

Letter from the five Divisional Medical Directors

March 11th 2015

We note with regret that five ED consultants suddenly and simultaneously resigned from Worcestershire Acute Hospitals NHS Trust. We recognise the strength of feeling which led to their resignations but we must challenge the interpretation of events that four have laid out in their letter dated the 24 February.

We are disappointed that our ED colleagues have not acknowledged the serious challenges to NHS services in this area that drove the need to review and reconfigure key medical services – changes that are essential to improve patient care across the entire county and beyond. The challenges locally – as in many other parts of the country - are caused by shortages of skilled medical staff as well as pressure on public sector funding. The consequences are felt most acutely in smaller hospitals that struggle to attract staff and maintain modern treatments for life threatening conditions. Unfortunately, recruitment efforts for years have failed to improve the shortfall of medical staff at the Alexandra Hospital, and this is predicted to cause potential risks for patients in the future. This means that some clinical departments need to be reorganised. Such decisions are never taken lightly. However the need for these decisions is usually obvious when patient safety and quality of medical care are paramount. Change, even when essential for patient care, can be difficult and inconvenient for staff; but facts need to be faced and will not be altered if we fail to confront them.

It is disappointing that our colleagues have not recognised that the service change being proposed, the clinical model, resulted from collaboration between the local CCGs, the Trust, NHS England the Independent Clinical Review Panel. In particular, the intention of keeping a networked A&E Department at the Alexandra Hospital, linked to the A&E department in Worcester was based upon recommendations made in Sir Bruce Keogh's report on the future of emergency services. The other key clinical services have been designed to provide the essential support required at each hospital site for these changes. The plans for women and children's services and surgery have received the support of the Royal Colleges and are in line with national guidance.

We do recognise the ED consultants are unhappy with the service changes currently being explored by the three Worcestershire Clinical Commissioning Groups working in collaboration with the Trust, as part of the acute services re-configuration proposals. They are, of course, entitled to express their views but it would be wrong to suggest these views are shared by all of our clinicians at the Worcestershire Acute Hospitals NHS Trust. They are not. The proposed model reflects what patients have said, through their CCGs, they want and the Trust has been working with its CCG partners on developing this.

The ED consultants also make reference to the independent clinical review of the proposed model for re-configuration of acute services in Worcestershire, currently being conducted by the West Midlands Clinical Senate. They took part in that process, and were given a full opportunity to express their views to the independent clinicians conducting the review. They have however chosen to resign and voice criticisms of the process in advance of the outcome of the review.

In the letter a number of accusations and statements are made that are incorrect or formed from an inaccurate or out of context perception of events.

Also in their letter the four ED consultants have voiced criticisms of their colleagues in a manner which we would respectfully suggest is neither professional, or appropriate. In our experience those who work in the NHS in Worcestershire are deeply committed and highly motivated to shape and provide the best possible services to patients in often challenging circumstances. It is not unusual for there to be differences of professional opinion regarding how best to develop and improve those services, however it is unfair to clinicians and non-clinicians alike to have their motives and their commitment to the NHS questioned simply because there is a difference of view.

It would be better if the ED consultants had stayed to work with the Trust to support the development of emergency services for the whole county. The reconfiguration plans have been developed over the last three years with continuous input from many senior specialists and medical directors. As clinical leaders we are fully committed to deliver safe and high quality services for the whole of the Worcestershire population.

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