



**MODERNISING YOUR LOCAL HEALTHCARE**

**SURREY COUNTY COUNCIL  
LOCAL COMMITTEE (GUILDFORD)  
9<sup>th</sup> February 2006**

**KEY ISSUE:**

To respond to the formal consultation on the options to modernise the local community hospitals and the specialist rehabilitation and other services currently provided at Milford Hospital.

**SUMMARY:**

Guildford & Waverley Primary Care Trust is looking to modernise community hospitals and the rehabilitation services for older people across Guildford & Waverley. Their original proposal was to close Milford Hospital and deploy provision at the Royal Surrey County Hospital and Farnham Hospital. Following a number of concerns, the PCT stayed the consultation in 2005 in order to undertake a broader analysis, hold a series of public meetings and then submit recommendations to the PCT Board meeting on 23<sup>rd</sup> March 2006.

**OFFICER RECOMMENDATIONS:**

The Committee is asked to:

- (i) comment to the PCT on the 5 options contained in the consultation documents
- (ii) forward their views to SCC's Executive for consideration in their response to Guildford and Waverley PCT.

## 1. INTRODUCTION and BACKGROUND

- 1.1 Guildford & Waverley Primary Care Trust (PCT) is seeking to modernise both the community hospitals and the rehabilitation services for older people currently provided at Milford Hospital. In December 2005, they issued a consultation document “Modernising Your Local Healthcare”; attached as Annexe A.
- 1.2 They are holding a series of public meetings and have attended a meeting of the Surrey County Council (SCC) Health Scrutiny Committee. The views expressed in those meetings, particularly in the Waverley area, are summarised as:
- Concerns about services being split across two sites, i.e. Guildford and Farnham.
  - Issues about access to services.
  - Transportation issues on the Royal Surrey County Hospital (RSCH) site.
  - Issues about the necessity, and indeed the practicalities, of moving twice.
- 1.3 For full details of the options please see pages 21-23 of the consultation document (Annexe A). Summaries of the options are provided here. (Summaries in relation to transport implications in Guildford are given below at paragraph 2.9.)

(FHCFH = Farnham Hospital and Centre For Health)

### Option 1

- The closure of Milford Hospital
- The re-provision of 42 consultant led specialist rehabilitation beds at FHCFH.
- The relocation of 21 beds for older adult mental health, currently at FHCFH. All 14 beds at Cranleigh Hospital would close.
- Other services based at Milford would also be re-located

### Option 2

- The closure of Milford Hospital
- The re-provision of 42 consultant led specialist rehabilitation beds located at the RSCH. The capacity to provide these beds at the RSCH, either in an existing ward or a new build, and the future management arrangements of the specialist rehabilitation service would be agreed at a future date.
- In this option all 14 beds at Cranleigh Hospital and 30 beds at Haslemere Hospital would close. 14 beds for young physically disabled people would either be commissioned elsewhere or re-located to FHCFH in which case the 21 mental health beds would be commissioned elsewhere.
- Other services based at Milford would also be re-located

**Option 3**

- The closure of Milford Hospital
- The re-provision of 42 consultant led specialist rehabilitation beds split equally, with 21 beds based at FHCFH and 21 beds based at the RSCH.
- All 14 beds at Cranleigh Hospital would close.
- 4 continuing care beds would need to be commissioned from the private sector.
- Other services based at Milford would also be re-located;

**Option 4**

- The closure of Milford Hospital
- The re-provision of 42 consultant led specialist rehabilitation beds split equally with 21 beds based at FHCFH and 21 beds based at the RSCH.
- 4 continuing care beds would need to be commissioned from the private sector.
- Other services based at Milford would also be re-located
- 14 beds for young physically disabled people would either be commissioned elsewhere or re-located to FHCFH in which case the 21 mental health beds would be commissioned elsewhere.

