

15 December 2008

Dear Oliver

Vision for the future of community hospitals in Ashfield and Mansfield

Thank you for attending the High Point PBC Cluster meeting recently to discuss the PCT consultation paper on the reconfiguration proposals, it was much appreciated. Having discussed this further at the PBC Cluster steering group and at a cluster wide Clinical Leads meeting High Point would like the following comments and suggestions to be taken into account by the PCT.

Re the development plans:

1. Accommodation
 - a. The Cluster has a number of service redesign proposals under development which will require clinic accommodation. We've already requested NCH to identify accommodation at Ashfield and Mansfield hospitals for Diabetes clinics and want to ensure this isn't lost sight of in the proposals for the new development.
 - b. COPD – Mike Ward has recently identified that the accommodation for the pulmonary rehabilitation classes at Mansfield Community Hospital is unsafe due to the small room that holds the necessary equipment for the class. This has brought to light the fact that the original MAS plans didn't have space for the COPD service (as its developed in the interim) and therefore its not provided for in the current plan. The Cluster seeks reassurance that the proposals are checked for any other gaps which might affect services currently based at Ashfield or Mansfield, including COPD.
 - c. Parking –The transfer of Orchard Medical Practice will increase the pressure on available parking at MCH, which at visiting times is already very congested. There must be adequate provision for parking for visitors and patients on site in the reconfiguration proposals.

- d. Options for Bayliss Ward
 - i. "Tennyson Ward" - Lesley Carman has summarised the Cluster response to the evaluation report on the Tennyson Ward pilot by email on 12 and 15 December in to which you've been copied in, and stated the Cluster doesn't support the continuation of the pilot, and therefore wouldn't support it as an option for Bayliss Ward. The Cluster believes the pilot evaluates at poor value for money, and that costs are running at around double the cost of the same treatment at Kings Mill. In total the ward would cost £1.8m per annum to run, and there is no new funding in the planned care CAP to provide for this, the only source of funding would be "move to fair shares" or FURs. At the Clinical Leads meeting there was a clear consensus that the use of the funding available to the Cluster should be on improving community services across Ashfield and Mansfield in high priority services such as COPD and Mental Health that would benefit a greater number of patients.
 - ii. Pharmacy – this was supported in principle as we recognise it would be more convenient for patients to be able to access a pharmacy on site.
 - iii. Primary Care facilities – The Cluster would like to see diagnostic facilities such as imaging, and hearing assessments considered as part of the development.

Concerns the PBC Cluster wishes the PCT to address:

2. Costs

- a. The outline business case estimates the net cost of commissioning the proposed service developments at £2.5m, which will take up the majority of the Clusters remaining move to fair shares allocation. We believe its unreasonable that this calculation includes detail provided by Nottinghamshire Community Health (NCH) on the additional costs of the new wards whilst we still await from NCH the detailed cost of commissioning existing community services. NCH's request for additional funding for the hospitals reconfiguration needs to be considered in the context of the entire NCH contract with the PCT and any potential for savings therein.
- b. Whilst we accept that this is subject to negotiation with the Trust the Cluster believes that the proposals don't represent good value for money if the full cost of rehabilitation services can't be released from the Sherwood Forest Hospital contract. We understand that to date Sherwood Forest Hospitals have only agreed to release the cost of excess bed days, and haven't yet agreed to split the cost of the admission which would mean we are paying twice.
- c. Will the savings on running costs accruing from the eventual closure of St Johns St Health Centre be offset against the £2.5m?

3. Bed pressures in Secondary Care

- a. The reconfiguration proposals assume full retraction of Sherwood Forest Hospitals Trust from the beds at Mansfield and Ashfield. However experience from the Tennyson Ward Pilot at Ashfield has shown that at times of red alert at Kings Mill the PCT has been under pressure to accept transfers from Kings Mill Hospital. Potentially this could lead to the PBC Cluster incurring the Cost of admission at full tariff at SFHT, whilst being unable to access the beds for their new purpose. What steps will the PCT be taking to ensure this is avoided in these proposals?

Yours sincerely

Dr Raian Sheikh
PBC Cluster Lead

Lesley Carman
PBC General Manager

