

Delivering a healthy future in west Hertfordshire

Next steps in 'Investing In Your Health'



Public Consultation Document

Consultation period:

Monday 10 July 2006 - Monday 16 October 2006

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Foreword

We live in a time of great change and few areas are changing more rapidly than the National Health Service. Better drugs, new technologies and improved surgical techniques are all helping to improve the quality of life and extend life expectancy. Such changes are also reducing the amount of time people spend in hospital for routine treatments and thereby reducing the number of hospital beds we need in any given community.

Almost 90% of the contact patients have with the NHS now occurs in the community in which they live; just 10% occurs in large hospitals. The number of people being treated as day-case patients is growing as techniques improve. Procedures that could only be undertaken in hospital just five years ago are now taking place in clinics or GP surgeries. The use of new technologies such as digital X-ray cameras, mobile MRI scanners and electronic patient records is transforming the way in which doctors and nurses work.

Change is inevitable. We live in an era of rising public expectations and if we are to improve services for patients we must embrace change. The changes proposed in this consultation document are designed to move towards creating hospital services in west Hertfordshire that are fit for purpose in the 21st century. We are not alone in facing change. The sorts of changes described in this document are taking place all over the UK, but for us there are key factors that make it imperative that we embrace change rapidly.

The history of financial deficit in the health service in west Hertfordshire prompted the Health Secretary, Patricia Hewitt, to say recently that the NHS in Bedfordshire and Hertfordshire “faces systemic problems requiring action”. These problems have led to a lack of investment in core services, buildings, infrastructure and equipment. As a consequence, despite the best efforts of our staff, the services we deliver to patients have been far from consistent and are in danger of deterioration.

Faced with change people will have legitimate and understandable concerns. Some people might be concerned about access to health services. While most health care will now be provided closer to home some people will need to travel further than at present if they have complex or rare health conditions. We will work closely with local authorities and transport providers to make sure public transport services are as good as possible and we will seek to address any other related concerns our local communities may have.

The NHS Improvement Plan emphasises the development of a patient-led NHS. This can be summarised as a service where patients have greater choice, where strong standards and safeguards are in place and where health organisations have a better understanding of patients’ needs and expectations – a truly patient led NHS.

Professor Thomas Hanahoe
Chairman of the West Hertfordshire Hospitals
NHS Trust

Executive summary

- The clinical case for consolidating hospital services in west Hertfordshire by separating planned and emergency treatments is overwhelming. This separation is now widely recognised to be best practice.
- It is safer to have acute services on a single hospital site. We are currently spreading these services too thinly and trying to provide too many services on too many sites for the resources we have. This is having an adverse effect upon the quality of care we are able to deliver to patients.
- Because emergency admissions take precedence, planned operations sometimes need to be cancelled at short notice. Consolidating hospital services will help us to reduce disruption to patients waiting for planned treatment.
- Centralising key clinical staff will mean that we can make better use of these important skills and expertise.
- The financial case for consolidating hospital services is equally overwhelming. But the health service never stands still and there remain substantial financial pressures in the health system.
- In 2005/06 the West Hertfordshire Hospitals NHS Trust had a total deficit of just under £27m. This deficit was the fourth annual deficit in the last five years. The Trust's total accumulated deficit currently stands at £41m.
- Failure to address our financial problems now will result in the Trust's position deteriorating even further. We have already identified £15m of potential savings that if achieved will reduce the current year deficit to £12m but this is only the start. We now need to address the issue of service duplication.
- The West Hertfordshire Hospitals NHS Trust is therefore consulting with the public, its staff and its other stakeholders on a series of proposed service changes.
- We are proposing to consolidate emergency care on one hospital site and provide most planned surgery on another hospital site as an interim measure until the new planned Surgicentre at Hemel Hempstead is opened in 2008 by the independent sector. One option would see acute services being provided at Watford General Hospital with most planned surgery at St Albans City Hospital and outpatient, community and intermediate care services at Hemel Hempstead General Hospital. The other option envisages most planned surgery being undertaken at Hemel Hempstead instead of St Albans. In both options an Urgent Care Centre treating minor illnesses and minor injuries will be provided at Hemel Hempstead General Hospital.

- Consolidating services onto single hospital sites will improve patient care and deliver important economies of scale and financial savings. We estimate that annual savings between 2006 and 2013 would be between £10m and £11m a year for a single capital investment of between approximately £31m and £33m.
- Whilst this document describes some significant changes in the way in which hospital services could be delivered in west Hertfordshire there are many things that will not change.
- Health services will continue to be delivered from all three of the main hospital sites in west Hertfordshire (Watford General Hospital, Hemel Hempstead General Hospital and St Albans City Hospital). Outpatient appointments, therapy services and diagnostic services will still be provided on all three sites.

