Response to feedback on StF consultation from BRACKNELL FOREST COUNCIL

Ref	Feedback	Our response
1.	The vision document is entitled "Shaping the Future in East Berkshire" and yet there is scant mention of Frimley Park Hospital or the Royal Berkshire, which we understand from the PCT's own figures are the major acute hospitals serving the population of Bracknell Forest. It also fails to mention the role of independent hospitals which we understand patients can choose to secure their treatment from. Certainly the Council can provide evidence through its own Adult Social Care, Health and Housing department of how patient flows have impacted on the running and focus of the department in responding to hospital discharge.	This is a perfectly fair point. The four proposals we are now planning to formally consult on are specific service changes that we are ready to discuss with local people. The overall Shaping the Future programme involves developing clinical models of care and working locally to develop changes in services that go well beyond these specific proposals. The Bracknell and Ascot Clinical Commissioning Group (CCG) is leading a process to develop an integrated care workstream where it is inviting all its acute providers to work with it to shape services in the south of Berkshire. We propose to make it more explicit in the consultation that we are focussed on a relatively small number of changes that are important for some specific services currently provided by the Heatherwood and Wexham Park NHSFT at Heatherwood. Our wider planning processes will include all key providers when relevant
2.	Prior to the launch of the consultation, the PCT and HWPT declared that all sites were in effect safe. The Council is interested to learn if there was a mandate determined elsewhere for this position being established ahead of the consultation and from whom this mandate came. In doing this the Council believes this has served to fashion the consultation in a particular way and to this Council, it seems that this is about the future of Heatherwood and Wexham Park Trust and not about healthcare in East Berkshire. It is also known that the Heatherwood and Wexham Park Trust has begun the costly process	We received significant feedback from the public and many clinicians in our engagement exercise in 2011 that they believed all of our main sites had an important future role to play, even if some of the service on them might change. This was particularly strong for the Heatherwood site. As our financial plans developed it became clear that the savings from major site closure were not sufficiently large to merit the continued pursuit of closure options. In formal governance terms there is no need for a "mandate" not to close an existing site or service. The approach was, however, agreed by the Berkshire East PCT and has the support of CCGs.

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	of disposing of part of the Heatherwood site with the establishing of a project board to remodel the Heatherwood site and at its first meeting declared that Heatherwood would remain even though a consultation is still outstanding.	It is entirely true that the consultation focuses on some services currently provided by the Heatherwood and Wexham Park Foundation Trust – but it goes well beyond this to include new community services provided by the Berkshire Healthcare Foundation Trust, and the integration of some services with primary care in the new Urgent Care Centre in Bracknell. Heatherwood and Wexham Park Hospitals NHS Foundation Trust has established a project to improve the hospital facilities given the public and commissioner view that Heatherwood should remain. The project has a Programme Board that includes the three CCG Chairs and a Stakeholder Reference Group that includes the Bracknell Forest Lead Member for Health together with councillors from the three other Local Authorities. The group has met once and will be involved in all the detail of any proposed improvements, including consideration of any land sale that may be proposed in the future.
3.	The document talks about the lack of capital and yet proposes to keep all current hospital sites open. This we believe cannot make economic sense in the climate we are in and given all of the advances in healthcare. The fact that there is already an NHS facility which has been purchased at considerable expense to the tax payer at Brants Bridge is not mentioned in any significant way in the document. Surely the use of this facility must be maximised given its location to the population prior to other investments being considered.	We are actively pursuing options that make best use of capacity at Brant's Bridge. This is a key rationale for why we are proposing it should be the location of the Urgent Care Centre, MIU and outpatient services for the Bracknell population. The plan is for Brants Bridge to replace the HealthSpace scheme as far as is possible so it is also envisaged that some outpatients will also be delivered from the building, in particular those that are currently provided from Fitzwilliam House and any that the CCG would wish to be relocated from Heatherwood.

