Report on the Review of Medical Services to Community Hospitals within NHS Buckinghamshire

From the

Buckinghamshire Independent Review Panel

Comments

24.11.09

The Rycote Practice, Thame

These comments have been prepared after an initial reading of the report which only became available to us yesterday.

We regret to say that we find the report very disappointing and its conclusion in respect of Thame Community Hospital mistaken.

- 1. The Report is factually incorrect in respect of Thame in certain important respects, most notably in the assertion that there were only 8 beds open at Thame prior to the changes. In fact 12 beds were open at Thame.
- 2. It then fails to take account of the reduction of bed numbers in its assessment of the adequacy of the new arrangements. That the Report should do so was a point clearly made to the review in representations from Thame.
- 3. It characterises as unnecessary or not capable of being provided within the contracted hours various central requirements in the original tender documentation such as a daily ward round, attendance at multidisciplinary meetings and support for enhanced nursing practice.
- 4. It does not accept that the bid by the current provider might have been made for an inadequate number of hours, but it admits that (already) the hours "may need to be renegotiated".
- 5. It systematically underplays the involvement of local GPs in providing care at Thame hospital prior to the changes, and does not adequately recognize the value of rapid availability of emergency medical attention throughout normal working hours and on Saturday mornings.
- 6. It treats a quickly arranged temporary one month transitional medical cover arrangement put in place for the month of August as a valid benchmark by which to assess the adequacy of permanent ongoing medical cover for the hospital.

- 7. It does not acknowledge the letter of support for the value of the GP registrar attachment at Thame from Dr Simon Plint of the Oxford Deanery in its account of the role of the registrar at Thame Hospital.
- 8. It notes the strong public support for a return to cover by local practices at Thame and then pays no further attention to this. . It mentions the two public meetings that were held but does give any account of the unanimous and strong public feelings against the changes expressed at these meetings.
- 9. It restates the PCT view that the changes do not constitute a substantial change in service, despite the contrary views of all the local GPs, the LMC, the Overview and Scrutiny Committee and 4,800 local residents.
- 10. It makes numerous criticisms of the working of the new arrangements provided by The Practice plc, but then recommends that they should remain in place.
- 11. It acknowledges the failure by Community Health Buckinghamshire to consult the PCT Board, the public and local GPs in the process of designing and letting the contract, but treats this failure as a matter of minor importance.
- 12. It does not discuss in any way the lack of medical professional advice prior to the changes and the absence of any of medical professional advice on the safety and adequacy of the proposed arrangements.
- 13. It is inconsistent in other respects saying on p16 that "avoiding medically unstable and complex admissions was seen as key to future success" but on p23 it states the aim of "shifting patients from acute hospitals to community care".
- 14. It does not address identified failings in the contracting process notably the two thirds reduction in the value of the contract between original issue and award, and the failure of transparency represented by the clear decision in advance only to consider bids under the inadequate hours of Option1 hours which the report itself acknowledges already to be insufficient for meeting the specifications in the tender documents.

The petition to return responsibility for medical cover at Thame to local practices now carries 4,800 signatures. The Board, we submit, should think very carefully before deciding to ignore such strong and clearly expressed public feeling.

We would recommend that the PCT Board should not accept the conclusions of the report in respect of Thame Community Hospital, and will make representations to this effect to the Overview and Scrutiny Committee.

End of Comments