“Our objectives in conducting this one hundred day public consultation are to ensure the widest possible knowledge and understanding of the Trust’s proposals, to engage the people of west Hertfordshire in an informed debate about the future of their local NHS hospital services, to seek the views of the local community on the proposals and incorporate any improvements. I am accountable for delivering good, safe clinical services, which meet the required NHS performance standards and to do this within available resources. The proposals we are consulting on are, I believe, the best way for the Trust to meet these obligations.”

David Law
Chief Executive, West Hertfordshire Hospitals
NHS Trust

Background

West Hertfordshire Hospitals NHS Trust is an acute National Health Service Trust that provides hospital based health services to almost half a million people living in Dacorum, Watford, Three Rivers, St Albans, Hertsmere and North London.

The Trust operates from four sites:

- Watford (Watford General Hospital)
- Hemel Hempstead (Hemel Hempstead General Hospital)
- St Albans (St Albans City Hospital) and
- Northwood (Mount Vernon Hospital)

The two acute hospitals at Watford and Hemel Hempstead each serve a catchment population of about a quarter of a million people.

Burns and plastics services

The major regional centre for the treatment of serious burns and plastic surgery is located at Mount Vernon Hospital. These services are not covered by this consultation. The future of burns and plastics services is likely to be the subject of a separate consultation later this year. This consultation document simply involves the services currently provided at Watford General Hospital, Hemel Hempstead General Hospital and St Albans City Hospital.

In March 2003 – following a 12 month period of engagement and discussion with key stakeholders - the health community in Bedfordshire and Hertfordshire set out its vision for improving local health care and creating a health service fit for the 21st century. The vision involved substantial investment in new hospitals and local health services. It was set out in a document called “Investing In Your Health” which then became the subject of public consultation.

The key points in the public consultation document included the following:

- More health care is now being delivered outside of hospitals, in GP surgeries or local clinics
- Hospitals are increasingly being used for specialist inpatient or emergency care
- It is impossible to provide ever more specialist care at every hospital site

“Investing In Your Health” described the advantages of concentrating specialist services on fewer sites compared to the present dispersed system.

These included the following:

- It is easier to attract and retain more of the best staff if they are employed in specialist centres
- Doctors, nurses and therapists can maintain and develop their skills better in specialist centres
- Patients get better treatment and better outcomes if they see doctors and nurses who specialise in treating their particular illness

“Investing In Your Health” concluded that the health community in Bedfordshire and Hertfordshire should:

- Embrace change and focus routine health care closer to home, in the communities where people live, rather than in major hospitals
- Concentrate specialist inpatient services in fewer hospitals
- Build new hospitals at Watford and Hatfield, new diagnostic and treatment centres (where patients would go for outpatient appointments and diagnostic tests like x-rays or blood tests) and two new surgicentres (purpose-built hospital units designed to undertake large numbers of planned operations such as hernias or hip replacements)

"The new hospital for west Hertfordshire will play an essential role in the wider regeneration of west Watford. The Trust's plans to reconfigure services in advance of the new hospital will impact on the Watford Health Campus site as short term buildings are erected and different traffic patterns emerge but the Watford Health Campus stakeholders are united in supporting the Trust in order to make the Watford Health Campus vision a reality."

Alastair Robertson

Managing Director, Watford Borough Council

The option in the 2003 consultation that received greatest public support meant that in west Hertfordshire most outpatient appointments and diagnostic tests would be undertaken at Hemel Hempstead General Hospital or at St Albans City Hospital while most routine operations would be done at the proposed new surgicentre at Hemel Hempstead.

Watford General Hospital would provide specialist emergency inpatient services such as maternity, paediatrics and complex or emergency surgery. It would also be the A&E centre with major trauma support though Hemel Hempstead General Hospital would continue to see the vast majority of the emergency patients it currently sees. The most seriously ill patients would tend to be treated at Watford General Hospital but overall Hemel Hempstead would treat more patients per year than Watford.

Maternity services

Maternity services in Hertfordshire have been the subject of a county wide independent review. This review includes both the midwife-led services in west Hertfordshire, namely the midwife led Hemel Birth Centre and the Watford based Alexandra Birth Centre. The recommendations of the independent review will be subject to a separate public consultation exercise as soon as practical.

The proposed timescale for the full implementation of the proposals arising from "Investing In Your Health" was 2013. Given the growing evidence that these proposals offer better patient care and will help the NHS to address the challenging financial position in west Hertfordshire, we have decided it would be wise to explore how some of the benefits of "Investing In Your Health" can be delivered more rapidly.

The Trust currently experiences high levels of equipment and infrastructure failures, which combined with our lack of capital to invest, make many services very fragile. These proposals will help us resolve many of these issues enabling us to deliver good, safe clinical services, which meet the required NHS performance standards and to do this within available resources – without the changes we can not.

