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Councillor Lynne Stagg
Chair
Health Overview and Scrutiny Panel
Portsmouth City Council
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20 MAY 2011

Dear Councillor Stagg,

**REFERRAL FROM PORTSMOUTH CITY COUNCIL'S HEALTH
OVERVIEW AND SCRUTINY PANEL – CLOSURE OF WARD G5
END OF LIFE CARE WARD AT QUEEN ALEXANDRA
HOSPITAL, PORTSMOUTH HOSPITALS NHS TRUST
INDEPENDENT RECONFIGURATION PANEL REPORT AND
RECOMMENDATIONS**

Thank you for your letter of 6 October 2010 formally referring proposals regarding the closure of the G5 end of life care ward at Queen Alexandra Hospital NHS Trust in Portsmouth.

As you know, I asked the Independent Reconfiguration Panel (IRP) to provide me with initial advice following your referral.

Following that advice, I subsequently asked the Panel to undertake a full review of the proposals. The Panel has now completed its full report and shared its findings with me.

A copy of the Panel's report is appended to this letter. The Panel will publish this report on its website on 20 May 2011 (www.irpanel.org.uk)

It is clear the IRP has undertaken a very detailed review of all the evidence relating to this important case. The IRP has considered a significant amount of material before formulating its final report,

including that from the local NHS, your Scrutiny Panel, local MPs and the public.

I am sure you will join me in thanking the IRP for all their work

In order to make my decision on this matter, I have considered in detail all the evidence raised by your Scrutiny Panel and have taken into account the IRP's initial and final advice.

Grounds for referral by Portsmouth City Council's Health Overview and Scrutiny Panel

You raise two specific points under cover of your referral letter of 6 October 2010.

These are set down again below for ease, complete with responses drawing from IRP advice and recommendations and evidence submitted to the IRP's review by the local NHS and your Scrutiny Panel.

- (i) Portsmouth Health Overview and Scrutiny Panel is concerned that the closure of G5 palliative care ward amounts to "substantial variation" of the provision of a service and the Scrutiny Panel is not satisfied that consultation has been adequate. Portsmouth Health Overview and Scrutiny Panel requests that the trust reconsiders its original decision and properly consults on the matter before reaching a final decision.

It is clear the local NHS did not carry out a formal public consultation exercise. This was on the grounds the trust believed the proposed changes did not constitute a substantial service change.

I understand the IRP heard from many local people that, in their opinion, insufficient effort had been made on the part of Portsmouth Hospitals NHS Trust to involve local groups and organisations, or even to inform them effectively of the decision or explain clearly the rationale for closing ward G5. Paragraphs 4.12.33 to 4.12.35 refer.

The Panel accepts the view that patients and user representatives were not adequately involved in the development of the proposals for change to this service and that public engagement and involvement mechanisms were not fully used (paragraph 4.12.41 of the IRP's report refers).

I note the Panel agrees that Portsmouth HOSP was not consulted about changes to ward G5 and it is clear that a chance for open dialogue between the scrutiny committee and the local NHS had been missed (paragraphs 5.6.6 to 5.6.11 of the Panel's report refers).

The IRP's recommendation two is both clear and very important. Portsmouth Primary Care Trust and Hampshire Primary Care Trust should support the emerging GP commissioners for Portsmouth and south east Hampshire to engage the public and patients in a reappraisal of their end of life care strategy plans.

The process should also engage the local authorities and relevant providers, and be completed in time to inform commissioning plans for 2012/13. The output should make it clear what is required from providers in terms of the quality of end of life care. It should also demonstrate how more people will get the end of life care they choose, especially supporting more people to die at home if that is their choice.

The four tests for service change I set down as a challenge to the NHS last year are designed to build confidence within the health service, with patients and their communities.

I have it absolutely clear that support from GP commissioners, strengthened public and patient engagement, clarity on the clinical evidence base and consistency with current and prospective choice are essential ingredients underpinning any new clinical case for change.

The IRP's recommendation eight is clear that Portsmouth Hospitals NHS Trust should review its approach to public and patient involvement, and its communication strategy, in the light of the lessons to be learnt from their handling of the closure of ward G5. I fully endorse this recommendation.

- (ii) Portsmouth Health Overview and Scrutiny Panel is concerned that the proposed closure is not in the interests of the health service, and seek intercession of the Secretary of State for Health to determine whether this closure is in the best interests of the health service in Portsmouth and to take such action or desist from taking such action as the Secretary of State may direct.

The Panel heard from trust management that one of the drivers for change was the desire to improve the end of life experience for all patients in the hospital.

While it was acknowledged patients on ward G5 received good quality end of life care, a total of only 28 per cent of patients received their end of life care on that ward.

The remaining 72 per cent received end of life care on wards elsewhere in the hospital and the new model aimed to improve end of life care for those patients.

The Panel accepts that for clinical, operational and financial reasons, it would be unsustainable to reopen ward G5 itself as an end of life care ward (IRP recommendation three of their report refers). I support this recommendation and am absolutely clear that the local NHS must develop a comprehensive operational plan for end of life care, including quality, workforce, training and standards. This plan must also address the relationship of the model to the overall pathway for end of life care, including effective working arrangements with palliative care.