**Option 5**

- A split site for consultant led rehabilitation beds with 42 located at Milford Hospital and 26 located at FHCFH.
- As per Options 1 to 4 this also includes the move from Step Down to Step Up beds, but in this instance 16 beds would be located at Milford Hospital and 11 at FHCFH.
- There would be no beds located at Cranleigh or Haslemere Hospital. The 14 beds for young physically disabled people would be re-located at FHCFH. This would also leave 2 un-commissioned beds at FHCFH.

- 1.4 These options are open for comment by the Local Committee and local stakeholders

## **2 LOCAL TRANSPORTATION DIRECTOR'S COMMENTS ON THE EFFECTS ON TRAFFIC CONGESTION IN THE GUILDFORD AREA**

### **Existing Traffic Conditions and Committed Developments**

- 2.1 The RSCH lies at a key position on Guildford's road network. In the immediate vicinity is the junction of the A3 and A31, where two heavy streams of traffic merge, and where there is frequent traffic congestion. There is already concern that this traffic is worsening through normal background growth in traffic, and this will worsen further when the A3 Hindhead tunnel is completed. Joint studies by the County Council and Highways Agency are under way, but these reveal no solutions which are

affordable, environmentally acceptable, and above all which would be effective in reducing the problems.

- 2.2 The A3 junction which gives access to the RSCH is also a route to the University of Surrey (UniS), Guildford town centre (via The Chase), a Tesco supermarket and the business park. Although not in the Controlled Parking Zone, the extent of uncontrolled on-street parking in the area is such that the CPZ may have to be extended in this direction at some point in the future.
- 2.3 The UniS Master Plan was approved in 2004 by Guildford BC's Planning Committee. This incorporates an intention that trip generation from the UniS sites should not increase by more than 5% over the existing situation during the life of the Plan – a challenging target. There remain extant planning permissions on the business park site, i.e. permissions which have been granted but not yet implemented. It is likely that the traffic situation is one reason why this is so. While the permissions may not be implemented as originally envisaged, any revised planning application would have to take account of the existing permissions, and probably could not be refused on traffic generation grounds alone, unless their predicted generation exceeded that of the extant permissions.
- 2.4 There are already problems of 'rat-running' traffic through the Park Barn area, exacerbated during school peaks, with difficulty and danger, both real and perceived, of pedestrians, particularly vulnerable users such as children, in crossing the roads in the area.
- 2.5 Finally, the County and Borough Councils hope to be in a position to provide a Park and Ride facility for some 500 cars at Manor Park on a site between the A3 and the hospital. The site has been offered by UniS in association with its Master Plan. While the difficulties of implementing such a proposal should not be underestimated given the traffic problems described above, a site in this location would be ideally located to serve both the A3 and A31 corridors. Any additional congestion as a result of further development on the RSCH site may prejudice the park and ride proposal.

### **Discussions about development of the RSCH site**

- 2.6 Officers of the County and Borough Councils have been working with officers of the RSCH over several years to consider existing problems of traffic and parking at the RSCH site, together with the need to extend and improve health service delivery.
- 2.7 The number of vehicles parked on the site considerably exceeds the number of spaces provided, and therefore agreed at the planning stage. There is extensive double parking, relying on goodwill between members of staff. Anecdotal evidence exists of occasions where this goodwill breaks down.

- 2.8 RSCH officers have in the past put forward the informal suggestion that an existing surface car park should be 'decked' to double its capacity. While addressing the car parking issue, this would exacerbate problems of capacity on the surrounding road network (both strategic and local roads). This proposal may also have wider environmental implications. SCC officers have repeatedly sought that the approach to further development at the RSCH should be strategy-led on the basis of a long-term Master Plan (like that of UniS) rather than the piecemeal approach offered to date.