Having consulted upon the key principles of "Investing In Your Health" we now want to consult on the implementation of some of the hospital proposals in west Hertfordshire. This consultation is all about hospital based services. It is not about community based health services such as GP or mental health services. This is important because if we fail to develop hospital services in a sensible and cost-effective manner there will simply not be enough resources to invest in improving community based services which may lead to some patients not receiving the services they require.

It is for these reasons that we are now proposing some alternative options for consolidating services in west Hertfordshire by separating planned and emergency treatments. The full optional proposals are detailed later in this document.

The clinical case for change

The clinical case for consolidating services by separating planned and emergency treatments is overwhelming. This separation is now widely recognised to be best practice.

Clinical safety

It is definitely safer to have all local acute services on a single hospital site. Currently clinical teams, clinical equipment and clinical back up such as advanced diagnostic testing facilities are split between different hospital sites. We are spreading ourselves too thinly and trying to provide too many services on too many sites given the resources available. This could have an adverse effect upon the quality of care we are able to deliver to patients and we run the risk of achieving less than optimum patient outcomes.

Better quality of care

Consolidating services by separating planned and emergency treatments will also enable us to improve the quality of patient services. We propose to develop an Emergency Admissions Unit in a new building adjacent to the A&E Department at Watford General Hospital, in order that we can more effectively manage the care of emergency patients. Our aim will be to get patients in and out of hospital as quickly as possible. We will encourage the Primary Care Trusts to develop swiftly all the primary and social care services - like occupational therapy and physiotherapy – to enable patients to be discharged rapidly.

All of this is much easier when planned and emergency care is separated. It will be easier to direct patients to the most appropriate part of the NHS where the best

services are available to meet their needs. In the jargon of the NHS we will be able to establish much clearer “patient pathways”.

Emergency care starts in the ambulance

It used to be the case that if you were involved in a serious accident or had a major illness the most important thing was to get to hospital as quickly as possible. This is no longer the case. Today highly trained paramedics with extensive clinical skills staff “blue light” ambulances and the ambulances themselves are stocked with life saving drugs and hi-tech equipment. Today the most important thing is that the ambulance gets to you as swiftly as possible and that the paramedics begin your treatment while you are on your way to hospital.

“For our patients, the critical element is getting an ambulance professional to the scene of the accident, then ensuring we are taking patients to the most appropriate place with all the back up services available to support their care. The plans to centralise acute services will deliver this quality and clarity.”

Oskan Edwardson
Executive Director of Operations,
East of England Ambulance Service NHS Trust

Getting to hospital quickly is not even the second most important factor in successful treatment. The second most important factor is that you should be taken to a hospital that has all the specialist doctors and all the key support services in one place even if that means

travelling a little further. This is why we are proposing to focus the main trauma services such as intensive care, orthopaedics, paediatrics and the main “blue light” Accident & Emergency (A&E) centre at Watford General Hospital. There will be an Urgent Care Centre at Hemel Hempstead General Hospital and ambulances will still bring patients into that centre but patients who are seriously ill or who have major trauma injuries will be taken to Watford General Hospital where they will get the specialist treatment they need.

Less disruption to planned care

Currently emergency patients and patients requiring planned care are treated in the same hospital. The unexpected admission of an emergency patient can cause disruption to patients waiting for planned treatment. Because emergency admissions take precedence, planned operations sometimes need to be cancelled at short notice, even after the patient waiting for the operation has been prepared for surgery.

We propose to undertake planned surgical work and emergency care on different sites thereby ensuring that planned patient care is not disrupted by the immediate needs of emergency patients.

Making best use of our resources

The NHS’s most important resources are the doctors, nurses and other staff who care for patients on a daily basis. Centralising key clinical staff will mean better use of these skills, as staff rotas will be enhanced. It will also enable us to centralise costly technology and will mean our doctors and nurses can spend more time carrying out operations and caring for patients.

“It’s increasingly clear that if we consolidate key services and bring specialist clinicians together into specialist teams their skills improve and the outcome for patients is better.”

Professor Graham Ramsay

**Medical Director, West Hertfordshire Hospitals
NHS Trust**

Recruiting and retaining the best staff

Top healthcare professionals want to work where clinical services are of a high quality and where they have access to the very best equipment, diagnostics and support services. Patients know the best treatment comes from a specialist trained to deal with their particular problem.

Specialists want to work alongside other specialists so they can constantly improve their skills and improve outcomes for patients. They are aware that cutting edge technical advances are rarely implemented outside of specialist centres. If we are to attract and retain the very best staff in west Hertfordshire we must consolidate specialist services on single sites.

Improved facilities

Our proposals will also enable us to improve patient facilities by creating more single hospital rooms at Watford General Hospital thereby reducing the incidence of hospital acquired infections such as MRSA.

Single rooms also enable patients to have a less disturbed experience within the acute hospital.

