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NOTICE OF MEETING

MEETING	**JOINT HEALTH SCRUTINY COMMITTEE - HINCHINGBROOKE HOSPITAL**
DATE:	**WEDNESDAY 28 FEBRUARY 2007**
TIME:	**10.30 am**
VENUE:	**PATHFINDER HOUSE, HUNTINGDON**

AGENDA

Timing			
10.30	1.	Election of Chairman	(oral)
	2.	Election of Vice-Chairman	(oral)
	3.	Welcome and introductions	(oral)
	4.	Declarations of interest	(oral)
	5.	Terms of reference	(buff)
		A list of participating authorities and their representatives is attached	
10.45	6.	Policy and financial context	(oral)
		Representatives of Cambridgeshire Primary Care Trust (PCT), Hinchingbrooke Hospital and East of England Strategic Health Authority will attend for this item	
11.15	7.	The proposals: overview and links to community and primary care	(oral)
		Representatives of Cambridgeshire PCT and Hinchingbrooke Hospital will attend for this item	
12.30	8.	The consultation process	(oral)
		Karen Mason, Acting Director of Communications and Public Involvement, Cambridgeshire PCT will attend for this item	
12.45		LUNCH	
1.30	9.	The proposals in detail: discussion of accident and emergency services; paediatric services; maternity services; general surgery; trauma and orthopaedics; cancer services;	

		and medical specialties *Representatives of Cambridgeshire PCT and Hinchingbrooke Hospital will attend for this item*	
2.45	10.	Further questioning on the proposals	
3.15	11.	Next steps and requests for further evidence	
3.30	12.	Date of next meeting: Wednesday 16th March 2006 10.30 a.m. to 4.00 p.m. Pathfinder House, Huntingdon	(oral)

Agenda Item No: 5

HINCHINGBROOKE HOSPITAL JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE: TERMS OF REFERENCE

To:	**Hinchingbrooke Hospital Joint Health Overview and Scrutiny Committee**
Date:	**28th February 2007**
From:	**Jane Belman Health Scrutiny Co-ordinator, Cambridgeshire County Council**
Purpose:	**To propose terms of reference and a programme of activity for the Committee.**
Recommendation:	**Members are invited to consider and agree the terms of reference and programme of activity.**

	Officer contact:		***Member contact***
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Draft

HINCHINGBROOKE HOSPITAL
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (OSC)

TERMS OF REFERENCE

1. Legislative basis

1.1 This Joint OSC is set up under the Direction issued by the Secretary of State for Health on 17th July 2003, 'Directions to Local Authorities (Overview and Scrutiny Committees, Health Scrutiny Functions) Health and Social Care Act 2001', under Statutory Instrument 2002 no. 3048.

1.2 This Direction requires that where a local NHS body consults more than one OSC on a proposal it has under consideration for a substantial development of the health service or a substantial variation in the provision of such a service, the local authorities of these OSCs shall appoint a joint OSC for the purpose of the consultation. Only that OSC may:

- Make comments on the proposal consulted on to the local NHS body
- Require the local NHS body to provide information about the proposal
- Require an officer of the local NHS body to attend to answer questions in relation to the proposal.

1.3 This Committee has been established by Bedfordshire, Cambridgeshire, Essex, Norfolk and Peterborough Councils.

2. Purpose

2.1 To consider Cambridgeshire PCT's proposals for service changes at Hinchingbrooke Hospital NHS Trust in relation to:

- The extent to which they are in the interests of the health service in Cambridgeshire and surrounding areas
- The impact on the proposals on patient and carer experience and outcomes and on their health and well-being
- The quality of the clinical evidence underlying the proposals
- The extent to which the proposals are financially sustainable.

2.2 To make a response and recommendations to Cambridgeshire PCT and other appropriate agencies on the above.

2.3 To consider and comment on the extent to which patients and the public have been consulted on the proposals, and the extent to which their views have been taken into account.

3. Membership/chairing

3.1 All health OSCs consulted on the proposals will be entitled to three representatives and three substitutes. These will be nominated by the individual local authorities concerned.

3.2 Members will be politically proportional to the membership of their local authority, unless both:

- That authority's full Council agrees, with no-one dissenting, to waive the political proportionality requirement for their own members

and

- Members of all authorities represented on the joint committee agree to waive that requirement.

3.3 A local authority may if it wishes nominate fewer than three members to the joint OSC. This will also require the consent of its full Council, with no-one dissenting, and the agreement of members of all authorities represented on the joint committee.

3.4 The joint OSC members will elect a Chairman and Vice-Chairman

4. Co-option

4.1 A representative of Hinchingbrooke Patient and Public Involvement Forum and a representative of Cambridgeshire PCT Patient and Public Involvement Forum will be co-opted on to the joint OSC as non-voting members, but with all other member rights. Each Forum will be entitled to nominate a substitute member.

5. Supporting the Joint OSC

5.1 The lead authority will be Cambridgeshire County Council

5.2 The lead authority will act as secretary to the joint OSC. This will include:

- Appointing a lead officer to advise and liaise with the Chairman and committee members, ensure attendance of witnesses, liaise with the consulting NHS body and other agencies, and produce reports for submission to the health bodies concerned
- Providing administrative support
- Organising and minuting meetings.

5.3 Where the Joint OSC requires advice as to legal matters, the participating authorities will agree how this advice is obtained and any significant expenditure will be apportioned between participating authorities. Such expenditure, and apportionment thereof, would be agreed between the participating authorities before it was incurred.

5.4 The Joint OSC will be advised as to financial matters by the Chief Finance Officer of the lead authority.

5.5 The lead authority will bear the costs of arranging, supporting and hosting the meetings of the joint OSC. If the joint OSC agrees any action which involves significant additional costs, such as obtaining expert advice or legal action, the expenditure will be apportioned between participating authorities. Such expenditure, and the apportionment thereof, would be agreed with the participating authorities before it was incurred.

5.6 Each participating authority will appoint a link officer to liaise with the lead officer and provide support to the members of the joint OSC.

6. Powers

6.1 In carrying out its function the joint OSC may:

- Require officers of Cambridgeshire PCT and other appropriate NHS bodies to attend and answer questions
- Require Cambridgeshire PCT, and other relevant NHS bodies to provide information about the proposals
- Obtain and consider information and evidence from other sources, such as Patient and Public Involvement (PPI) forums, patient groups, members of the public, expert advisers, local authorities and other agencies. This could include inviting witnesses to attend a joint OSC meeting; inviting written evidence; and delegating joint OSC members to attend consultation meetings, or meet with interested parties and report back
- Make a report and recommendations to Cambridgeshire PCT and other appropriate bodies
- Refer the proposal to the Secretary of State if it considers that:

    - The proposal would not be in the interests of the health service in the area of the authorities forming the joint OSC has not been adequately consulted.
    - The joint OSC is not satisfied that consultation of the committee has been adequate in relation to content or time allowed.

7. Public involvement

7.1 The joint OSC will meet in public, and papers will be available at least 5 working days in advance of meetings

7.2 The lead authority will arrange for papers relating to the work of the joint OSC to be published on its website. Other participating local authorities may make links from their website to the joint committee papers on the lead authority's website

7.3 A press release will be circulated to local media at the start of the process

7.4 Local media will be invited to all meetings.

7.5 Patient and voluntary organisations and individuals will be positively encouraged to submit evidence and to attend.

7.6 Members of the public attending meetings may be invited to speak at the discretion of the Chairman.

8. Press strategy

8.1 The lead authority will be responsible for issuing press releases on behalf of the joint OSC and dealing with press enquiries.

8.2 Press releases made on behalf of the joint OSC will be agreed by the Chairman or Vice-Chairman of the OSC.

8.3 Press releases will be circulated to all link officers.

8.4 These arrangements do not preclude participating local authorities from issuing individual statements to the media on the consultation provided that it is made clear that these are not made on behalf of the joint OSC.

