Integrated Care Redesign Board: Report to Strategic Programme Board

Introduction

In December 2011 clinicians from a wide range of organisations including NHS Trafford, CMFT, UHSM, TPS, NWAS and representatives from adult social care came together to articulate why healthcare services in Trafford had to change and to devise alternative models of care. These models of care were developed in conjunction with patient representatives/members of the public and were the subject of scrutiny by the National Clinical Advisory Team. Clinicians were also involved in the process of deciding which models of care should be included in the public consultation process and played a key role in presenting both the case for change, and the clinical models of care, to the public via the consultation process.

The public consultation closed on the 31st October 2012 and senior clinicians from a range of stakeholder organisations agreed to meet, as the Integrated Care Redesign Board, to hear the available feedback from the public consultation process, and to determine whether they still wished to endorse the clinical case for change, and proposed models, in light of this feedback.

This meeting was held on the 27th November 2012, the outcomes from this meeting are detailed below.

Meeting attendance

The meeting was chaired by Dr George Kissen, NHS Trafford and was attended by:

- Dr N Guest, Trafford CCG
- Mr N Thwaite, Greater Manchester West
- Ms J Wilmot, Trafford MBC
- Ms G Lawrence, Trafford CCG
- Ms C Baker-Longshaw, Trafford MBC
- Dr J Simpson, CMFT
- Dr I Bennett, Manchester CCG
- Dr J Berry, Trafford Primary Health
- Dr S Musgrave, CMFT
- Ms C Heneghan , TPS
- Ms B Weston, CMFT
- Mr M Ismail, CMFT
- Dr B Stephens, CMFT
- Dr R Pearson, CMFT
- Mr J Bruce, CMFT
- Ms J Williams, NHS Greater Manchester
- Dr F McKenna, CMFT
- Dr D Ratcliffe, NWAS
- Dr B Ryan, UHSM

Information Received

The Integrated Care Redesign Board (ICRB) received a range of information from the public consultation process. This is described below

Feedback Received	Information presented
Summary of Case for Change and Clinical Model presented in public consultation	▪ The Board was shown the presentation used in the public meetings which outlined the clinical case for change and the proposed clinical model
Themes from public consultation	▪ The Board was presented with an independent analysis of the first 600 responses that were made during the public consultation process. The key themes from this analysis were

	presented to the Board. ▪ The Board was presented with the themes of the feedback obtained from the focus group engagement undertaken by the New Health Deal Team. ▪ The Board was presented with the themes from the formal consultation feedback received from Trafford LINk, the Joint Health Scrutiny Committee and the Save Trafford General campaign group.
Themes from public meetings	▪ The Board heard verbal feedback from clinicians who had been present at the public meetings. Clinicians presented themes from the discussions that had taken place there. ▪ The Board heard verbal feedback from clinicians who had been present at the health and joint health scrutiny meetings. They presented themes from the discussions that had taken place there.
Feedback from clinical groups/providers	▪ The Board heard the formal feedback, that had been submitted, via the consultation process from: o Trafford CCG o Central Manchester CCG o South Manchester CCG o The Consultant Body at Trafford Hospitals o Trafford Primary Health Ltd o Partington GPs o Trafford Local Medical Committee o CMFT o UHSM o SRFT o NWAS o GMW o Bridgewater

The Board recognised that the information presented outlined a large amount of the feedback that had been received through the public consultation process but that a further 1300 formal consultation responses were still the subject of independent analysis. The Board requested that any additional themes, which were identified through this process, be highlighted to them for consideration.

ICRB Response

The Board acknowledged that a number of members of the public, and other stakeholders, had raised the following clinical concerns/questions:

- What needs to be in place, clinically, before it's safe to move from Model 2 (the Urgent Care Centre at TGH) to Model 3 (the Minor Injuries Unit at TGH)?
- If a small number of patients currently use TGH and this is causing issues in maintaining skills of clinical staff/recruitment issues why can't teams rotate between TGH and MRI?
- Are we convinced that people from central Manchester will want to use the orthopaedic centre at TGH?