The financial case for change

Background

Waiting times have fallen dramatically and treatment outcomes are improving all the time. But the health service never stands still and there remain substantial financial pressures in the health system.

New drugs are becoming ever more costly and expensive new technologies are being introduced such as digital X-ray cameras, mobile MRI scanners and electronic patient records. We are also seeing great change in the way in which the NHS is managed and organised. A different way of funding the NHS - known as "payment by results" - and increased choice for patients over where they are treated are improving the delivery of health services but none of these improvements is cost free.

In addition we have seen in recent years new pay awards for doctors, nurses and other members of staff and the European Working Time Directive is putting strict limits on working hours. We are – quite rightly – moving away from the days when junior hospital doctors worked around the clock. All these improvements are to be welcomed but they all have significant cost implications.

The Trust's financial position

In 2005/06 the West Hertfordshire Hospitals NHS Trust had an in-year operating deficit of £16.3m. A further £10.5 m was added to this figure relating to the 2004/05 deficit. This resulted in a reported deficit of £26.8m for 2005/06.

This deficit was the fourth annual deficit in the last five years. The Trust's total accumulated deficit currently stands at just over £41m. This is money that the Government will expect to be repaid.

If we continued to operate as at present the predicted operating deficit for the year 2006/7 would be approximately £27m. This is unacceptable. The Trust board has a legal duty to return the Trust to financial balance and to ensure we live within our means. We must do everything we can to ensure that we deliver top quality care and treatment to patients in west Hertfordshire and to do so within the resources available.

Failure to address our financial problems now will result in the Trust's position deteriorating even further. We could face an accumulated deficit of more than £100m by 2010 if no action is taken. We have already identified £15m of potential savings that if achieved will reduce the current year deficit to £12m. This is an important start that needs to be achieved.

Why has this deficit arisen?

The health community in west Hertfordshire has a history of financial deficit going back to the early 1990s. There are various reasons for this deficit:

- The number of treatments delivered by the NHS in west Hertfordshire is higher than might be expected given the generally good health of the population
- We have difficulty recruiting staff in an area where the cost of living is high and consequently we have been over reliant on expensive agency staff

- We provide services on four separate hospital sites – more than most hospital Trusts – and duplication is very costly

Service duplication

According to independent external analysis much of this additional cost relates to the inefficiencies caused by duplicating services across a number of hospital sites. The consolidation of some services onto a single site will deliver significant economies of scale, reduce duplication and provide the best opportunity for the Trust to get back into financial balance and begin to pay off its accumulated debt. If there is no consolidation of services there will be very limited scope for further cost savings beyond the potential £15m referred to above.

Changing models of health care

In addition to reducing its expenditure the Trust must also cope with a reduction in income. Across Britain more health care is being provided in the community, in local GP surgeries, in clinics or at home. This means local Primary Care Trusts (the organisations that commission and pay for hospital care) are reducing the amount of money they spend with the West Hertfordshire Hospitals NHS Trust. In 2006/07 we expect our income to decrease by almost £7m and in 2007/08 that figure will be higher. The Trust must reduce its costs to match this loss of income.

Meeting targets

As we work to reduce costs we must maintain our performance on patient care targets. Having improved patient waiting times we cannot let them slip back.

We must maintain patient safety standards, continue to train and develop our staff and strive to improve the overall quality of service to patients in an era when patient expectations of their local health services are constantly rising. The challenge for the Trust is that we have to do all of this AND live within our means.

Financial achievements to date

The Trust has already done much to address its financial problems. We have developed a “turnaround plan” that saved £4m in 2005/06 and this is scheduled to increase to £15m in 2006/07. In addition, evidence suggests that improved clinical performance actually saves money. The Trust is reviewing its clinical practice and has set a target to perform at the same level as the top 20% of hospitals in this country.

Improving both organisational efficiency and effectiveness goes some way to reducing the Trust’s financial deficit but still leaves an unacceptable gap.

We now need to address the issue of service duplication. We have explored a number of options to reconfigure local hospital services as rapidly as possible in line with “Investing In Your Health”. We now propose to consolidate emergency care on one hospital site and provide most planned surgery on another hospital site in advance of the surgicentre opening at Hemel Hempstead.

Proposals for change

Over the course of the next few years several new health facilities are planned for west Hertfordshire. A new hospital will be built on the current Watford General Hospital site by 2014 and at Hemel Hempstead a new treatment centre, the surgicentre, will be built on the hospital site by 2008.

The surgicentre is a government initiative that will be run by an independent sector health provider. We now propose to consolidate services in advance of these new building projects. In particular we need to make interim arrangements for the period between now and mid 2008 when the Hemel Hempstead surgicentre is scheduled to open.