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4.	The Council has experience of taking difficult decisions in relation to building based services and responding to care and economic arguments. Much in the consultation hinges on the sale of surplus land on the Heatherwood site. The Council is aware how complex land sales can be and the associated planning arrangements. This can be a lengthy process. It would be helpful to know that the planning authority will be able to support the proposals and its views of the likely timescale and that the likely sale value will meet the contribution required to support the HWPT rescue package. The Council is aware of the arrangements that NHS property should be handled by a new organisation "PropCo" The Council believes the consultation should be clear about the role of PropCo particularly as any land matters will not be determined prior to April 2013.	In our engagement document we tried to cover all of the plans we have affecting Heatherwood Hospital so that people could understand what the changes meant as a whole. This included the proposed new elective hospital and related land transactions as these are plans the Trust is actively pursuing. However, it is not a substantial service change as the proposal for a new elective hospital is not moving significant services away from the site. The Trust is exploring the detail of how it will deliver the new hospital under the constituted programme board, and the issues you identify will all be tackled by the Trust and Board. The Trust is the freehold owner of the Heatherwood site and therefore the ownership will not be by the newly established NHS PropCo - this was created to take ownership of property that is owned by PCTs across the country in readiness for the dissolution of PCTs in March 2013. However, these plans do not form part of the formal consultation, and we are not intending to provide significant detail on them within it.
5.	The Council feels that the development of Urgent Care in Bracknell Forest should not be formally considered as part of this consultation. It has already been the subject of a consultation and Health Service Commissioners agreed the case for 'Healthspace' in Bracknell Forest. However, this has not been delivered to the detriment of the local population. We note that on p1 the PCT has placed HealthSpace on the map, presumably in recognition of the fact that is not part of the consultation.	This is primarily a matter of presentation – and we quite agree that the Urgent Care Centre has been long planned and agreed. The critical point is that when those plans were first developed it was not clear that it would result in a better and more financially viable service if the full MIU at Heatherwood was integrated into this Urgent Care Centre. As you will see in the consultation we are now making it clearer that the consultation is focussed on the aspect of moving the MIU services from Heatherwood to Bracknell.

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6.	If there is a decision on the MIU that should be a separate one, it is misleading in its current form and could leave people thinking that all Urgent Care Services could be at Heatherwood. The Council urges the PCT to ensure that the Healthspace proceeds at pace now that it should be at Brants Bridge and is happy to assist in that objective.	We are grateful for the offer of assistance in helping the Urgent Care Centre move forward quickly. However, we do need to work within a framework which ensures plans are not later delayed because we have not consulted correctly, and the advice we have received is that we do need to finalise the issue on the MIU transfer before we go ahead otherwise we could well be subject to legal challenge.
7.	Finally, the Council is anxious that the development of the proposals may significantly disadvantage the Bracknell Forest and Ascot Clinical Commissioning Group. It is essential that the contracts are constructed in such a way to reflect patient flows. Anything other than this would put the CCG under financial pressure as it is clear that patients are exercising their right to choose which acute healthcare provider they want. This comment is in line we believe with the four key 'tests' set out by the Secretary of State for service change. If contracts are tied up to promote H&WP Trust sustainability then we are not convinced that the test in relation to 'consistency with current and prospective patient choice' will be met.	We have no intention of restricting patient choice and under the NHS financial regime money will inevitably follow patient flows. It is true that the three CCGs have made a commitment within a Memorandum of Understanding to provide temporary support to the Heatherwood and Wexham Park Hospitals NHS Foundation Trust to help it regain a stable financial footing. We are confident that local people support the CCGs in their desire to ensure we retain the Trust as key provider of local healthcare services in the area, and that we should be giving it the temporary support needed to ensure this. The biggest reduction in local choice possible would take place if this was not done. The Memorandum does not restrict patient choice and we fully expect that patients, in consultation with their physicians, will be choosing to use a number of different acute providers.