9. Report

9.1 The lead authority will prepare a draft report on the deliberations of the joint OSC including comments and recommendations agreed by the joint OSC. The report will include whether recommendations are based on a majority decision of the OSC or are unanimous. The draft report will be submitted to the joint OSC or to the representatives of participating authorities for comment.

9.2 The final version of the report will be agreed by the joint OSC Chairman.

9.3 If necessary, minority reports will be appended to the main report.

10. Quorum for meetings

10.1 The quorum will be a minimum of 5 members, representing at least two participating local authorities.

11. Duration

11.1 The joint OSC will run from February 28th - June 30th 2007 unless the joint OSC agrees to extend this period.

11.2 The joint OSC will disband once it has fulfilled its function.

PROGRAMME OF ACTIVITY

It is proposed that meetings are held at Huntingdonshire District Council

Initial meeting – Full day Wednesday 28th February

- Agree terms of reference, Chairman, and how the scrutiny is conducted
- Examine the proposals for Hinchingbrooke Hospital and consider evidence from PCT commissioners, the Strategic Health Authority, and Hinchingbrooke Hospital
- Identify areas for further consideration and where further information is required
- Agree on what further evidence to obtain, who from and how. This may include:

    - Inviting the following to give oral and/or written evidence to the Committee:
        East of England Ambulance Service
        Cambridgeshire County Council on travel and transport issues
        Cambridgeshire County Council research team on demographic issues
        District Councils in Hinchingbrooke's catchment area
        PCTs outside Cambridgeshire that commission services from Hinchingbrooke
        Peterborough, Addenbrooke's and Bedford Hospitals
        Hinchingbrooke PPI Forum
        Relevant Clinicians
        Maternity Services Liaison Committee

    - Member participation and feedback from consultation meetings and events, meetings with patient groups and other interest groups
    - Written evidence from national patient and professional organisations concerned with acute services including emergency, specialist and maternity services
    - Written and oral evidence from patient and user groups.

- Review the public consultation process

2nd meeting – Full day Friday 16th March

- Visit Hinchingbrooke site if appropriate
- Hear evidence from witnesses
- Consider follow-up evidence from NHS bodies.
- Consider written evidence/feedback so far from organisations and events
- Identify what further information is needed and how obtained
- Further review of the public consultation process

3rd meeting – Half-day

- Consider further evidence
- Identify outline recommendations
- Further comment on public consultation process

4th meeting – Half-day

- Agree final report and recommendations

Final meeting: (after the consultation has ended) half-day to

- Consider the response to the joint OSC's recommendations
- Consider whether or not:
    - The proposal would be in the interests of the health service in the area of the authorities forming the joint OSC has not been adequately consulted.
    - Consultation of the committee has been adequate in relation to content or time allowed.

- Review the scrutiny process and outcomes and identify lessons for future joint scrutinies

- Agree any further action, including whether the committee wishes to refer the proposal to the Secretary of State for Health.

HINCHINGBROOKE JOINT HEALTH SCRUTINY COMMITTEE

LIST OF PARTICIPATING AUTHORITIES AND THEIR REPRESENTATIVES

Bedfordshire County Council

Councillor Alan Carter
Councillor Judith Cunningham
Councillor Stephen Male

Cambridgeshire County Council

Councillor Geoffrey Heathcock
Councillor Kevin Reynolds
Councillor Lister Wilson

Substitute members: Councillors Ralph Butcher, Peter Downes and Mandy Smith

Essex County Council

Councillor Susan Flack

Substitute member: Councillor Eddie Johnson

Norfolk County Council

Councillor Janice Eells

Peterborough City Council

Councillor Yvonne Lowndes
Councillor Brian Rush
Councillor Keith Sharp

Cambridgeshire NHS
Primary Care Trust

Seeking sustainable health services for the people of Huntingdonshire

Formal consultation document
Summary

February 2007

INTRODUCTION

This document sets out proposals for the future of services currently provided on the Hinchingbrooke Hospital site.

Hospital clinicians, GPs, patient representatives and managers have worked hard to identify proposals for change that we believe will provide you with NHS services that are:

- Accessible and available as close as possible to your home
- Clinically safe, effective, and delivered to nationally agreed clinical standards
- Affordable for individual NHS hospitals as well as the overall Cambridgeshire health system

Commenting on the proposals, Dr Boon Lim, Medical Director at the hospital said "All of the consultants working at the hospital are passionate about the quality of the services they provide. The population of Huntingdonshire should be reassured that the changes proposed in this consultation document have been developed with the very active involvement of hospital clinicians and our GP colleagues."

We are asking for your views about these proposals between 19 February 2007 and 18 May 2007. There are a variety of ways you can let us know what you think and these are set out later.

This document is a summary of a more detailed consultation document, which is available at www.hinchingbrooke.nhs.uk/future or on request from Cambridgeshire PCT.

CAMBRIDGESHIRE PRIMARY CARE TRUST

Cambridgeshire PCT is responsible for leading the consultation relating to the future of services currently provided on the Hinchingbrooke Hospital site.

The PCT was established on 1 October 2006. It is responsible for identifying the health needs of the people of Cambridgeshire – some 600,000 people - and either buying or directly providing hospital, community-based, mental health and ambulance services to meet these needs. This includes responsibility for the development and delivery of NHS services provided by General Practitioners (GPs) and their staff, pharmacists, dentists and opticians. The PCT has an annual budget of £602 million.

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HINCHINGBROOKE HEALTH CARE NHS TRUST (HINCHINGBROOKE HCT)

Hinchingbrooke HCT provides care to 161,000 people from Huntingdonshire and from a wider geographic area. It has an income of approximately £62 million a year, employs just over 2000 people, and has 310 adult beds. In addition, the PCT utilises 25 paediatric (children's) beds and 12 Special Care Baby Unit cots on the hospital site. There are also two wards for patients with mental health needs run by the Cambridgeshire & Peterborough Mental Health Partnerships NHS Trust.

Nearly all of the hospital's income (96%) comes from Cambridgeshire PCT. The remaining 4% of the hospital's income comes from a range of other PCTs from across Peterborough, Bedfordshire, Northamptonshire, Norfolk, Lincolnshire and Suffolk.

The hospital has a strong history of providing excellent clinical services and working collaboratively with GPs, neighbouring hospitals and the local community. However, it is facing a severe financial problem with a projected shortfall this financial year (2006/07) of £29.9 million.

Historically, Hinchingbrooke HCT has been a low cost provider of services and has therefore offered good value for money. This has contributed to levels of activity at the hospital being higher than England averages. Over the last few years there have been major investments at the hospital, which have brought costs more in line with national averages and have, in consequence, increased the financial challenges faced by both Hinchingbrooke HCT and the PCT. The hospital's financial history in recent years is summarised below:

Date	Action taken	Comments
Up to 2004/05	Hospital provides full range of clinically viable services	Breaks even financially through reliance on non-current (i.e. one off) funding
April 2005	£12.4 million recovery plan put in place to balance the hospital's books in 2005/06	New Treatment Centre introduced in October 2005 to generate additional income by attracting patients from further afield
From March 2006	Recovery plan not fully delivered in 2005/06 (audited accounts report deficit of £7.75 million) Cost reduction plans continue (including a reduction in workforce by 10% by March 2007 which remains on course)	Neighbouring hospitals increased day surgery rates and reduced lengths of stay. Anticipated shifts in referral patterns from further afield to Hinchingbrooke, to a large extent, do not therefore materialise Workforce reductions achieved through not replacing staff that left, re-deploying others to maintain safe levels of service and, only where this could not be avoided, redundancy
September 2006	Projected year end deficit of £29.9 million identified	Includes impact of the planned sale of hospital residencies falling through, reduced income and activity levels
February 2007	Projected year end deficit of £29.9 million remains	

Adding in deficits from prior years, the Trust's cumulative deficit by the end of this financial year is projected to be £39.2 million. This document does not seek to address this historic shortfall, which is being handled separately by the Trust and the East of England Strategic Health Authority. Actions will include selling the section of the hospital site which is largely unused and exploring further income potential from the Treatment Centre, possibly in collaboration with the private sector. The outcome of discussions about the historic deficit will not affect the future viability of services at the hospital if the range of proposals set out in this document are implemented.

