

## **Trafford Borough Council and Manchester City Council Joint Health Scrutiny Committee – A New Health Deal for Trafford**

### **Minutes of the meeting held on 14 January 2013**

#### **Present:**

Councillor E Newman - Chair  
Councillor Lloyd - Vice Chair

Manchester City Council - Councillors Akbar, Ellison, and Watson  
Trafford Borough Council – Councillors Bruer-Morris, Holden, Lamb and Procter

Dr Nigel Guest, Trafford GP Chair of Trafford Clinical Commissioning Group  
Leila Williams, Director of Service Transformation, NHS Greater Manchester  
Members of the public were also present.

#### **Apologies:**

Councillors Cooley and Fisher (Manchester City Council)

#### **JHSC/13/01            Attendances**

The Committee noted apologies from Councillors Cooley and Fisher (Manchester City Council).

#### **JHSC/13/02            Minutes**

#### **Decision**

To approve the minutes of the meeting on 29 October 2012 as a correct record.

#### **JHSC/13/03            Membership of the Committee**

The Committee noted that Manchester City Council has appointed Councillor Akbar as a substitute member for Manchester councillors.

#### **Decision**

To note the membership of the Committee.

#### **JHSC/13/04    Declarations of Interest**

The following personal interests were declared:

- Councillor Lloyd declared a personal interest as an employee of the Stroke Association based at Salford Royal NHS Foundation Trust.
- Councillor Bruer-Morris declared a personal interest as a practice nurse at GP practices in both Manchester and Trafford.

## **JHSC/13/05                      New Health Deal for Trafford – Post Consultation**

The Committee considered a number of reports from NHS Greater Manchester on the results of the New Health Deal for Trafford consultation, which ended on the 31 October 2012, and the draft proposals which would be put forward to NHS Greater Manchester for approval. The agenda papers provided details of the public, stakeholder and health provider responses to the consultation; information about the consultation process, the responses from both Manchester and Trafford health scrutiny committees and the minutes and decisions of the Strategic Programme Board (SPB). The Committee noted that they had received all of the documentation listed on the agenda.

The overall aim of the proposals is to change the way hospital services are delivered in Trafford with the aim of moving care out of hospitals and into communities where possible. The proposed changes included the development of a comprehensive integrated care system, closing the Accident and Emergency (A&E) department at Trafford General Hospital between the hours of midnight and 8am, downgrading A&E to an urgent care centre and redirecting patients to other hospitals. It was also proposed to expand outpatient services and day surgery and to establish specialist services in orthopaedic surgery at Trafford General Hospital.

The Director of Service Transformation, NHS Greater Manchester informed members that the views of the Joint Health Scrutiny Committee would be reported to the meeting of the SPB on 15 January. The Committee's views would inform the final draft proposals that would be presented to the NHS Greater Manchester Board for approval on 24 January 2013. The papers contained the responses from the NHS to concerns raised by the Joint Health Scrutiny Committee at its last meeting in October.

The Committee discussed the effects of the draft proposal to close the A&E department at Trafford General Hospital at night. This had been raised as a concern at both local health scrutiny committees as it would have an impact on A&E capacity at neighbouring hospitals. In the past, it had also been raised as a concern by the provider hospitals particularly by Wythenshawe hospital (University Hospital of South Manchester - UHSM). Members noted that Wythenshawe hospital was already treating more A&E patients than it had capacity for and they were concerned that additional patients would create even more pressure on capacity.

The Director of Service Transformation agreed that provider hospitals had raised this concern in the past and UHSM had stated in their response to the consultation that the deflection strategy (to redirect patients away from A&E services) should be in place before the full proposals to convert Trafford A&E to a minor injuries unit are implemented. In response to concerns raised by the Joint Committee at its last meeting, the SPB had included an assurance process to check provider capacity is in place before the proposed changes are implemented. The Chair of Trafford Clinical Commissioning Group (CCG) further explained that the number of people using Trafford General A&E was low so deflecting the patients to other hospitals would have a limited effect on capacity. He added that increasing numbers of Stockport residents using UHSM in particular created additional pressure on A&E. The impact of Trafford residents would be minimal.

Members were also concerned about the capacity of integrated care provision to direct patients away from using A&E services. All members supported the principal of integrated care as a solution to rising demand for health services, but there were still some concerns about implementing the A&E proposals before the integrated care service was adopted and operational. Trafford's Health Scrutiny Committee highlighted this as a specific concern.

The Committee discussed the proposal to establish a specialist orthopaedic surgery service at Trafford General. Members supported this in principal but all members had some reservations about whether this service could be successful. A member referred to Wrightington hospital, an existing centre of excellence for orthopaedic surgery services based in Wigan, and whether Trafford hospital could establish its own successful centre of excellence with this already established.