### **Transport implications of the options under consideration**

- 2.9 The Consultation proposes five options which are described in full in the document 'Modernising Your Local Healthcare'. The options, particularly in terms of their effects on Guildford, are as follows:
- Option 1 Closure of Milford Hospital and relocation of services in other locations in the borough of Waverley.
  - Option 2 Closure of Milford Hospital and relocation of 42 rehabilitation beds to the RSCH.
  - Option 3 Closure of Milford Hospital and relocation of 21 rehabilitation beds each at RSCH and Farnham Hospital.
  - Option 4 As Option 3.
  - Option 5 Retention of Milford Hospital; RSCH unaffected.
- 2.10 In all cases, diagnostic and outpatient facilities would be available at a range of centres including some in Guildford, while locality-based services such as community nursing and therapy teams would be developed.
- 2.11 Options 3, 4 and particularly Option 2 would result in intensification of use of the RSCH site. The extent to which the transport impacts of this might be mitigated by more community-focussed diagnostic and outpatient services is not yet clear.
- 2.12 The previous (March 2005) consultation document referred to a scoring framework of weighted criteria against which the options proposed at that time were to be assessed. One of these criteria was 'accessibility / car parking'. SCC Transportation Service officers have sought further details of this methodology together with the opportunity to comment upon it and its implications. To date this information has not been made available, nor is it clear whether a similar framework is to be used to assess the current options.
- 2.13 Officers attended the consultation meeting held at Guildford Baptist Church on 24 January. It was clear at that meeting that the officers of the PCT and others who spoke at the meeting have accepted the importance of considering traffic, congestion and parking in the decisions which they are facing. They are clearly acknowledging also the need for improved health service provision at the primary and intermediate levels. Bringing the service to the user in this way this should have a beneficial effect on traffic

generation and the reduction of traffic hotspots such as is currently the case at the RSCH.

- 2.14 As the Committee is aware, SCC has proposals for a Transport Co-ordination Centre (TCC) which will seek to maximise the benefits to the community as a whole from the considerable investment being made in public transport by a wide range of organisations throughout Surrey. The health sector is a major player in this, and it is hoped that the outcome will prove beneficial to the users of public transport, to the TCC partners and to users of Surrey's roads in general.

### **Transportation Conclusions**

- 2.15 Insufficient information is available to be able to give a definitive recommendation as to which option should be supported, if any. It is clear that any intensification of the use of the RSCH site in transportation terms must be a matter weighed carefully against health service delivery criteria.
- 2.16 It is appreciated that the neither the PCT nor RSCH are in the business of solving transportation problems, but rather in the provision of effective and efficient health services. Nevertheless if the proposals were to exacerbate the existing difficult traffic conditions in the vicinity of the RSCH, this would be detrimental not only to traffic in general, but to the patients, staff and suppliers of the RSCH.
- 2.17 Officers' advice is therefore that the Guildford Local Committee (Guildford), in expressing its views to the PCT, SCC Health Scrutiny Committee and the SCC Executive, should:
- welcome the acceptance of the importance of the transport implications of the various options
  - welcome the increasing emphasis being placed on primary and intermediate health services
  - seek provision of details of the framework being used to assess the various options, particularly in respect of transport considerations
  - ask that the PCT and RSCH should continue to engage with SCC officers in considering the effects of redevelopment at the RSCH on the local and strategic transport networks, and that the RSCH should adopt a strategy-led approach to further development on the site
  - express its concern at the transportation implications of any intensification of use at the RSCH, and to ask that considerable weight is applied to these in reaching a decision as to which Option(s) to pursue.

### **3 CONCLUSIONS & REASONS FOR RECOMMENDATIONS**

- 3.1 The Committee is asked to consider the 5 options (in Annexe A) and to forward their views to the SCC Health Scrutiny Committee's further deliberation and to the SCC Executive. A formal response from SCC Executive needs to be forwarded to the PCT in time for their Board Meeting on 23 March 2006.

**Report by:** Dave Johnson, SCC Area Director, South West Surrey

---

**LEAD/CONTACT OFFICER:** Dave Johnson, SCC Area Director, Local Partnerships Team

**TELEPHONE NUMBER:** 01483 517301  
[Dave.Johnson@surreycc.gov.uk](mailto:Dave.Johnson@surreycc.gov.uk)

**BACKGROUND PAPERS:** Annexe A (attached)

---