In parallel with the hospital's financial difficulties, Cambridgeshire PCT, which buys services from the hospital for the residents of Cambridgeshire, is facing its own financial challenges, with a projected shortfall this financial year of about £50 million.

As you will read later in this document, we are proposing a major investment of £2.5 million in community based services. This will enable a significant and forward looking shift in services away from the hospital setting, bringing services closer to people's homes where it is clinically safe and appropriate to do so, and reducing high levels of demand for acute hospital care from a relatively healthy population. This is in line with what people say they want and is in line with national policy. These changes would secure the future of the hospital and enable it to focus on providing services that only it can provide.

WHAT OPTIONS HAVE BEEN CONSIDERED?

We have considered and assessed four options in conjunction with the hospital's approved Financial Recovery Plan (FRP) in terms of their:

- maintenance of locally accessible services,
- clinical viability, and
- financial affordability

In terms of financial affordability, the hospital needs to deliver cost reductions of £14.5 million over the next three years (see Financial summary later in this document).

The four options considered are summarised below:

Option 1: Minimum change - provision of broadly the same range of services on the site but at lower volumes

The following potential savings or income generation options were identified under this option:

Area	Approximate potential recurrent saving (£ million)
Approved Trust Financial Recovery Plan	2.40
Savings resulting from the changes to clinical services (cost reductions, associated with activity reductions required in line with PCT commissioning intentions)	1.76
A different model of 'front of house' emergency care services involving a Clinical Decision Unit (CDU)	0.49
No complex spinal surgery (i.e. scoliosis surgery) would be provided	0.07
Savings in Maternity Services	0.49
Management cost reductions	0.87
Efficiency Savings (doing things more efficiently, infrastructure and support services)	3.18
Additional Income from Population growth, increase in catchment for particular services, alternative use of facilities	1.11
Total Recurrent Savings	**10.37**

Taking into account all of the above, and noting that there would be further financial pressures in the coming months and years and hence the full savings identified may be difficult to deliver, we have determined that Option 1 is 'high risk' and therefore non viable.

Option 2: Remodelled services – provision of broadly the same range of services at lower volumes through a major redesign of how services are provided across the hospital and community setting. This option, for the reasons set out later in this document, is our preferred option.

In summary, the following potential savings or income generation options were identified:

Area	**Approximate potential recurrent saving (£ million)**
Approved Trust Financial Recovery Plan	2.40
Savings resulting from the changes to clinical services (cost reductions, associated with activity reductions required in line with PCT commissioning intentions)	3.77
A different model of 'front of house' emergency care services involving a Clinical Decision Unit (CDU)	0.49
No complex spinal surgery (i.e. scoliosis surgery) would be provided)	0.07
Re-design of Maternity Services	1.60
Management cost reductions	1.88
Efficiency Savings (doing things more efficiently, infrastructure and support services)	3.18
Additional Income from population growth, increase in catchment for particular services including maternity, alternative use of facilities	1.11
Total Recurrent Savings	**14.50**

This option will allow the Trust to move to a recurrent break-even position, and maintain the same range of services (including emergency care services and maternity services) on the hospital site. In parallel, we are proposing a major investment of £2.5 million in community-based services. This will enable a significant and forward looking shift in services away from the hospital setting, bringing services closer to people's homes, where it is clinically safe and appropriate to do so.

Option 3: Transferring significant elements of patient services to other hospitals and significantly reducing activity on the hospital site

Area	Approximate potential recurrent saving (£ million)
Approved Trust Financial Recovery Plan	2.40
Savings resulting from the changes to clinical services (cost reductions, associated with activity reductions required in line with PCT commissioning intentions)	11.86
A different model of 'front of house' emergency care services involving a Clinical Decision Unit (CDU)	0.49
Non-provision of major spinal services, with visiting service for routine spinal/back work. No trauma cases admitted, closure of Trauma ward and reductions in Specialist Nurse, Physiotherapist and Occupational Therapist posts	0.74
Savings in Maternity Services	0.49
Management cost reductions	1.93
Efficiency Savings (doing things more efficiently, infrastructure and support services)	1.91
Additional Income from population growth, increase in catchment for particular services, alternative use of facilities	0.30
Income lost as result of service changes	-9.79
Total Recurrent Savings	**10.33**

Implementation of this option would mean there would be no emergency inpatient surgical services at the Hinchingbrooke Hospital site. Medical services could be sustained but the clinical risks associated would be higher because of the lack of emergency surgery. Therefore the potential to recruit doctors providing medical services in the future would be very limited. All but low risk births would almost certainly take place at another hospital.

The transfer of patient services to other hospitals as a result of the above would cost the PCT no more or less than it does at Hinchingbrooke Hospital, but there would be potential additional costs to the health system as follows:

- The local ambulance service considers this option is ‘very likely to require substantial investment’ in terms of ambulance cover
- Additional patient transport services would be needed to transfer patients back to the Hinchingbrooke area for rehabilitation
- ‘Double handling costs’ for those patients treated initially at Hinchingbrooke Hospital and then transferred relatively quickly to an alternative provider, or those patients who are admitted to Hinchingbrooke Hospital and subsequently require transfer to an alternative provider for surgery

This option is not considered viable because:

- It is not a popular option for the local community and would greatly reduce services at Hinchingbrooke Hospital
- Financially it is less viable than the other options explored and would be unlikely to solve the financial problems of the local health system
- It would place the long term future of providing medical services at Hinchingbrooke in jeopardy, with a degree of clinical risk as outlined above

Option 4: Closing all services on the hospital site with the exception of inpatient surgery and outpatient services in the Treatment Centre

Area	Cost reductions (Loss of income) £ million
Reduction in costs – to provide medical staff and support for elective day cases and out patient clinics in the Treatment Centre only	54.3
Income lost to the hospital as a result of the closure of the majority of patient services	(50.3)
Recurrent annual savings	**4.0**

The £4 million improvement to the hospital's financial position would be insufficient to gain long-term financial stability. At the same time this option presents the same pros and cons as Option 3 but on a much larger scale. This option is therefore rejected.

Summary

We believe that the following summarises each of the options against the three objectives for NHS services locally set out in the introduction to this document:

	Local access	Clinically viable	Financially viable
Option 1 – minimum change in the range of services but reduced volume	√	√	X
Option 2 – remodelled services across the hospital and community setting	√	√	√
Option 3 – reprovision of some services at other hospitals	X	√	X
Option 4 – closure of the majority of services	X	√	X

Should the outcome of consultation result in any changes that impact on staffing levels at the hospital, then the Trust's redeployment policy will be implemented and staff consultation undertaken where appropriate. In line with this policy, every effort will be made to redeploy any member of staff whose post becomes at risk following this consultation process. Given the scale of changes to patient services required, particularly in relation to options 3 and 4, significant one off redundancy costs would be incurred. These would be one off costs and as such do not feature in the recurrent cost savings shown in the tables above.

SO, WHAT CHANGES ARE BEING PROPOSED AS THE PREFERRED OPTION FOR THE FUTURE OF SERVICES?

Option 2 is our preferred option because it delivers an improved model of care and secures the future of the vast majority of services on the hospital site. We propose a significant shift of work away from the hospital setting and a major re-investment of up to £2.5 million in community services, making these more accessible by bringing them closer to people's homes where it is clinically safe and appropriate to do so. This is good news for local people and would enable the hospital to focus on providing services that only it can provide, whilst reducing the current high levels of demand for hospital services from a relatively healthy population. Such a shift in service provision would not be possible without a change in patient expectations and behaviour regarding the setting in which they receive certain services.