Trafford members were worried that the risks associated with relying on orthopaedic surgery to raise income for Trafford General Hospital, had not been thoroughly assessed and would jeopardise the future financial viability of the hospital. Manchester members were concerned about the ability of Manchester residents to get to Trafford hospital, as transport links were inadequate. In addition, they wanted to ensure that Manchester residents have sufficient choice to access services in north and south Manchester if they preferred. The Director of Service Transformation confirmed that the orthopaedic centre needed to be successful for the financial viability of the hospital but Central Manchester Foundation Trust (CMFT) was confident that this service could be delivered successfully.

The Healthier Together proposals that are due to be released in spring 2013, will review how all hospital services are delivered across Greater Manchester. Several members stated that they did not understand why the New Health Deal for Trafford could not be considered as part of the Healthier Together proposals. The Chair of Trafford CCG explained that the reasons for the New Health Deal for Trafford proposals being considered at this time were primarily clinical. He said that the existing services were not sustainable and a further delay would be detrimental to the services provided.

The Director of Service Transformation added that the National Clinical Advisory Team (NCAT) had provided advice that Trafford's A&E department should be converted to a Minor Injury Unit (model 3) with immediate effect and did not require the transition to an urgent care centre (model 2) first. Members disagreed with this view and noted that there would be strong public opposition to this proposal. A member asked about the timescale for the transition from model 2 to model 3. The Director of Service Transformation said that this would be done over a period of a few years to ensure that the services were embedded before further changes happened.

The Committee discussed the public consultation process. Members were dissatisfied that the consultation had only consulted on one option which did not give people the opportunity to consider if there were alternative solutions to the problems raised. Some members also felt that the consultation had not allowed enough time for the public to respond effectively. The Director of Service Transformation reiterated

that the consultation and the proposals had not been rushed and the NHS were confident that they had followed a robust and thorough process.

The Chair summarised the points raised by members during the meeting and proposed a number of resolutions. Members also discussed whether it was necessary to refer the proposals to the Secretary of State for Health. Following the discussion, the Committee unanimously agreed to authorise its Chair and Vice Chair to refer the proposals to the Secretary of State as a substantial variation which was not in the interests of the health service and patients of Trafford and Manchester if the proposals were to go ahead in their current form.

### **Decision**

1. To agree to append the Trafford Borough Council Health Scrutiny Committee and the Manchester Health Scrutiny Committee responses to the Joint Committee's formal response to the outcomes of the New Health Deal for Trafford consultation.

### **Impact on Wythenshawe Hospital and Integrated Care in Trafford**

2. The Joint Health Scrutiny Committee is concerned about the impact of the reduction of accident and emergency services at Trafford General Hospital on Wythenshawe hospital (UHSM). Manchester's Health Scrutiny Committee specific concerns about capacity at UHSM are detailed in Manchester's local response. This is linked to concerns raised by Trafford's health scrutiny committee about integrated care in Trafford, and the capacity for integrated care services to deflect patients away from A&E. The Joint Committee feels that the measures to redirect patients away from emergency care services and a full integrated care service should be in place before the transition to model 2.

### **Service Reconfiguration Tests**

3. The Committee is concerned about whether the four service reconfiguration tests have been met, particularly around the strength of public engagement and consultation, the consistency of the clinical evidence base and patient choice (detailed under recommendation 6).

### **Public Consultation**

4. The Committee has reservations about the public consultation. Specifically, there were gaps in the consultation which limited the opportunities for local people (both in Trafford and Manchester) to respond, and the responses that have been submitted have not been interpreted in a balanced way. The Committee is also dissatisfied that the consultation only provided one option to address the problems.

### **Clinical Evidence Base**

5. The Committee has some concerns about the National Clinical Advisory Team (NCAT) clinical view that Trafford's accident and emergency department should be converted to a Minor Injury Unit (model 3). There would be strong public

opposition to this proposal. Although the proposal says that this will be done in phases over a number of years, the Committee is concerned that new decision making structures within the NHS would require this move to take place more quickly without sufficient opportunity to implement the alternative measures to redirect patients away from A&E.

### **Orthopaedic Centre**

6. The Committee does support the establishment of the Orthopaedic Centre at Trafford General Hospital but there are some specific issues raised by both local committees that need to be addressed. Trafford's committee raised concerns about the strength of the business case for the Centre and the risks to the viability of the hospital if patients choose to use other hospitals. In Manchester, there are concerns around transport difficulties for Manchester residents and the need to provide genuine choice for residents to access similar services in north and south Manchester.

### **Healthier Together**

7. The Committee noted that the proposals will only be implemented once certain pre conditions have been met. It is not realistic that these pre conditions will be implemented before the Healthier Together proposals are released in spring. The Committee unanimously agrees that consideration of the Trafford proposals should be postponed so that they are reviewed in conjunction with the Healthier Together proposals.
8. The Committee agrees that in the event that NHS Greater Manchester, following the recommendations from the Trafford Strategic Programme Board, rejects the Committee's concerns, and proceeds with the proposals decided at the Programme Board's meeting of 19 December 2012, to authorise its Chair and Vice Chair to refer the proposals to the Secretary of State as a substantial variation which is not in the interests of the health service and patients of the Borough of Trafford and the City of Manchester.