2006-2008

There are two different ways in which this consolidation might be achieved. Under **option one** acute services - such as complex surgery and intensive care - would be centralised at Watford General Hospital. This will mean significant investment and expansion of the current facilities. The majority of planned surgical services – such as hip replacements or straightforward day surgery - would be centralised at St Albans City Hospital. Outpatients services and diagnostic tests would continue at Hemel Hempstead General Hospital, along with a new urgent care centre and intermediate care services. In addition building work would begin at Hemel Hempstead on the new surgicentre

Under **option two** acute services - such as complex surgery and intensive care - would be centralised at Watford General Hospital. This will mean significant investment and expansion of the current facilities.

Option one – summary

Watford General Hospital

- Acute services, such as A&E, intensive care, complex surgery, acute medicine and women's & children's services
- An Emergency Admissions Unit adjacent to A&E
- Investment to improve the existing infrastructure and facilities to enable the site to accommodate the additional activity
- Total number of beds – approximately 570

St Albans City Hospital

- The focus of care for planned short stay inpatients
- Day case surgical activity before the surgicentre is operational
- Outpatient services and diagnostic tests
- Minor Injuries Unit
- Community and Intermediate care services provided by the local Primary Care Trust
- Total number of beds – approximately 28 plus the day case unit

Hemel Hempstead General Hospital

- Urgent Care Centre treating minor illnesses and minor injuries
- Outpatient services and diagnostic tests
- Community and intermediate care services provided by the local Primary Care Trust
- Clinical support services would be retained at Hemel in order to support the surgicentre when it becomes operational
- New surgicentre operational mid 2008

Option two – summary

Watford General Hospital

- Acute services, such as A&E, intensive care, complex surgery, acute medicine and women's & children's services
- An Emergency Admissions Unit adjacent to A&E
- Investment to improve the existing infrastructure and facilities to enable the site to accommodate the additional activity
- Total number of beds – approximately 570

St Albans City Hospital

- Outpatient services and diagnostic tests
- Minor Injuries Unit
- Community and Intermediate care services provided by the local Primary Care Trust

Hemel Hempstead General Hospital

- The focus of care for planned short stay inpatients
- Day case surgical activity before the surgicentre is operational
- Urgent Care Centre treating minor illnesses and minor injuries
- Outpatient services and diagnostic tests
- Community and intermediate care services provided by the local Primary Care Trust
- New Surgicentre operational by mid 2008
- Total number of beds – approximately 28 plus the day case unit

The majority of planned surgical services – such as hip replacements or straightforward day surgery - would be centralised at Hemel Hempstead General Hospital. In addition building work would begin at Hemel Hempstead on the new surgicentre. Outpatient services, diagnostic tests and intermediate care services would continue at St Albans City Hospital as at present.

If short stay and day surgery services were centralised at the Hemel Hempstead site they would be located in existing buildings but additional operating theatres would be installed. Outpatients services and diagnostic tests would continue at Hemel Hempstead General Hospital, along with a new urgent care centre and intermediate care services.

Services at St Albans would be largely dependent on the Primary Care Trust's plans for the development of community services. However, is likely to include intermediate care beds, as currently provided, outpatient and diagnostic services and a minor injuries unit.

2008 onwards

Once the new surgicentre is operational, the majority of west Hertfordshire's planned surgical services will be transferred there. Health services will continue to be provided on all three hospital sites (Watford, Hemel Hempstead and St Albans) but they will be delivered by a range of service providers including the West Hertfordshire Hospitals NHS Trust, the independent sector provider running the surgicentre and the local

Primary Care Trust. At Mount Vernon Hospital, Hillingdon Hospitals NHS Trust will continue to offer a range of planned care services, whilst cancer services on the site will continue to be provided by East and North Hertfordshire Hospitals NHS Trust.

Financial savings

Consolidating services onto single hospital sites will deliver important economies of scale and financial savings. Working with our own doctors and nurses and specialists from outside the Trust (including a number of independent clinicians), the Trust’s management team has considered the options proposed and developed estimates of the savings available from each option.

We estimate that annual savings between 2006 and 2014 would be between £10m and £11m a year for a single capital investment of between approximately £31m and £33m. The detailed optional savings are described in the table below.

It is worth noting that the Trust originally explored three options for service consolidation. However, the Hertfordshire County Council Overview and Scrutiny Committee held on 8th June 2006 advised the Trust to discount one option (centralisation of acute services to Hemel Hempstead) as this configuration runs counter to the principles previously agreed through “Investing In Your Health” and due to the significant capital cost.

	Annual net savings (£m per year)	One-off capital cost (£m)
Option one Centralisation of acute services at Watford, the majority of planned surgical services at St Albans, outpatients and diagnostics at Hemel Hempstead	11.2	31.4
Option two Centralisation of acute services at Watford, the majority of planned services at Hemel Hempstead, outpatients and diagnostics at St Albans	10.5	33.2

Note: Capital costs are indicative. Further review of these costs will take place as the detailed service planning and design for the selected option evolves and the relevant business case is developed.