This is very much in line with the vision set out in the Government's White Paper 'Our Health, our care, our say: a new direction for community services' and a recently published report by Professor Ian Philp, National Director for Older People entitled 'A Recipe for Care – Not a Single Ingredient' which identifies that reconfiguration of specialist hospital services to bring care closer to home will make a big difference to the lives of older people and their families.

This shift is being proposed for three main reasons:

- People want their services provided closer to home and their family support systems
- Medical advances mean that procedures which required complex hospital facilities a few years ago can now be carried out effectively in the community or even in the home setting
- It would bring activity levels at the hospital closer to England averages. Information published by the East of England Strategic Health Authority in December 2006, based on data provided by Hinchingbrooke Hospital, identified that the number of Huntingdonshire residents that visit the hospital for treatment and care is well above the England average for similar populations (41% above for the number of inpatient stays and 34% above for new outpatient appointments) and the local health system is simply not funded at a level that can sustain this.

Proposals for consultation - the introduction of services based in the community setting

We are proposing that wherever possible and affordable, out-patient services are provided in GP practice or community settings. This will reduce the need for patients to travel relatively long distances for what are often only 5 - 20 minute consultations at the hospital. The following are some examples of these types of local services, which are already in place or being planned.

- Dermatology and gynaecology clinics held in GP practices or PCT community premises
- Anticoagulation clinic delivered by specialist nurses which enables patients to have their blood checked and dosage of drugs adjusted

- A community based Glaucoma service, which will avoid the need for certain patients to visit the hospital. An Optometrist at Hinchingbrooke Hospital will screen all glaucoma referrals made by GPs. Where it is clinically appropriate, patients will be invited by the hospital optometrist to be seen by accredited community optometrists. Over time patients would also be able to attend their local accredited community optometrist for their annual reviews
- Annual Diabetic Retinopathy screening would be undertaken by community based optometrists rather than optometrists based at the hospital
- Primary Care Dressing clinics would be established. This would enable patients who are currently visiting Hinchingbrooke Hospital as outpatients to have their dressings changed to have this undertaken by community based clinicians
- Continuation of echocardiography (non-invasive diagnostic tests) undertaken in the community setting to detect heart problems
- Continuation of orthopaedic 'extended scope physiotherapists' who have additional training and expertise, enabling them to provide rapid assessment and either treatment or direction to the most appropriate service. This service enables patients to be seen and treated locally, quickly and safely, where they would previously have had to wait for an out-patient appointment to see a hospital consultant orthopaedic surgeon
- Further work is planned on several other specialties such as ENT and sexual health community clinics

Examples:

Jenny has suffered from heavy periods for many years which are now getting worse leading to her taking significant time off work. Previously, Jenny would have had to wait for an outpatient appointment to see a hospital consultant. Now, she can visit her local GP and have a special device inserted (called a Mirena coil) much more speedily. Jenny would still be able to access more specialist hospital based gynaecology services should she need them, although there are also now opportunities for her to be referred to a community based gynaecology clinic held by the hospital consultant in a local GP practice.

John has severe eczema which is not being controlled by the treatment his GP has been giving him. His GP is now able to refer him to a local practice where he will see a GP with a Special Interest in dermatology. This GP has undergone extended training and is able to offer rapid specialist advice and treatment that John would previously only have been able to access in the hospital setting.

Dr Dennis Cox, Huntingdonshire GP said "Local GPs and hospital clinicians have been working hard to identify ways of providing better access to services for local people. We genuinely believe that moving certain patient services into the practice or community setting, where this is clinically appropriate, will mean that patients get the care they need in the right place, at the right time, from the appropriate health care professional"

Proposals for consultation - the introduction of Intermediate Care services

We are also proposing the implementation of a range of services that will help maintain people's independence (particularly older people), help avoid hospital admission or aid earlier discharge from hospital. This type of service is referred to as 'Intermediate Care', which is in line with a recent report published by Professor Ian Philp, National Director for Older People mentioned earlier which identifies that 'Evaluation of new intermediate care services shows that they reduce length of stay, have higher patient satisfaction ratings, at least as good clinical outcomes as acute hospitals and are no more expensive than traditional services'.

Proposals include:

- Increasing the number of social carers, district nurses, therapists and health care assistants available
- Investing further in domiciliary (home based) care provision and packages
- Establishment of beds on the Hinchingbrooke Hospital site in accommodation vacated by hospital services (see below). This would enable PCT community staff to undertake assessment, treatment and rehabilitation for older people with complex and multiple needs
- Extending further the seven day a week 'night service' provided by District Nurses and Home Carers
- Increasing the number of PCT community staff based within the Emergency Care Centre at Hinchingbrooke Hospital. This will help ensure that those people who can be appropriately cared for by community based services are able to avoid a stay in hospital
- Investing further in community equipment to maintain people's independence in the home setting
- Enhancing the availability of mental health professionals within the PCT's intermediate care team to help support people with mental health problems

Examples:

Supported discharge : Elizabeth is admitted to hospital unexpectedly having broken her hip following a fall. Once she has undergone surgery and is fit to be discharged, she would be able to transfer to either her own home or a specialist bed in the community where she would continue to recover. Elizabeth would be supported by the local community services team, which would ensure she has the right care and assistance and that any equipment she requires is available. If Elizabeth subsequently requires longer term needs, the team would assess her requirements and arrange for more permanent support.

Community hospital beds: Tony has been seen by his GP at home. He is 90 years old and his wife is 83. Tony has a chest infection, which needs to be treated with a course of antibiotics. Tony is currently bed bound and has mobility problems. Understandably, his wife is unable to meet his needs at home whilst he recovers. He is admitted to his local community hospital where he is seen by physiotherapists who assist Tony to become more mobile whilst his ongoing care needs are assessed and plans put in place to address these. Following a period of care in the community hospital setting, Tony is quickly able to return home, removing the need for an admission to a more specialist hospital or the breakdown of his home support during a time of crisis.

Supporting people with long term conditions

Mary has chronic obstructive airways disease and uses oxygen at home to help with respiratory problems. She is very prone to chest infections and in the last year has been admitted to hospital three times, an experience she does not relish. Often problems would arise at night or at a weekend and the emergency doctor service that visited Mary would arrange to admit her to hospital as they were unaware of her normal level of breathlessness. Now, Mary has access to a Community Matron who supports her in times of crisis and has to date avoided a hospital admission for over seven months. Community Matrons have additional skills and are able to prescribe drugs quickly, working with Mary's GP and the local community teams to provide support and assistance in the home setting. Should Mary ever need to be admitted to hospital in the future, the Community Matron – with full knowledge of Mary's medical history and services available in the community to support her - would work with the hospital consultants to ensure she is able to return home as possible.

Commenting on the redesign of patient services, Debbie Bryant, Matron, Hinchingbrooke Health Care NHS Trust said "For a while now a number of patients at Hinchingbrooke, particularly the elderly, have stayed in hospital longer than is needed. This is because it often takes time to arrange extra care and support at home or in a community or rehabilitation setting. Any future arrangement that improves this situation for our patients and allows them to leave hospital quicker, with care closer to their home and family, can only be a good thing. It will be better for patients and better for the hospital as we will be free to focus on more acutely ill patients."

Proposals for consultation – provision of services on the Hinchingbrooke Hospital site

- **A&E Services**: Hinchingbrooke Hospital does not currently provide the full range of A&E services. Patients with major, multiple trauma are diverted by paramedics and/or MAGPAS doctors away from Hinchingbrooke in favour of specialist services at Addenbrookes or Peterborough & Stamford Hospitals. We are proposing that a consultant led Emergency Care Centre would provide the same range of services that are currently provided. Access to treatment would be speeded up by the introduction of an Emergency Nurse Practitioner who will direct patients to the appropriate clinician or service. The current Medical Assessment Unit, A&E bays and resuscitation facilities would come together to become one 'Clinical Decision Unit', again with direct access to appropriate clinicians and services. Minor illnesses or injuries would be treated by an Emergency Nurse Practitioner and/or a General Practitioner.

