From the Rt Hon Alan Johnson MP
Secretary of State for Health

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Councillor Sylvia Tidy
Chair
East Sussex Health Overview and Scrutiny Committee
County Hall
East Sussex County Council
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Lewes
East Sussex
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Dear Councillor Tidy,

EAST SUSSEX HEALTH OVERVIEW AND SCRUTINY COMMITTEE REFERRAL OF EAST SUSSEX DOWNS AND WEALD AND HASTINGS AND ROTHER PCTs "FIT FOR THE FUTURE" PROPOSALS FOR CHANGES TO MATERNITY, SPECIAL CARE BABY SERVICES AND INPATIENT GYNAECOLOGY SERVICES IN EAST SUSSEX

Thank you for your letter of 31 March 2008.

In that letter, the Health Overview and Scrutiny Committee (HOSC) wrote to me, exercising their powers of referral under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, referring proposals developed by the two Primary Care Trusts (PCTs) in East Sussex, namely East Sussex Downs and Weald PCT and Hastings and Rother PCT, for reconfiguring maternity, special care baby services and inpatient gynaecology services provided by the East Sussex Hospitals NHS Trust.

As set out in my letter of 13 May 2008, I asked the Independent Reconfiguration Panel (IRP) to review the proposals put forward by East Sussex Downs and Weald PCT and Hastings and Rother PCT to reconfigure maternity, special care baby services and inpatient gynaecology services provided by the East Sussex Hospitals NHS Trust, and in particular, to consider whether they would ensure the provision of safe, sustainable and accessible maternity services in the area, and on how to proceed in the best interests of local people.

I am pleased to say the Panel has now completed its review and has submitted its report to me. The report will be published on its website on 4 September 2008 www.irpanel.org.uk). The IRP has undertaken a very detailed review of all the evidence relating to this case. It has considered a significant amount of material before formulating its advice, including that from the HOSC, the local NHS (both patients and staff) and the public and local MPs. I am sure you will join with me in thanking them for their hard work.

In order to make my decision on this matter, I have considered all the concerns raised by your Committee and have taken into account the IRP's advice.

Background

The local NHS wishes to implement the following changes:

(i) provide a single site for consultant led obstetric care open 24 hours a day, seven days a week at the Conquest Hospital, Hastings, with a SCBU and gynaecology care also at the Conquest Hospital

(ii) to continue to provide a midwife led birthing centre at Crowborough

(iii) provide maternity outpatients services, antenatal care and community midwifery at both Eastbourne DGH and at the Conquest Hospital

(iv) provide gynaecological outpatients service, day surgery, investigative service and emergency pregnancy service at both Eastbourne DGH and the Conquest Hospital

Summary of referral from local HOSC

To summarise, the HOSC believes that the PCTs' decision to reconfigure services in the above way is not in the best interests of the health service for East Sussex residents for the following reasons:

(i) the divergence of clinical opinion on what reconfiguration of maternity and obstetric services will be best for the residents of East Sussex;

(ii) evidence that longer travel times to the obstetric unit could endanger the safety of women and babies;

(iii) evidence that the distance of the midwife led unit (MLU) from the consultant led unit could create undue risk to the safety of women and babies and questions over whether this is the best configuration for midwife led care;

(iv) evidence that there may be a reduction in women's choice owing to the coastal location of both sites, the population distribution in East Sussex and the proposed configuration of services; all of which may be compounded in areas where there is significant deprivation; and

(v) evidence that possible alternatives, which could maintain services on two sites, may not have been fully explored

You will note from the IRP report that the Panel, in line with its Terms of Reference, has made a number of recommendations in relation to the proposals put forward by the PCTs.

Recommendation One
The IRP does not support the PCTs' proposals to reconfigure consultant led maternity, special care baby services and inpatient gynaecology services from Eastbourne District General Hospital to the Conquest Hospital at Hastings. The Panel does not consider that the proposals have made a clear case for safer and more sustainable services for the people of East Sussex. The proposals reduce accessibility compared with current service provision.

Recommendation Two
The Panel strongly supports the PCTs' decision to improve antenatal and postnatal care, and associated outreach services. These improvements should be carried forward without delay.

Recommendation Three
Consultant led maternity, special care baby services, inpatient gynaecology and related services must be retained on both sites. The PCTs must continue to work with stakeholders to develop a local model offering choice to service users, which will improve and ensure the safety, sustainability and quality of services.