What won't change?

This document describes some significant changes in the way in which hospital services are delivered in west Hertfordshire. There are, however, a number of things that will not change.

- Health services will continue to be delivered from all three of the main hospital sites in west Hertfordshire (Watford General Hospital, Hemel Hempstead General Hospital and St Albans City Hospital).
- Outpatient appointments will still be held on all three sites.
- Diagnostic services including x-ray, ultrasound and echocardiogram will continue to be provided on all three sites.
- Therapy services such as occupational therapy and physiotherapy will continue to be provided from all three sites.
- Emergency services will continue to be delivered across west Hertfordshire as they are now with ambulances taking some patients to Hemel Hempstead for urgent care and those patients requiring full A&E services to Watford.
- Intermediate care services will continue to be provided at St Albans City Hospital and at Hemel Hempstead General Hospital these services will be established.

"The recent changes to Primary Care Trusts in Hertfordshire have allowed us to consolidate our considerable experience in providing and commissioning local health services. This will also provide the platform to work with the West Hertfordshire Hospitals NHS Trust on shared assumptions about the activity required on each of their current sites. We are committed to providing an excellent health service, close to where people live, with patients at the centre of all we do."

Anne Walker
interim Chief Executive Hertfordshire
Primary Care Trusts

Appendix

1. How to respond to this consultation

The Public Consultation Document can be read online at: www.westhertshospitals.nhs.uk/consultation.htm

There are a number of ways in which you can express your views during this consultation period.

At the end of this document you will find a questionnaire that lists a number of questions about the issues raised in this public consultation. You can tear out the questionnaire, complete it and return it to:

The Consultation Coordinator
FREEPOST NAT 2520
West Hertfordshire Hospitals NHS Trust
Watford General Hospital
Vicarage Road
Watford
Hertfordshire WD18 0BR

Alternatively you can complete the questionnaire online by going to:

www.westhertshospitals.nhs.uk/consultation.htm

If you wish to write to the consultation team to express your views in the form of a letter or to raise questions you can do so. Please send your comments or questions to:

The Consultation Coordinator
FREEPOST NAT 2520
West Hertfordshire Hospitals NHS Trust
Watford General Hospital
Vicarage Road
Watford
Hertfordshire WD18 0BR

And you can, of course, telephone free on 0800 093 7345 or email any comments you may have to consultation@whht.nhs.uk

Finally, you can hear more about the Trust's proposals and express your views verbally by attending one of our consultation events (please see section 3 below).

2. Consultation timetable

The consultation will run from Monday 10 July 2006 to Monday 16 October 2006. Comments and completed questionnaires received by the consultation team before 5pm on Monday 16 October will be reflected in the final consultation analysis report. Please note that comments and responses made by individuals may be quoted in the final consultation analysis report but individuals will not be named in the report. However, comments and responses made by organisations will be publicly attributed to the organisations concerned.

3. Consultation activities

During the public consultation period we will be holding a number of consultation events for patients, public, staff and any other interested parties including a number of public meetings and a number of smaller discussion group events. The full list of public events will be regularly updated on the consultation website (www.westhertshospitals.nhs.uk/consultation.htm) or you can telephone free on 0800 093 7345 for up-to-date information on events in your area.

Public consultation displays will be established at a number of venues across west Hertfordshire as detailed below:

24 July for two weeks	Dacorum Information point, Marlowes, Hemel Hempstead
24 July for six days	Berkhamsted library
31 July for six days	St Albans library
7 August for six days	Harpenden library
14 August for six days	Chorleywood library
16 August 10:30-13:30	Morrisons, Hatfield Rd, St Albans
17 August 10:30-13:30	Waitrose, Mayne Avenue, St Albans
21 August for six days	Hemel Hempstead library
21 August for six days	North Watford library
24 August 10:30-13:30	Asda, Hillfield Road, Hemel Hempstead
30 August 10:30-13:30	Asda, St Albans Road, Watford
1 September for one day	Marlowes Shopping Centre, Hemel Hempstead
13 September for one day	Harlequin Shopping Centre, Watford
18 September for six days	Rickmansworth library

Further events will be arranged throughout west Hertfordshire during the consultation period and the details will be published widely on the website, in local newspapers and health facilities.

We will also be holding a number of public “Question Time” events at the following venues:

14 September, 7pm	St John's Church Hall, Boxmoor, Hemel Hempstead
26 September, 2pm	Lecture Theatre, Watford General Hospital, Vicarage Road, Watford
2 October, 10am	Civic Offices, St Peters Street, St Albans

If you would like to be kept updated with information about the consultation and news of public events please send your email address to consultation@whht.nhs.uk and we will ensure you receive our monthly update email newsletter.