- **General Surgery**: No changes are proposed to the current range of services but we plan to reduce the lengths of hospital stay where these are higher than the average lengths of stay in hospitals across England. Patients would benefit from reduced risks of hospital-acquired infections and the reduced levels of independence often seen with longer hospital stays will be minimised. Surgical activity will increasingly be brought together within the Hospital's Treatment Centre. The level of consultants on the emergency surgical out-of-hours rota will be maintained which, in turn, will support the continuation of emergency and a range of other services on the hospital site.

- **Trauma & Orthopaedics**: The only proposed change to the range of services currently provided relates to the small number of major spinal surgery cases for scoliosis (curvature of the spine). We are proposing that in future this type of surgery be undertaken at a specialist hospital (either the Norfolk and Norwich Hospital, Norwich or the Stanmore Orthopaedic Hospital).

- **Cancer services:** There are no proposals for change to the current range of services provided. In addition, the Woodlands Centre would continue to provide care, support and outpatient chemotherapy services, as well as other treatments for cancer related conditions and those with terminal illness.

- **Medical Specialties**: There are no proposals for change to the current range of medical services provided. However, the shift in services away from the hospital setting explained earlier will enable the five current wards to be reduced to four and to be centralised at the front of the hospital building, improving access to these services. This re-location, which is supported by the hospital's consultant physicians, would enable quicker access to emergency care services, critical care facilities, X-ray and endoscopy facilites and give greater potential for some service developments eg a stroke unit. It would also enable the current Medical Assessment and Rehabilitation Services (MARS) accommodation at the back of the site to be disposed of or sold.

- **Paediatrics (children's) services**: There are no proposed changes to the range of emergency, inpatient and outpatient services. However, the Special Care Baby Unit (SCBU) at the hospital is likely to be re-designated from a Level 2 to a Level 1 SCBU by 2009. SCBU's provide specialised care for sick babies and are designated as either Level 1, 2 or 3, with Level 3 units providing care for the babies with the most complex needs. This change would be as a result of the increasing staffing levels required following implementation of the European Working Time Directive. Babies requiring 'Level 2' special care facilities would be cared for at either Addenbrooke's or Peterborough & Stamford Hospitals, returning to Hinchingbrooke's SCBU when clinically appropriate.

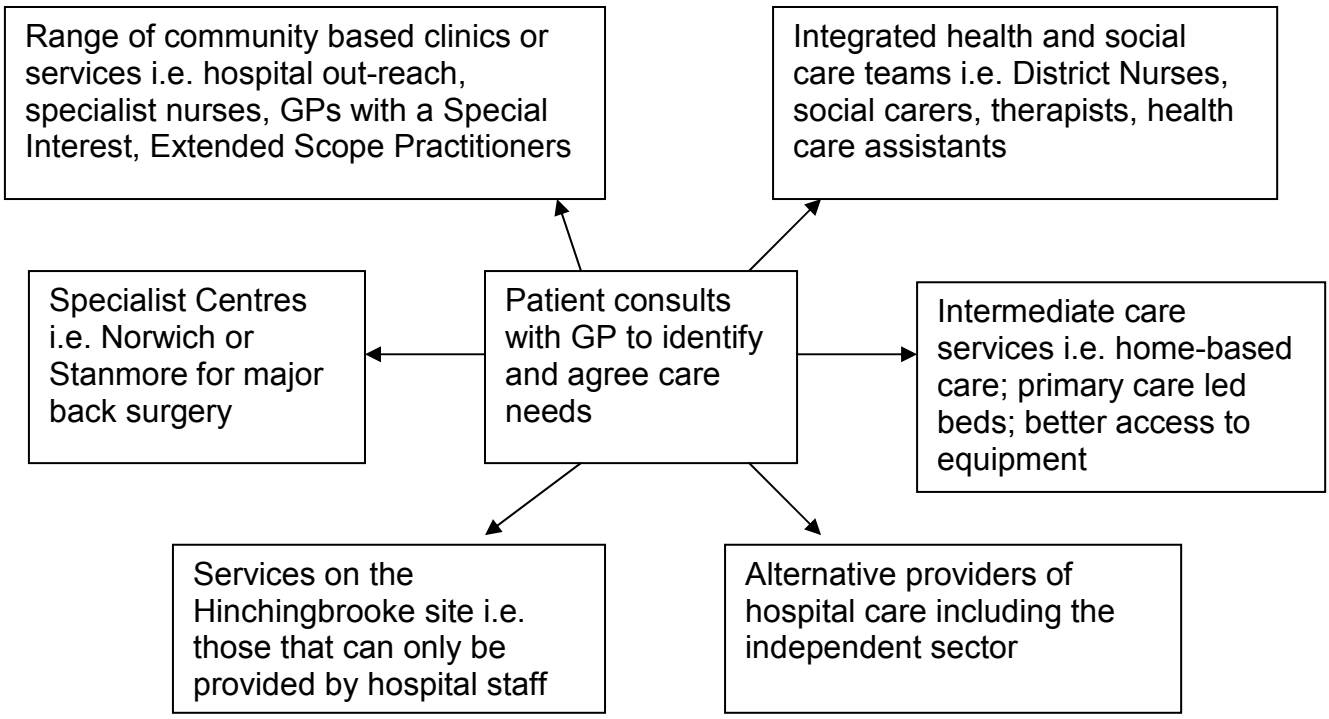
  The former Huntingdonshire Primary Care Trust submitted a Business Case for a 'new build' children's unit on the Hinchingbrooke site to provide a suitable environment to support children's services. The business case identified the year on year (i.e. revenue) cost of just over £2.4 million. The funding available to pay for the services already in place covers most of this cost. However, after taking this into account, the business case identified a funding shortfall of approximately £600,000 comprising capital charges and the costs associated with building a larger floor space than that currently available to the service. Given the PCT's commitment to developing services for children, we were committed to ensuring that this shortfall in funding was identified. During the course of this recent review, we have been able to develop proposals that now ensure that we will be opening the unit shortly after the building work is complete (due May 2007). This is excellent news for local people with the new build including a range of options with partners that will complement and support the wider development of children and family services.

Maternity services: Many people reading this document will know that the costs of the current maternity services at Hinchingbrooke Hospital are significantly in excess of the funds available for such services. To avoid any reduction in these services, we are proposing to offer women from further afield the choice of giving birth at Hinchingbrooke i.e. from Cambourne and/or the west of Cambridge. Because the number of births taking place at the hospital would increase, the level of income would increase as well.

In parallel, we propose to strengthen the community based antenatal services currently available to provide further support to women, including the introduction of community-based midwifery clinics in GP practices. This would enable more women to be cared for in the community where this is clinically appropriate. We are also exploring with Peterborough & Stamford Hospitals Foundation Trust the potential for the development of partnerships and clinical networks with Hinchingbrooke Hospital, which may enable further opportunities for efficient and cost effective use of services and funding.

It should be noted that the preferred option to maintain local maternity services at Hinchingbrooke and ensure capacity for the wider Cambridgeshire population carries an additional cost to the health system of £1.1 million. While the PCT has agreed to carry this cost in the short term, other solutions will be sought to cover this deficit.

The range of services that patients will be able to access



ARE ANY OTHER CHANGES PROPOSED?

In line with the shift in activity into the community setting, bringing services closer to people's homes, we will be working with hospital clinicians to make best use of the resources that the PCT invests at the hospital.

