

Independent Reconfiguration Panel
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Submission to the Independent Reconfiguration Panel (IRP) by Hands off HRI Community Campaign Group (HOHRI) for consideration at the Initial Assessment stage of proposals regarding Huddersfield Royal Infirmary and future arrangements for hospital and community health services in Calderdale and Greater Huddersfield (the Proposal).

This submission is a summary of evidence and is in support of a call for a Full Review by the Independent Reconfiguration Panel of the Proposal as set out in the Full Business Case (FBC) approved by Calderdale and Huddersfield NHS Foundation Trust (the Trust), 3 August 2017

Hands Off HRI summarise briefly below why it considers the Proposal flawed, inadequately evidenced and, in a number of fundamental respects, unsound and unsafe. Please note that, where practicable, the summary order follows that of the FBC:-

1. Process

- i) The proposals in the FBC are materially different from those consulted on. Notably, there has been a further significant reduction in bed numbers.
- ii) *Pending consideration of the Proposal by the IRP*, the Trust has already made significant changes to the hospital model. **Notably, the Trust's recent removal (Nov/Dec 2017) of acute cardiology and respiratory services from one site (Huddersfield Royal Infirmary (HRI), in this case) and their location solely at the remaining site (Calderdale Royal Hospital (CRH), in this case) is clearly cited in, and is integral to, the Proposal**
- iii) The consultation was flawed insofar as it consulted on only one option.
- iv) The dismissal of a 'do minimum' option, involving bringing HRI up to Category B standards, depends on dubious and poorly evidenced assertions of condition and cost.

2. Clinical case

- i) **There is no assessment of the increased mortality likely to occur due to the increased average distance to an A&E under the Future Hospital Services Model (FHSM). A recent study finds ca.75 additional deaths per annum.**
- ii) There is no assessment of the net outcome of increased mortality from increased distance against the claimed, though unquantified, mortality benefits of the FHSM.
- iii) Ambulance response times: already Kirkburton, Huddersfield, some of the worst in the country; ambulance response times have been worsening for some time and are likely to worsen further under the FHSM with consequent

- likely impacts on mortality, e.g. in the HD8 postcode area only 26% of life-threatening emergencies are responded to within 8 minutes (against the recommended 75%)
- iv) Changes in the FHSM rely on increased ambulance hours availability: based on the noted increasing response times and lack of any significant additional hours availability following the downgrade of Dewsbury A&E, empirical evidence indicates it is highly unlikely the necessary provision would, in practise, be realised. No convincing evidence to the contrary is provided.
 - v) Access to CRH from the M62 is regularly highly congested and can be slow even for emergency ambulances, and, despite a planned road upgrade, there is no evidence this will significantly improve.
 - vi) There is evidence of worsened mortality outcomes (eg maternity services) following centralisation of services in the Trust's catchment. No evidence is provided that this will not also be the case with the FHSM
 - vii) Huddersfield and Kirklees will be left only with Urgent Care Centres staffed without any guarantee of doctors present. No evidence is provided that this will not put patients at increased risk.**
 - viii) The FBC includes a proposal for a daytime A&E at HRI. The IRP has previously (Lewisham review) rejected this format as a flawed model
 - ix) No evidence is put forward that the reduction in hospital beds would not lead to an increase in re-admissions

3. Future Hospital Services Model

- i) The Yorkshire and Humber Clinical Senate endorse the 'vision' only. Concern expressed at lack of detail and deliverability**
- ii) The Local Medical Committee (LMC) has strongly criticised the Proposal and the lack of consultation with the LMC and they have publicly described the FBC as 'unsafe'.**

4. Capacity Plan

- i) There is an apparent lack of activity modelling evidence to support the significant reduction made in the number of beds between Space Requirements study revisions 5 (13 April 2017) and 6 (26 April 2017) (authors: KD Health, noting 87-bed reduction made 'as a costing exercise, not activity-driven'). See also '6. Financial Case, Economic Case', below.**
- ii) A lack of evidence that ongoing downgrading and reduction of services in surrounding areas such as Dewsbury, Barnsley, Wakefield and Oldham will not materially impact on deliverability and safety
- iii) A lack of assessment of likely impact of population growth and of the expected rise in tourist numbers, students, Premiership football, Tour de Yorkshire, new ski-slope etc.
- iv) The safety of the Dewsbury District Hospital A&E downgrade proposals, now carried out, were justified by reference to the continued availability of full acute services at HRI**

5. Hospital Estate Plan

- i) The Proposal lacks evidence for the Trust's assertion that HRI is 'time-expired' (10 years life only), with critical structural defects. Written evidence from a former HRI Estates Manager challenges that assertion, as does