- Can elective orthopaedics and day case surgery be safely delivered at TGH if there is no Level 3 ICU?
- Can people who arrive at TGH be safely transferred to an alternative hospital if their condition warrants?
- Will increased ambulance times put patients at risk?
- Will the changes at TGH put patients at risk and worsen outcomes for Trafford residents?
- Will other hospitals/healthcare providers be able to cope with the changes in activity flow that will occur as a result of these proposals?
- Why was only one clinical model proposed?
- Transport issues need to be addressed to ensure patients can access healthcare services

However, on reflection, the Board decided that the clinical case for change outlined in the consultation process is still valid and that 'no change' was not an option for services at Trafford General Hospital. The Board reaffirmed the view that the Level 3 critical care unit, the acute surgical service and the current A&E service were not clinically sustainable and that, the removal of these services had an impact on the safe delivery of other services at Trafford General Hospital. The view that staff could be rotated between hospital sites to maintain these services at Trafford was felt to be problematic because of the issues involved in successful team working, the maintenance of skills using certain types of equipment and the issues experienced by Trafford General Hospital in recruiting and retaining A&E consultants (who have rotated between the MRI and TGH site for the past 5 years). The Board also endorsed the view of the consultant body at Trafford General Hospital that a delay in decision making might have an adverse effect on the services currently provided at Trafford.

The Board also indicated its continued support for the proposed clinical model. The Board reaffirmed the view that the proposed clinical model offered an opportunity to improve the quality of healthcare services offered to patients. The Board acknowledged the public concern regarding an increase in ambulance journey times for some patients but decided that this did not pose a significant risk to patient safety. The Board highlighted that service changes such as the introduction of Primary PCI, Acute Stroke and Major Trauma services, all of which meant increased journey times, actually improved patient outcomes by ensuring patients received specialist care in an appropriate setting. The Board also endorsed the view that a Level 2 HDU service was required at TGH to ensure elective orthopaedic and day case surgery could be safely provided on site. This service should have the capability to step up care for sufficient time to allow the safe transfer of patients from Trafford General Hospital, if their clinical condition required. The Board requested that a model of delivery for this service be shared at the earliest opportunity.

The Board recognised that it would be necessary to continue work with NWAS on the implementation and refinement of the Pathfinder system to ensure that patients of the appropriate acuity were taken to the appropriate site. This would affect the capacity requirements on the other hospital sites and on the volume of patients to be managed on the TGH site and thus ensure a viable and vibrant medical admissions unit.

The Board acknowledged concerns regarding the capacity that would be required by other healthcare providers, in order to manage the proposed changes, but were reassured by responses

provided by CMFT, UHSM, SRFT that the initial changes proposed (the move to model 2) could be managed within existing infrastructure. The Board highlighted that appropriate resource was required by NWAS in order to ensure ambulance response times were not adversely affected by a slight increase in journey times.

The Board also reaffirmed commitment to the development of an Orthopaedic Centre at Trafford General Hospital and recognised the benefits that this service would bring to patients. The Board recognised that non-emergency transport arrangements to this unit, for Manchester residents, and the wider transport implications for Trafford residents were a key issue that needed to have appropriate solutions put in place. The Board asked that the Strategic Programme Board address this issue.

The Board did not identify any alternative clinical models that should be considered by the Strategic Programme Board as part of the decision making process and did not recommend any changes to the existing clinical models presented in the public consultation process. The Board reaffirmed the view that the clinical model outlined in the public consultation offered the best viable opportunity to provide high quality healthcare services to the residents in Trafford. However, the Board did recognise that an important piece of work needs to be undertaken to set the clinical criteria/parameters for the move from model 2 (urgent care centre at TGH) to model 3 (Minor Injuries Unit at TGH) and recognised that this transfer is predicated on the implementation of Integrated Care pathways within Trafford. The Board recommended that a sub-group of the ICRB be asked to meet to agree these clinical criteria as a matter of urgency.

In summary the Board asked that the following recommendations be reported to the Strategic Programme Board:

- The Board believes the clinical case for change outlined in the public consultation process is still valid.
- The Board supports the clinical model proposed in public consultation and believes this offers the best viable opportunity to provide high quality healthcare services to the residents in Trafford.
- The Board would not like to recommend any changes to the proposed model or any alternative models to the Strategic Programme Board.

The Board also asked that the following issues be highlighted to the Strategic Programme Board:

- Capacity in local secondary care providers and NWAS, in order to manage the proposed changes, needs to be assured.
- Transport issues, especially non-emergency transport issues, need to be addressed
- A model of Level 2 HDU delivery at TGH should be articulated at the earliest opportunity
- The pathways for Mental Health patients, especially those who require the services offered within the 136 suite, should be addressed before any service changes are made.
- A set of clinical criteria/parameters which outlined the conditions for the safe move from model 2 to model 3 should be articulated, and met, before this change is made.