- Reaching agreement about when it is appropriate to make a referral direct to another hospital consultant and when it is appropriate to refer a patient back to their GP
- Ensuring that clinical policies agreed by the Cambridgeshire Clinical Priorities Forum are fully implemented. The Forum is made up of clinicians, patient representatives and managers who determine which treatments are lower priority for funding on the basis of published research evidence. For example, tattoo removal, cosmetic surgery, circumcision and varicose vein surgery have all been identified as 'low priority' and are only funded in exceptional cases. Information on all 'low priority' treatments is available at the Forum's website at www.cambsphn.nhs.uk
- Introducing a Consultant Email Advice service to enable GPs to seek timely advice from hospital consultants, which may help avoid unnecessary referrals into the hospital setting. This has been piloted between hospital consultants in the Dermatology team and GPs with extremely positive feedback from GPs
- Agreeing with hospital clinicians when it is necessary for patients to return to hospital for follow up outpatient appointments and in what circumstances alternatives such as telephone follow-up by a hospital doctor of GP might be clinically appropriate

As well as seeking efficiencies in clinical services, we have also identified potential savings in a range of support services, including:

- Radiology: changes to the current mix of staff grades and skills within this service
- Medical Records: exploring the potential for storage of medical records on site, rather than the current 'off-site' arrangements
- Pathology: exploring options for provision of pathology services including off site alternatives
- Medical illustration: cessation of an 'in-house' service with no significant impact on patient services. In the small number of cases where medical illustration will help patient care, alternative arrangements will be available
- Increasing the level of non-medical anaesthetic staff (excluding critical care services) so that there is one medical anaesthetist for every 2 or 3 non-medical anaesthetists. This type of model has already been successfully implemented in Scandinavia. Ken Macleod, Clinical Director, Perioperative Care at Hinchingbrooke Hospital explains "We have demonstrated that Anaesthetic Practitioners can be valuable members of the anaesthetic team, doing routine work and allowing consultants to use their experience, breadth of knowledge and judgement more widely and appropriately. This is so for inpatient lists, but even truer of day case or routine short-stay surgery."
- Maximising opportunities for cost savings through procurement initiatives. Just one recent initiative has saved the hospital £30,000 annually simply through the central procurement of examination gloves on a Trust-wide basis with no impact on the quality of patient services provided

WHAT DO THESE PROPOSALS MEAN FOR PATIENTS?

There are many positive proposals set out in this consultation document. Not only have we been able to identify proposals that maintain the vast majority of services at the hospital, but we are also proposing re-investment of up to £2.5 million in a wide range of community-based services that bring services closer to people's homes.

The main changes patients would notice therefore are:

- a significant reduction in the number of people that will need to be treated in the specialist hospital setting who will, in future, be cared for by community based services where this is clinically appropriate
- better use of NHS funds with clinicians agreeing where, when and how patients should receive the care they need. This will include implementing county-wide policies – other than in exceptional circumstances - that have identified treatments where research has shown these to have limited or no clinical benefits

This approach is not unique to Hinchingbrooke Hospital. The PCT needs to ensure that the way it is buying or delivering services is providing the best clinical outcomes, delivering value for money, and providing services in the way people want. The PCT has identified a framework for how it will achieve this and is applying this consistently across all NHS organisations from whom it buys patient care.

The table below identifies the required reduction in work at Hinchingbrooke Hospital.

Type of hospital work (Cambridgeshire wide i.e. not just Huntingdonshire residents)	**% reduction**	**Numerical reduction from the level of work undertaken in 2005/06** (includes 'substitutional' shifts to the independent sector in line with Government policy)
Planned In-Patient stays	25%	Reduction of 4,900 In-patient stays
Unplanned emergency In-Patient stays	13%	Reduction of 3,500 In-patient stays
First Out-Patient Attendances	25%	Reduction of 13,500 First out-patient appointments
Follow up Out-Patient Attendances	27%	Reduction of 20,000 Follow up out-patient appointments
Total Out-Patient Attendances	26%	Reduction of 33,500 Total out-patient appointments

The collaborative work required by hospital clinicians and local GPs to achieve this reduction in hospital-based work should not be under-estimated.

If all the proposals set out in this section of the document are not fully implemented and achieved then continuation of the proposed range of services on the hospital site will be seriously jeopardised. Maintenance of the range of services at the hospital is dependent on shifting activity into the community. The hospital will therefore also be seeking to explore opportunities for maximising income generation through utilisation of the Treatment Centre on the site, possibility in partnership with the independent sector.

What can you do to help your local NHS?

As mentioned earlier, the shift away from a reliance on hospital based services to community based services explained earlier – where this is clinically appropriate - would not be possible without a change in public expectation and behaviour. Patients, in consultation with their GPs, would identify the most appropriate service from which their care needs could be met from the range of services that would be available in the community, closer to people's homes. As you will have read earlier, without this shift to community based services, maintenance of the range of services that we are proposing should continue at Hinchingbrooke Hospital would be seriously jeopardised.

Taking into account the following would also help ensure that NHS resources are used wisely and appropriately:

- Unless you are seriously ill or have been involved in an accident, think before visiting your hospital emergency services – seek advice from your GP or Out of Hours service first. It costs twice as much to have a minor ailment treated by specialist A&E clinicians as it would to visit your GP or out of hours GP service. You can save your local NHS £2 million in one year by making the most appropriate choice about where you have your minor ailment treated
- Some drug companies produce similar drugs to more expensive drugs more cheaply or, once a drug is no longer patent-protected, can make cheaper versions of the same drugs (called generic drugs). In both cases, the level of clinical effectiveness is maintained. Your GP may talk with you about prescribing an alternative drug to the one you are used to taking. This could save your local NHS £1.3 million in one year
- Are you making use of your repeat medications? If you have multiple medications dispensed on a repeat prescription but no longer make use of all of them, please discuss your future needs with your GP. Wasted medicines in primary care cost the local NHS in excess of £10 million

Of course, one of the most obvious ways you can help yourself and reduce pressure on the NHS is to make the decision to lead a healthier lifestyle. For example:

- Don't smoke and don't breathe others' tobacco smoke.
- Eat at least 5 portions of fruit and veg each day and cut down on fat, salt and added sugar.
- Be physically active for at least 30 minutes, 5 days a week.
- Maintain, or aim for, a health weight (BMI 20-25: BMI can be calculated by weight (kg) divided by height (m) squared (i.e. kg/m2)
- If you drink alcohol, have no more than 2-3 units a day (women) or 3-4 units a day (men).
- Protect yourself from the sun – cover up, keep in the shade, never burn and use factor 15 plus sunscreen. Take extra care to protect children.
- Practise safer sex – use a condom.
- Make the decision to go for cancer screening when invited.
- On the roads, THINK SAFETY.
- Manage stress levels – talking things through, relaxation and physical activity can help.

IF THE PROPOSALS SET OUT IN THIS DOCUMENT ARE IMPLEMENTED, WOULD THEY SECURE THE LONG TERM FUTURE OF THE HOSPITAL?

As mentioned earlier, Hinchingbrooke Hospital serves a relatively small population. Some commentators would question the ongoing viability of a hospital with such a small population. This is because some clinical services need a larger number of patients to be seen to guarantee the best possible clinical outcome for patients.

However, the hospital has strong clinical networks in place with neighbouring hospitals such as Addenbrooke's and Peterborough & Stamford Hospitals. This means that many of its clinicians cover a wider geographical area than Huntingdonshire. The continued development of these strategic partnerships and networks will be of particular importance in ensuring that services provided on the hospital site continue to meet the increasing number of national guidelines.

Given the development of partnerships and clinical networks with neighbouring hospitals, the long-term future of services on the Hinchingbrooke site – if the proposed shifts of work to the community setting are achieved - is not dependent on the continuation of a free standing hospital or health care organisation i.e. Hinchingbrooke Health Care NHS Trust (Hinchingbrooke HCT).

£1 million of the proposed recurrent annual savings would be made through reductions in management costs by dissolving Hinchingbrooke HCT as a corporate organisation and another NHS organisation taking on responsibility for the management of the clinical services on the Hinchingbrooke Hospital site. Savings relate to the costs associated with Board Directors (other than a General Manager and a part time senior doctor post which are likely to be retained) as well as cost reductions in a range of other **management costs only** relating to Information Management and Technology, Nursing, Midwifery and Operations, Human Resources, Facilities and Finance and Information.