I believe it is simply not enough to expect ward G5 to close without putting in place and evaluating the necessary facilities to support end of life care at Portsmouth Hospitals NHS Trust.

The IRP has set down clearly that the trust needs to address the gap between what is aspiration and implementation of its end of life care strategy (paragraph 5.4.20 refers). It must do this by fully involving the public and patients more in what is further development of end of life care (either in the hospital setting or at home and through choice).

I support the IRP's findings and concur with recommendation six that an audit of the facilities at Portsmouth Hospitals NHS Trust to support end of life care should be carried out within three months, involving members of the end of life care reference group. The audit should include single rooms, as well as facilities to support relatives and carers. Action to address any deficiencies that are identified should be taken without delay.

IRP recommendations

The Panel advises:

- the qualities that patients, their relatives and their carers most value in end of life care are peace, dignity, privacy, respect for personal and cultural needs, and compassionate care. These qualities should underpin all end of life care, including that provided by Portsmouth Hospitals NHS Trust and should be used as a benchmark to assess progress against the Panel's further recommendations below.
- Portsmouth PCT and Hampshire PCT should support the emerging GP commissioners for Portsmouth and south east Hampshire to engage the public and patients in a re-appraisal of their end of life care strategy and plans. The process should also engage the local authorities and relevant providers, and be completed in time to inform commissioning plans for 2012/13. The output should make it clear what is required from providers in terms of the quality of end of life care. It should also demonstrate how more people will get the end of life care they choose, especially supporting more people to die at home if that is their choice.
- the Panel accepts that for clinical, operational and financial reasons it would be unsustainable to reopen G5 itself as an end of life care ward.
- Medicine for Older People, Rehabilitation and Stroke [MOPRS] must develop a comprehensive operational plan for end of life care, including quality, workforce, training and standards. The plan must also address the relationship of the model to the overall pathway for end of life care, including effective working arrangements with specialist palliative care.
- PHT's End of Life Care Steering group should be augmented with a reference group drawn from the public and patient groups. The steering group should undertake formal evaluation of the changes to end of life care in MOPRS, including

systematic feedback from carers and relatives, and report its findings and recommendations to the Trust Board and commissioners by November 2011.

- an audit of the facilities to support end of life care should be carried out within three months, involving the members of the end of life care reference group. The audit should include the number of single rooms, as well as facilities to support relatives and carers. Action to address any deficiencies identified should be taken without delay.
- the Trust Board should ensure that the business plan for MOPRS in 2011/12 is updated to reflect these recommendations and address specifically what further action and investment is required to achieve the highest possible end of life care in MOPRS as set out in its improvement plan.
- PHT should review its approach to public and patient involvement, and its communication strategy, in the light of the lessons to be learnt from their handling of the closure of G5.
- Portsmouth HOSP should, with the local NHS, review its policy and procedures to ensure relevant issues can be identified and acted upon in a timely manner.
- South Central SHA should ensure that the NHS follows the recommendations of this report without delay or omission.

Conclusion

On balance, and after careful consideration and full analysis of the arguments raised by your Scrutiny Panel and the IRP's detailed report on this matter, I am satisfied changes to G5, end of life care ward in the context of the recommendations set down by the IRP are in the interests of the local health service and health service users.

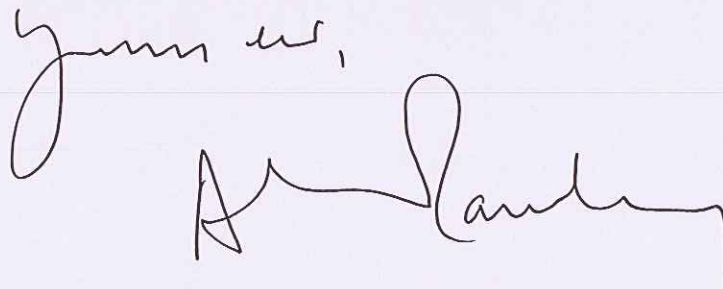
I am confident the aim of the IRP through its review has been to consider carefully the needs of patients, public and staff, taking into account the issues set out in their terms of reference. I agree with their analysis of the issues and endorse all ten recommendations they have made to me.

I expect NHS South Central to ensure the local NHS follows each of the recommendations set down in the IRP's report without delay or omission.

Finally, I am completely satisfied the IRP's advice is in the best interests of the local health service and I hope your Scrutiny Panel will work with local NHS partners in the best interests of patients to take forward these recommendations.

I am copying this letter to:

Andrea Young	Chief Executive, NHS South Central
Ursula Ward	Chief Executive, Portsmouth Hospitals NHS Trust
Tracy Sanders	Chief Executive, NHS Portsmouth
Dr Peter Barrett	Chair, Independent Reconfiguration Panel
Debbie Fleming	Chief Executive, NHS Hampshire

Yours etc,


ANDREW LANSLEY CBE