4. List of key stakeholders

In preparing the proposals contained in this consultation document the Trust has discussed these proposals with a wide range of stakeholders including:

- Local Overview and Scrutiny Committees
- Local authorities and the police
- Local Members of Parliament
- Local media
- Ethnic community leaders
- Voluntary organisations and community groups
- Business organisations
- Watford Football Club
- Patients / service users
- Patient groups, Patient and Public Involvement Forums and other patient networks
- NHS staff (various organisations)
- Trade Unions

- Local GPs
- Primary Care Trusts in Hertfordshire
- Neighbouring hospital trusts
- NHS partner/neighbouring organisations
- The East of England Strategic Health Authority
- The East of England Ambulance and Paramedic Service NHS Trust
- The Parliamentary Health Select Committee

5. Consulting diverse groups

We will do everything we can to ensure that groups of people who are traditionally more difficult to engage in public consultation will be contacted. On request, we will endeavour to make this document available to people who require it in a different format (e.g. Braille or audio format). We will also endeavour to make it available, on request, to people whose first language is not English.

Further copies of the consultation document can be obtained from:

The Consultation Coordinator
 FREEPOST NAT 2520
 West Hertfordshire Hospitals NHS Trust
 Watford General Hospital
 Vicarage Road
 Watford
 Hertfordshire WD18 0BR

Or by emailing:

consultation@whht.nhs.uk

6. Complaints

If you wish to make a complaint about anything to do with this consultation you can write to:

The Complaints Officer
 The Consultation Office
 FREEPOST NAT 2520
 West Hertfordshire Hospitals NHS Trust
 Watford General Hospital
 Vicarage Road
 Watford
 Hertfordshire WD18 0BR

Your complaint will be dealt with promptly.

7. Consultation criteria

This consultation document has been drawn up in accordance with the key consultation criteria as laid out in the Cabinet Office Code of Conduct on Consultation.

The consultation criteria are:

1. Consult widely throughout the process, allowing a minimum of 12 weeks for written consultation at least once during the development of the policy.
2. Be clear about what your proposals are, who may be affected, what questions are being asked and the timescale for responses.
3. Ensure that your consultation is clear, concise and widely accessible.

4. Give feedback regarding the responses received and how the consultation process influenced the policy.
5. Monitor your organisation's effectiveness at consultation, including the use of a designated consultation coordinator.
6. Ensure your consultation follows better regulation best practice, including carrying out a Regulatory Impact Assessment if appropriate.

The code states that these criteria must be reproduced in all consultation documents.

8. Consultation objectives

This public consultation has been planned and is being facilitated by West Hertfordshire Hospitals NHS Trust.

Our objectives in conducting this one hundred day public consultation exercise are as follows:

- To ensure the widest possible knowledge and understanding of the Trust's proposals.
- To engage the people of west Hertfordshire in an informed debate about the future of their local NHS hospital services.
- To seek the views of the local community (including patients, staff, voluntary groups, local authorities, Members of Parliament, the emergency services, and the general public) on the proposals set out in this consultation document and where possible to improve these proposals.

- To see if there are any realistic, cost-effective and preferred alternatives to those outlined in this document.

We will publish the results of the consultation and all the supporting information on our website at the beginning of November. A public meeting will follow this where we will share the information with key stakeholders and members of the public. In addition the Trust Board will discuss the options and the outcome of the consultation process at a Public Board meeting to be held on the 9th November 2006. Details of the time and location of all meetings will be publicised widely.

The Trust Board will be fully briefed throughout the 100 day consultation period at each Board meeting.

9. Further reading

A number of background documents that contain useful information about the issues raised in this consultation exercise are available on the Trust website

www.westhertshospitals.nhs.uk/consultation.htm

These documents include the minutes and papers of recent Trust board meetings, the "Investing In Your Health" public consultation document, the Trust financial plan, the Trust turnaround plan, the Trust submission to the Health Select Committee, information on the new surgicentre etc.

Consultation Questionnaire

This questionnaire is one of several ways in which people can feedback their views on the consultation.

It is intended to capture a broad view of the response to the options being put forward to consolidate services in west Hertfordshire by separating planned and emergency treatments. Elsewhere in this consultation document you will find information about other ways in which you can have your say.

If you are under 16 years of age and wish to complete this questionnaire you must obtain parental permission first.

Question 1

This document outlines two different ways in which service consolidation might be achieved in the period up to 2008 when the new surgicentre is scheduled to open at Hemel Hempstead.

Under **option one** acute services - such as complex surgery and intensive care - would be centralised at Watford General Hospital. The majority of planned surgical services – such as hip replacements or straightforward day surgery - would be centralised at St Albans City Hospital. Outpatient services and diagnostic tests would continue at Hemel Hempstead General Hospital and a new urgent care centre would be developed.

Under **option two** acute services - such as complex surgery and intensive care - would be centralised at Watford General Hospital. The majority of planned surgical services – such as hip replacements or straightforward day surgery - would be centralised at Hemel Hempstead General Hospital. Outpatient services, diagnostic tests and a minor injuries service would continue at St Albans City Hospital as at present.