This consultation is therefore seeking to establish the principle of the dissolution of Hinchingbrooke HCT as a corporate entity. This principle has the support of Hinchingbrooke HCT's Board and it is likely that any such change would happen at the end of the 2008/09 financial year.

If the principle of dissolving Hinchingbrooke HCT were supported through this formal consultation, a further public consultation would take place, probably in 2008/09 financial year, outlining the options for another NHS organisation to take on responsibility for the management of the clinical services provided on the Hinchingbrooke site and transfer of staff to the new organisation.

It should be noted that the principle of dissolving Hinchingbrooke HCT is common to Options 2, 3 and 4 included in this consultation document but not to Option 1.

FINANCIAL SUMMARY

Although Hinchingbrooke HCT's projected deficit for the current financial year is £29.9 million, this includes a number of non-recurrent items. There are also a number of projected changes to the Trust's income over the next two to three years. Once adjustments have been made for the non-recurrent items and the predicted changes in income, the Trust is forecasting that it needs to deliver recurrent revenue savings of £14.5 million over the next three years in order to balance its income and expenditure.

The table below sets out the anticipated phasing of the delivery of the savings associated with Option 2. The Trust is predicting that its recurrent deficit will be reduced to £1.3 million in 2007/08 and £1.1 million in 2008/09, prior to achieving recurrent balance in 2009/10. It should be noted, however, that the phasing shown below is indicative and dependent on the outcome of consultation and subsequent work that will be required to put in place the required change to GP referral patterns.
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Three year phased programme to implement Option 2	**2007/08 £000s**	**2008/09 £000s**	**2009/10 £000s**
Savings required to break even	8,900	14,500	14,500
HHCT Financial Recovery Plan	1,320	2,400	2,400
Savings made through implementation of proposals	2,289	4,793	4,826
Savings made through greater efficiencies	2,429	3,999	5,060
Additional income in line with population growth and increase in numbers of patients from other geographic areas for particular services	1,542	2,213	**2,213
Total recurrent savings identified	7,580	13,405	14,500
Recurrent deficit	**1,320**	**1,095**	**0**

** This sum includes the additional cost to the health system of £1.1 million for maternity services referred to earlier

CONCLUSION

The Primary Care Trust and Hinchingbrooke HCT believe that the proposals set out earlier in this document as the 'preferred option' deliver an improved model of care, secure the vast majority of services on the hospital site, whilst being the most financially affordable of all options explored.

It is crucially important to recognise that the proposals for consultation are largely inter-dependent and therefore are, in their entirety, the PCT's preferred option upon which your views are sought. It is equally important to understand that all elements have to be delivered in their entirety in order to secure a viable future for services on the hospital site. This includes the contribution that can be made by the public, local General Practitioners and hospital clinicians in making best use of NHS resources. If all elements proposed are not delivered, the PCT would have to reconsider whether it could continue to commission services at the HHCT site

For the sake of clarity, the proposals that we are consulting upon are those set out on pages 8-14 and include the principle of the dissolution of Hinchingbrooke Health Care NHS Trust in Options 2, 3 and 4 (see page 17).

The East of England Strategic Health Authority (SHA) is undertaking a review to develop frameworks for the future delivery of acute and associated community services that will create a clinically and financially stable pattern of healthcare across the East of England. The review covers all hospital services in the East of England and will not be complete for some time. However, given the scale of the challenges faced by Hinchingbrooke Hospital, the SHA identified that the PCT's consultation on the future of services provided at Hinchingbrooke should commence immediately, whilst ensuring appropriate links to the East of England regional review. The SHA, PCT and the hospital are confident that the proposals set out in this consultation document will be consistent with the direction of travel which will be developed through the wider 'Looking to the Future' review being undertaken by the SHA and that, provided the proposed changes are implemented and deliver the projected savings, the services presented in this document can be maintained.

CONSULTATION PROCESS AND TIMETABLE

The formal consultation period will begin on Tuesday 20 February 2007 and will conclude on Tuesday 22 May 2007.

A final decision relating to the proposals set out in this consultation document will be made by the PCT's Board at a meeting held in public on Wednesday 27 June 2007. A copy of the decisions made by the Board will be sent to all those who send us their views where they identify a contact postal or email address. A copy of the final decisions will also be posted at www.hinchingbrooke.nhs.uk/future

Cambridgeshire PCT welcomes your views on the proposals set out in this document. For the sake of clarity, the proposals that we are consulting upon are those set out on pages 8-14 and on page 17 in relation to the principle of dissolution of Hinchingbrooke Health Care NHS Trust. You can submit your views through a variety of mechanisms

On line

You can complete an on line questionnaire and/or submit your 'free text' views by logging on at www.hinchingbrooke.nhs.uk/future

In writing

Later in this document you will find a questionnaire which, if you choose, you can complete and return to 'Hinchingbrooke consultation response', Acting Director of Communications & Public Involvement, Cambridgeshire PCT, Heron Court, Ida Darwin, Fulbourn, Cambridge CB1 5EE. You do not have to use this questionnaire. The PCT would be happy to receive your comments in any format.

By invitation

The PCT would welcome the opportunity to present the proposals set out in this consultation document to community groups, voluntary and partner organisations and other interested parties. If you would welcome such an opportunity, contact the PCT's Acting Director of Communications & Public Involvement on 01223 885717 or karen.mason@cambridgeshirepct.nhs.uk

Through planned radio phone-ins

The PCT will be working with Radio Cambridgeshire to identify opportunities for interviews and 'phone-ins' during the course of the consultation. We would encourage you to listen in, and take part in the phone-ins if you have questions to ask. Details of these will be aired on the radio and publicised by the PCT.

In person

The PCT has arranged seven public meetings during the course of the consultation process, at a variety of times and venues as set out below, to present the proposals set out in this document and hear your views.

We recognise that some people prefer to express their views on a one-to-one basis, rather than in a group setting, and therefore one hour before each of the above events (as shown in brackets below), a number of representatives from the PCT and HHCT will be available at the venue to meet with individuals and hear their concerns, respond to their questions and queries.

Date	Time	Venue
Tuesday 20 March 2007	11.00 am - 1.00 pm (10.00 – 11.00 am for one to one questions)	Bargraves Resource Centre, Cromwell Road, St Neots
Wednesday 21 March 2007	7.00 – 9.00 pm (6.00 – 7.00 pm for one to one questions)	St Ivo Centre, Westwood Road, St Ives
Thursday 29 March 2007	7.00 – 9.00 pm (6.00 – 7.00 pm for one to one questions)	Bargraves Resource Centre, Cromwell Road, St Neots
Tuesday 3 April 2007	7.00 – 9.00 pm (6.00 – 7.00 pm for one to one questions)	St Barnabas Church Hall, Medway Road, Huntingdon
Thursday 5 April 2007	11.00 am – 1.00 pm (10.00 – 11.00 am for one to one questions)	St Barnabas Church Hall, Medway Road, Huntingdon
Tuesday 17 April 2007	3.00 – 5.00 pm (2.00 – 3.00 pm for one to one questions)	King Edward Centre, Railway Lane, Chatteris
Friday 20 April 2007	11.00 am – 1.00 pm (10.00 – 11.00 am for one to one questions)	Slepe Hall, Ramsey Road, St Ives

Places at the above events can be booked via Karen Mason, Acting Director of Communications, Cambridgeshire PCT on 01223 885717 or Karen.mason@cambridgeshirepct.nhs.uk. If it becomes apparent during the course of consultation that more public meetings are required, these will be arranged.