- evidence from the Trust, in response to an FOI request, that the vast majority of HRI has an expected life of at least 60 years
- ii) **The option of a ‘do-minimum’, and substantially cheaper, model involving the retention and upgrading of HRI should be properly re-assessed.**
 - iii) **HOHRI have commissioned (January 2018) surveyors to give an independent opinion of certain key Trust assertions regarding the supposedly ‘time-expired’ nature of HRI structural condition. HOHRI therefore calls on the IRP to consider the survey’s findings and implications.**
 - iv) **HOHRI calls for an independent review of i/ the FBC assertion that HRI is, structurally, time-expired and ii/ the Hospital Estate Plan**

6. Financial Case; Economic Case

- i) The findings of Lendlease Consulting’s 2015 6-facet Review of the 2013 Nifes survey of HRI are, in our view, compromised by parent company LendLease Corporation’s then ownership of 40% of the CRH PFI debt contract, its involvement in the CRH PFI services contract, its involvement in the newbuild Acre Mills development at HRI and its likely involvement in CRH new-build and/or PFI contracts.
- ii) Even setting aside Lendlease’s potential conflict of interest, that their 6-facet, desk-top, Survey Review increased estimated HRI maintenance and refurbishment costs, assessed only two years previously, from £39m to £92m (i.e. by 130%), must cast doubt on its conclusions. Further, key cost and survey assumptions of this Lendlease 6-facet Survey Review are cursory, and some are un-evidenced. And they are challenged by a former HRI Estates Manager
- iii) **HOHRI therefore calls for a fully independent review of the 2015 Lendlease Consulting’s 6-facet Survey Review and costings**
- iv) As noted above, the lack of evidence that HRI is structurally time-expired challenges the FBC assumption that a full rebuild would be required in 10 years’ time. Thus, with the rebuild costed at £379.5m, the validity of the FBC appraisal of Capital Costs (FBC, Economic Case, 10.3.3) is flawed.
- v) Further, the lack of evidence that HRI requires rebuilding in 10 years time, which may reopen the option of bringing it to Category B standard and retaining, should prompt a reconsideration of the type and/or balance of funding options. This could potentially avoid or reduce in size the proposed, and likely costly, PFI deal and allow it, or part of it, to be replaced with better value ITFF funding.
- vi) A recent response to an FOI request to the Trust indicated that, between 21 April and 26 April 2017, the Proposal build costs were revised down from £359m (Lendlease Consulting, Feasibility Cost Model, Rev2) to £297m (Rev3). The revised space requirement document (KD Health, V6) in support of this exercise includes a reduction in new CRH wards from 12 to 9 (an 87 bed reduction) described as a “costs exercise, not activity driven’ and *with no apparent revision to the activity modelling taking place regarding this reduction in space*. HOHRI have asked for an explanation from the Trust.
- vii) It appears that there was no rationale for the bed reduction save to decrease the space required and reduce build costs.
- viii) **HOHRI are thus concerned that, if, as appears to be the case, a significant reduction to the preferred model costs was made on the**

basis of an un-evidenced or poorly evidenced 87 bed reduction, the Proposal 'PFI option' was, in Net Present Cost and Equivalent Annual Cost terms, unjustifiably and unfairly ranked ahead of the 'Existing model' (as FBC, 10.5, p106).

- ix) HOHRI therefore calls for an independent review of the contemporaneous evidence base for the bed reductions made in the 'Space Requirements' document, version 6 (KD Health, 26 April 2017)
- x) Noting all of the above, HOHRI therefore also calls for an independent review of the Financial, Economic and Commercial assumptions and conclusions of the FBC

7. 'Care Closer to Home'

- i) Lack of adequate progress, and ongoing issues with, community based services. Particularly regarding access and availability
- ii) **No evidence as to how the readiness of CC2H services to take on increased demand prior to reconfiguration (announced 2017 as a requirement by Simon Stevens) will be assessed**
- iii) With Trust's CQC assessment, including 'Locala', currently rated inadequate, there is a lack of evidence that CC2H provision is likely to be either safe or sufficient

8. Travel and Transport

- i) **The Transport Group commissioned by the Trust is still to report and their findings will be critical to the sustainability of the FBC**
- ii) Lack of evidence that transport issues can be adequately addressed: higher average travel times and increased average travel costs for patients and visitors

9. Health Inequalities

- i) **There is a lack of evidence that these have been properly assessed.**
- ii) The Trust admit the extra travel costs and distance will impact most on those with the greatest needs and/or least able to afford it

HOHRI Campaign has outlined, above, the reasons it considers the current Proposal to be fundamentally flawed and unsafe. So that there is an opportunity for the campaign and other interested parties to be properly represented, HOHRI calls on the IRP to recommend the Proposal for a Full Review.

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