Please tick the appropriate box.

Do you favour option one or option two?

- **Option one**

- **Option two**

- **Not sure / don't know/neither**.....

Question 2

Are there any other options that you would prefer the Trust to consider that are equally cost-effective and clinically safe? If so please describe them below.

Please continue on a separate sheet if necessary.

Question 3

Can you see any ways in which the proposals contained in this consultation document could be improved? If so please explain below.

Please continue on a separate sheet if necessary.

Question 4

4a) Which of the following categories do you fall into?

- Patient of West Hertfordshire Hospitals NHS Trust.....
 - Relative or carer of patient.....
 - Local resident
 - NHS member of staff.....
 - Other (please specify)
-

4b) Which of the following local authority areas do you live in or closest to?

- Dacorum.....
 - Watford.....
 - Three Rivers.....
 - St Albans.....
 - Hertsmere.....
 - Other (please specify)
-

4c) How old are you?

- Under 16.....
- 16 - 24.....
- 25 - 34.....
- 35 - 44.....
- 45 - 54.....
- 55 - 64.....
- 65 - 74.....
- 75 - 84.....
- 85 or over.....

4d) Are you...?

- Male.....
- Female.....

Thank you for taking the time to complete this questionnaire

Please send this questionnaire to (no stamp is needed):

The Consultation Coordinator

FREEPOST NAT 2520

West Hertfordshire Hospitals NHS Trust

Watford General Hospital

Vicarage Road, Watford

Hertfordshire WD18 0BR

Glossary

Acute services

Services offered to patients who are seriously ill or require complex treatments, or emergency assessment.

Electronic Patient Record

Information relating to an individual's health held on computer. Every person in the country is to get a lifelong electronic health record from cradle to grave. It will stay with them even if they change doctor or move around the country. Safeguards for patient confidentiality will be guaranteed.

Emergency Admissions Unit

This will be an area adjacent to A&E, offering a focal point for receiving medical and surgical emergency admissions from GPs and the A&E department. The unit would provide a rapid assessment, diagnosis and stabilisation and/or treatment of patients prior to transfer to an appropriate ward or discharge within 48 hours of arrival.

Intermediate Care

A range of services offered to provide care for people who need more support than GP or district or nursing care, though not the full services of a major hospital. Patients receive treatment and therapy (physiotherapy or occupational therapy) in a safe and supportive environment, which can be in the community or at home.

Investing In Your Health (IYH)

The strategy for re-organising health care services and provision in Bedfordshire and Hertfordshire for years ahead. IYH was formally agreed by ministers, confirming that the strategy is part of government policy for the two counties.

Magnetic Resonance Imaging

(MRI) scans use magnets and radio waves to produce detailed pictures of the inside of the body. They provide information about almost all tissue types and can be used to differentiate between tissues of very similar density. MRI scans can show bones, muscles, joints, blood vessels, nerves and other structures in great detail. Several different scans may be taken of the body to build up a three-dimensional image that is then displayed on a computer screen.

Minor Injuries Unit

Minor Injuries Units are for patients with less serious injuries, such as sprains, cuts and grazes. The waiting times are usually much shorter than those in A&E, as staff must give priority to serious and life-threatening conditions. You do not need an appointment to visit a Minor Injuries Unit. Minor Injuries Units are led by highly qualified nurse practitioners with significant experience and expertise.

MRSA - Methicillin-Resistant Staphylococcus Aureus

Staphylococcus aureus (SA) is a common type of bacteria that can cause illness. Methicillin is a powerful antibiotic drug. MRSA includes several strains of the SA germ that are not killed by powerful antibiotics.

Overview and Scrutiny Committees (OSC)

Part of the local authority, these enable elected councillors to overview the delivery of local health services.

PCT: Primary Care Trust

Primary Care Trusts (PCTs) are the lead NHS organisations in planning and securing health care services for a local population. They control 75% of all NHS monies and are responsible for working with other parts of the health care system and local government to provide health care services to their catchment population.

Surgicentre

A purpose built unit, designed to undertake large numbers of planned operations such as hernias or hip and knee replacements. The Surgicentre is part of the Government's Independent Sector Treatment Centre initiative designed to cut waiting times in elective surgery and increase patient choice. The new building will contain the latest equipment and allow around 14,000 patients to be treated each year.

Urgent Care Centre

An Urgent Care Centre will provide appropriate high quality care for up to 80% of the current A&E demand, treating patients with minor injuries and minor illnesses and offering urgent appointment services. It is likely to be staffed by a mixture of current A&E staff including nurses and therapists, GPs and primary care nursing and therapy staff, Out of Hours nursing and medical services and the Intermediate Care assessment team.



**INVESTING
IN YOUR
HEALTH**

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