Recommendation Four
The PCTs with their stakeholders must develop as a matter of urgency, a comprehensive local strategy for maternity and related services in East Sussex that supports the delivery of the above recommendations. The South East Coast SHA must ensure that the PCTs collaborate to produce a sound strategic framework for maternity and related services in the SHA area.

Recommendation Five
The PCTs working with all stakeholders, both health and community representatives, must develop a strategy to ensure open and effective communication and engagement with the people of East Sussex in taking forward the Panel's recommendations.

Recommendation Six
Within one month of the publication of this report, the PCTs must publish a plan, including a timescale, for taking forward the work proposed in the Panel's recommendations.

Decision

The HOSC referred its decision to me on the grounds set out in its letter of 31 March 2008 that the PCTs' proposals to establish a single obstetric unit on the Conquest Hospital site and a midwife led unit on the Eastbourne DGH site were not in the best interests of health services for East Sussex residents.

However, and at the same time, the HOSC also stated its support for the PCTs' decision to improve antenatal and postnatal care and associated outreach services and that it had urged the PCTs to make rapid progress on these aspects of the consultation.

The IRP was impressed by the thoroughness of aspects of the consultation and proposal development and that a great deal of hard work was put into the consultation document and subsequent follow-on work.
The Panel noted that the PCTs had described the maternity services as being "at the margins of safety" and this issue was raised with East Sussex Hospitals NHS Trust (ESHT). These concerns were echoed by the consultant obstetricians from both sites who argued that, at current levels, they are overstretched and unable to deliver the current recommended level of cover for labour wards. ESHT stated that it believed the service to be safe, but that significant staffing problems will need to be addressed in order to meet the future standards and the EWTD. Currently, both hospitals are accredited at CNST level 3 and were assessed as "better performing" at the last Healthcare Commission Maternity Review in 2007 as stated at para 4.6.1 of the Panel's report. Ninety per cent of women during pregnancy, and eighty eight per cent of women during labour and birth, rated the care they received as "excellent", "very good" or "good".

The Panel heard that there have been a significant number of diverts and closures as detailed at para 4.2.9 of the Panel's report. The majority of these are associated with midwifery staffing issues. The Panel was told by ESHT that it is currently addressing this matter.

The Panel recognises that concerns raised have some basis and that change needs to occur in order to sustain the quality and ensure future safe medical staffing levels.

Having carefully considered all the evidence presented to me by the IRP in their report, together with the concerns of the HOSC, it is my decision that the PCTs' proposals for service changes at East Sussex Hospitals NHS Trust be rejected. I support the IRP's view that the PCTs' proposals to reconfigure consultant led maternity, special care baby services and inpatient gynaecology services from Eastbourne District General Hospital to the Conquest Hospital in Hastings have not made a clear case for safer and more sustainable services for the people of East Sussex and that the proposals reduce accessibility compared with current provision.

I also support the IRP's recommendation that supports the PCTs' decision to improve antenatal and postnatal care and associated outreach services and that these improvements should be carried forward without delay.

The PCTs must now continue to work with stakeholders to develop a local model offering choice to service users, which will improve and ensure the safety, sustainability and quality of services. The PCTs should begin to work with all stakeholders, both health and community representatives, to develop a strategy to ensure open and effective communication and engagement with the people of East Sussex in taking forward the Panel's recommendations.

The PCTs together with key stakeholders should urgently develop a local strategy for maternity and related services in East Sussex that supports delivery of the IRP's recommendations and that South East Coast SHA ensure the PCTs collaborate to produce a sound framework for maternity and related services in NHS South East Coast.

Department of Health

Within one month of the publication of the IRP's report, the PCTs must publish a plan, including a timescale, for taking forward the work proposed in the Panel's recommendations.

I hope that your Committee will now work together with your local NHS partners to develop and publish such a plan, incorporating the timeline for taking forward the required work.

I am copying this letter to:

Graham Eccles, Chair, NHS South East Coast
Candy Morris, Chief Executive, NHS South East Coast
Dr Peter Barrett, Chair IRP
John Barnes, Chair, East Sussex Downs and Weald PCT
Vanessa Harris, Interim Chief Executive, East Sussex Downs and Weald PCT
Charles Everett, Chair, Hastings and Rother PCT
Vanessa Harris, Interim Chief Executive, Hastings and Rother PCT
Nigel Waterson MP for Eastbourne
Charles Hendry MP for Wealden
Gregory Barker MP for Bexhill and Rye
Michael Foster MP for Hastings and Rye
Norman Baker MP for Lewes

Yours sincerely

Alan Johnson

ALAN JOHNSON