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8.	It must be recognised that HWPT is no longer the preferred service provider in Bracknell Forest and that any attempts to manipulate the local market and inhibit patient choice or place the CCG in financial difficulty will be resisted at the highest possible level.	It is true that Bracknell Forest patients have the choice to attend a number of different local hospitals and also that a substantial number of Bracknell patients currently access Heatherwood and Wexham Park services. We expect there to be a continuing competitive market for healthcare provision throughout east Berkshire, and the maintenance of this market will support the CCG's financial position. We do not believe any of the substantial service changes we are consulting on will impact on this.
1)	What do you think about our idea to develop a modern surgical hospital at Heatherwood? The Council looks forward to examining the business case and a comparison with costs if other providers were to undertake this activity. It is assumed that there would be a natural limit to the activity given that ICU facilities would not be part of this service. We remain concerned about the extent of activity on all of the sites, within the proposals. In addition to this, there is no clarity on how the funding streams will be organised to deliver this ambition. We are sceptical that the assumptions of land value at the site can be realised.	All of these issues are important. In the NHS it is the role of provider Trusts to determine the affordability of capital developments and to take any risk involved in building them taking into account commissioner plans. As indicated above, these issues will be tackled by the Programme Board for the new hospital development, which has representation from CCGs and local stakeholders. They are not formally part of the consultation on substantial service changes.

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2)	What are your views on our plans for a new Urgent Care Centre in Bracknell with enhanced services to replace services provided at the Heatherwood Minor Injuries Unit? The Urgent Care Centre must be separated from the consultation. The Council believes the PCT is already mandated to develop this and has failed to do so. It would be helpful to have a clear timeline from the PCT on when work will begin to establish the Healthspace.	We will include our most up-to-date estimate on the timescales for the UCC within the consultation document. We have already addressed some of these points. We agree that it is important to have clarity on links with hospital A&E departments to ensure safe delivery of service. Our aim is to have a consistent set of urgent care services across all of east Berkshire.
	The only questions that remains in our view is, should MIU remain at Heatherwood and more strategically the links between that MIU in Maidenhead and the Walk In Centre in Slough and the A&E service in Wexham, including Urgent Care. Given the proximity of the population, the MIU should be moved to the Healthspace.	
3)	What are your views on our ideas for the rehabilitation services and related inpatients beds? The Council supports the principle of this proposal and urges the PCT to consider more innovative approaches to rehabilitation similar to that agreed between the CCG and the Council, to improve efficiency and outcomes for individuals. There needs to be more clarity about the relationship between these services and acute rehabilitation. The document is silent on plans for other rehabilitation services in the other sites.	We look forward to the opportunity of working with you as we implement the proposals on the innovative approaches you mention. We know that the CCG and Council have recently commissioned a new joint health and social care service at the Bridgewell Centre to enhance intermediate care services for the population. We are not consulting on changes to other sites within this process. As Clinical Commissioning Groups develop the detail of their plans they will work with local people and their councils on any changes in rehabilitation services that may be needed.

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4)	Do you think we are offering the right choices for women in terms of where they give birth? The Council supports the proposals if the choices are real, Members have expressed concern about whether these are possible. The financial analysis will be helpful in this regard.	We do believe the choices are real – there are three local hospitals providing care for women in the Bracknell area offering a wide variety of choice.
5)	What is important to you about where outpatient services are delivered from?	We agree with the core principle expressed.
	✓ Access	
	✓ Transport	
	✓ Parking	
	✓ Other (please explain)	
	It makes economic sense to have outpatient clinics in population centres that will generate	
	the demand.	

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6)	We will fully evaluate all proposals against best clinical evidence, quality outcomes, patient	We have addressed your points on working with other providers and the use of Brants Bridge above.
	choice, patient experience, patient access, sign-up from doctors and other clinicians and financial viability. Do we need to take anything else into account?	Thank you for agreeing that your response may be published. We would like to include it as part of the information available to the public when we start the formal consultation in October.
	The extent to which NHS providers can collaborate to deliver the commissioning vision and provide best outcomes. There are serious questions about the viability of healthcare in its current configuration and we believe there is further to go than is set out in the document.	
	The investment at Brants Bridge as 'healthcare/taxpayers' money must be fully utilized to maximise the value of the asset to deliver improved services before incurring additional expenditure as we have already set out.	
	The Council is happy for its response to be published and would ask that due notification is given prior to that occurring. Likewise, if the Council needs to publish comments in relation to the consultation, we would notify the PCT.	