Representatives from the PCT and HHCT will also be available at libraries in Huntingdon, St Ives and St Neots during the course of the consultation to give local people an opportunity to find out more about the consultation proposals, ask questions and raise any concerns. Dates and times will be published via the media in due course and at www.hinchingbrooke.nhs.uk/future

To ask for more copies of this document, or the more detailed consultation document, or a version in large print or another language, please contact the PCT's Acting Director of Communications & Public Involvement (contact details above). If you wish to complain about this consultation process please also contact the PCT's Acting Director of Communications & Public Involvement. For advice on how to make a complaint about NHS services in general, please contact our Patient Advice and Liaison Service on 0800 0929 168 or pals@cambridgeshirepct.nhs.uk

YOUR CONSULTATION VIEWS

To help us analyse the responses we receive to the proposals set out in this consultation document, please answer the following questions (continue on a separate sheet if there is insufficient space below). You can complete this comments form on line by visiting www.hinchingbrooke.nhs.uk/future

You can of course choose not to complete this form. The PCT is happy to receive comments in any format that you choose.

I have the following comments to make on Option 1 (page 4)

Please circle below the statement that best represents your view of the level of support you feel for Option 1

Strongly agree / agree / no opinion / disagree / strongly disagree

I have the following comments to make on the proposals relating to Option 2, the PCT's preferred option (pages 8 – 14, including the principle of the dissolution of Hinchingbrooke Health Care NHS Trust as a corporate entity, page 17)

Please circle below the statement that best represents your view of the level of support you feel for these proposals

Strongly agree / agree / no opinion / disagree / strongly disagree

I have the following comments to make on the proposals relating to Option 3 (page 6, including the principle of the dissolution of Hinchingbrooke Health Care NHS Trust as a corporate entity, page 17)

Please circle below the statement that best represents your view of the level of support you feel for these proposals

Strongly agree / agree / no opinion / disagree / strongly disagree

I have the following comments to make on the proposals relating to Option 4 (page 7, including the principle of the dissolution of Hinchingbrooke Health Care NHS Trust as a corporate entity, page 17)

Please circle below the statement that best represents your view of the level of support you feel for these proposals

Strongly agree / agree / no opinion / disagree / strongly disagree

Please circle the statement below that best represents the basis on which you are responding:

Member of the public / member of staff / patient or service user / organisation (and, if possible, an approximate number of people your organisation is responding on behalf of) / I wish to remain anonymous

The PCT's Board will consider the comments received during the consultation process and present a formal 'response to consultation' at a Board meeting held in public on Wednesday 27 June 2007.

If you would like to receive a copy of the PCT's formal response to this consultation exercise, please provide your contact details below. This formal response will also be available at www.hinchingbrooke.nhs.uk/future or on request to the PCT.

Name: ……..

Address (postal or email):
……

……

……

Thank you for your comments.

Please return these by Tuesday 22 May 2007 to the PCT's Acting Director of Communications and Public Involvement, Heron Court, Ida Darwin, Fulbourn, Cambridge CB1 5EE.

Don't forget, your response could be made public so if you wish your comments to remain anonymous you need to make this clear by circling the words 'wish to remain anonymous' above

Please note:

You can also share your thoughts, comments and concerns about the proposals set out in this consultation document with the Hinchingbrooke Joint Scrutiny Committee. This independent Committee, made up of a range of elected Councillors from across Cambridgeshire, Peterborough, Bedfordshire, Norfolk, and Essex has a statutory duty to scrutinise the proposals presented in this public consultation document to assess whether they are in the best interests of local people.

Contact: Jane Belman, Health Scrutiny Co-ordinator, Cambridgeshire County Council, Box No: RES 1206, Shire Hall, Castle Hill, Cambridge CB3 0AP (Tel: 01223 718126 or email jane.belman@cambridgeshire.gov.uk)

THOSE WE ARE CONSULTING

The following list represents the people who have initially been sent either this summary consultation document or the more detailed version:

- those who attended the informal public meetings in November/December (where contact details were provided)
- Patient groups within Hinchingbrooke Healthcare NHS Trust
- Hinchingbrooke Health Care NHS Trust, including staff representatives
- Cambridgeshire Patient and Public Involvement Forum
- Hinchingbrooke Hospital Patient and Public Involvement Forum
- Umbrella voluntary organisations
- Local authorities across Cambridgeshire
- East of England Strategic Health Authority
- East Anglian Ambulance Trust
- GPs and their practice staff across Cambridgeshire including GP out of hours emergency services
- Practice Based Commissioners including Huntscomm, CATCH, and East Cambs & Fenland locality groups
- Cambridgeshire Local Medical Committee
- Local MPs
- Cambridgeshire Overview and Scrutiny Committee
- Norfolk Overview and Scrutiny Committee
- Essex Overview and Scrutiny Committee
- Suffolk Overview and Scrutiny Committee
- Peterborough Overview and Scrutiny Committee
- Bedfordshire Overview and Scrutiny Committee
- Lincolnshire Overview and Scrutiny Committee
- Northamptonshire Overview and Scrutiny Committee
- Maternity Services Liaison Committee
- Neighbouring Primary Care Trusts
- Neighbouring hospitals (including Cambridge University Hospitals NHS Foundation Trust, Peterborough & Stamford Hospitals NHS Trust, and Bedford Hospital NHS Trust)
- Libraries
- All PCTs, GPs (via their respective PCT), hospitals, local authorities, Patient and Public Involvement Fora and umbrella voluntary organisations based in geographic areas identified in section 6

Copies of this consultation document and the complementary more detailed document will also be available from reception areas in GP practices and pharmacies in Huntingdonshire and on all wards and outpatient clinics at Hinchingbrooke Healthcare NHS Trust. Huntingdonshire District Council has also kindly allowed the PCT to make copies of the consultation document available:

- at Community Information Centres in Ramsey and Yaxley
- through the Tourist Information Centre in St Neots
- in the reception area of their Housing Benefits Department at Pathfinder House, Huntingdon
- and via the mobile library services that visits Stibbington, Folksworth, Holme, Conington, Elton and Wood Walton

GLOSSARY

Abdominal	Relates to the abdomen including the stomach, intestines, liver, spleen and pancreas
Aneurysm	A sac-like widening of an artery resulting from a weakening of the artery wall
Ante-natal care	Care provided to pregnant women before birth
Anti-coagulation clinic	A service to provide treatment to avoid the formation of blood clots
Aorta	The main trunk of the system or arteries carrying blood from the left side of the heart to the arteries of all limbs and organs except the lungs
Clinically viable	Patient services that are safe, effective, and delivered to nationally agreed clinical standards
Clinician	Qualified health professional i.e. doctor, nurse, therapist etc
Dermatology	The branch of medicine that deals with the diagnosis and treatment of skin diseases
Diabetic Retinopathy disease	Non inflammatory disease of the retina associated with diabetes
Echocardiography	Non invasive diagnostic procedures that uses ultrasound to study the structure and motions of the heart
Extended scope physiotherapists	Physiotherapists who have additional training and expertise which enables them to take a wider range of services
Glaucoma	A group of eye diseases
GPs with Special Interests	GPs with Special Interests have additional training and expertise which enables them to take referrals from colleagues for the assessment and/or treatment of patients who might otherwise have been referred direct to a hospital consultant, or provide an enhanced service for particular conditions or patient groups.
Gynaecology	The branch of medicine dealing with providing health care to women, especially the diagnosis and treatment of disorders affecting the female reproductive organs
Intermediate care services	A range of services that help maintain people's independence (particularly older people), avoid hospital admission or aid earlier discharge from hospital.
Low priority treatment	A treatment that has been designated low priority for funding on the basis of published research evidence
Neurosurgery	Surgery on any part of the nervous system including the brain, spinal cord and nerves

Obstetrician	A doctor who care for women during pregnancy, childbirth and the recuperative period following delivery
Optometrist	A specialist concerned with examination, diagnosis and treatment of the eyes and related structures
Orthopaedics	The branch of medicine that deals with the prevention or correction of injuries or disorders of the skeletal system and associated muscles, joints and ligaments
Primary care	Patient services that are provided in the community setting by GPs and their staff.
Recurrent funding	Funding available on an ongoing basis ie not one-off funding available for a specific period of time.
Trauma	A serious injury or shock to the body
Vascular	Relates to the vessels that carry or circulate fluids such as blood or lymphatic fluids through the body

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