

*From the Rt Hon Jeremy Hunt MP
Secretary of State for Health*



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Der Cllr Newman,

“NEW HEALTH DEAL FOR TRAFFORD” – REFERRAL FROM TRAFFORD AND MANCHESTER’S JOINT HEALTH SCRUTINY COMMITTEE AND INITIAL ADVICE FROM THE INDEPENDENT RECONFIGURATION PANEL

I refer to your letter of 8 February 2013 referring proposals regarding New Health Deal for Trafford.

As you know, I asked the Independent Reconfiguration Panel for its initial advice on receipt of your referral.

The Panel has now completed its initial assessment and shared its advice with me.

A copy of that advice is appended to this letter and will be published today on the Panel’s website at www.irpanel.org.uk

In order to make my decision on this matter, I have considered the concerns raised by your Committee, and have taken into account the Panel’s advice.

Initial IRP advice

It is clear that as part of its assessment, the Panel considered a good deal of evidence from both the local NHS and your Committee.

As you will appreciate, the Panel considers each referral to me on its own merit.

In this instance, the Panel believes that your referral does not warrant a full review.

I understand work to develop an integrated care system in Trafford has been ongoing since 2008.

An extensive programme of engagement with stakeholders was undertaken, and the formal consultation process was outlined to the relevant local Overview and Scrutiny Committees prior to consultation commencing, which in itself is good practice.

While the National Clinical Advisory Team (NCAT) noted last year there were no concerns about the clinical safety of services provided at Trafford General Hospital, there is a pressing clinical case to consider the medium and long term future of services provided from the site.

I understand NCAT's concerns are based on falling activity levels leading ultimately to concerns about sustaining both the competency and skills of medical staff.

There are also further concerns about the sustainability at a safe and high quality level of intensive care and acute surgery in particular, and how these will have knock-on effect for related services.

Further, it is clear that Trafford General Hospital has a history of worsening financial deficits.

As you will appreciate, patients deserve high quality treatment and issues set down above cannot in any way go ignored. Coupled with the financial difficulties being experienced by the Trust, the Panel believes the local case for change seems clear, and I endorse that.

Proposals for the establishment of an integrated care system providing more care in the community and at home have already been developed, and according to the Panel, appear to be broadly accepted.

On reading your referral, the concerns raised by your Committee do not point to the suitability, or otherwise of the proposed new care system. Rather, what your concerns do appear to centre on are reasonable matters of assurance relating to the impact on A&E services at Wythenshawe Hospital (part of University Hospital of South Manchester

NHS Foundation Trust), including the capacity of the proposed integrated care service to be able to actually cope.

I totally appreciate why you would expect such assurances on these important issues.

As the Panel sets down in its advice to me, it is entirely reasonable to expect the alternative services proposed by the local NHS to be in place ahead of changes being made to what are existing services. Progress will be assessed and evaluated throughout the transition by NHS England in conjunction your Committee.

Following the IRP's advice, I am satisfied that the four tests for reconfiguration have been met.

Further, there is sufficient time in which the local NHS to move to assure you that changes proposed are ultimately in the best interest of patients. I have wanted to reassure myself since receiving the IRP's advice that the NHS has arrangements in place to ensure patient safety is not compromised during the transition to new services.

There will be a rigorous assurance process overseen by NHS England and no changes will occur until unequivocal assurances have been given by a provider's board or chief executive that their organisation can safely receive additional patients and activity, however small.

Because A&Es around the country have been under increased pressure over the last few months, I can also commit today that changes at Trafford will only take place if NHS England are satisfied that the three neighbouring A&Es that will need to treat additional patients are consistently meeting their waiting time standards.

Your referral also points to the *Healthier Together* programme, initially intended for public consultation in spring 2013.

I understand this is currently subject to delay and which is, of course a separate case for change. Nonetheless, it would have been prudent if the local NHS had notified your Committee of this delay given the strength of feeling about proposed changes to local health services.

Conclusion

I support in full the Panel's initial assessment and agree with them that it would not be in the best interests of patients and residents of Trafford and Manchester to defer the commencement of the New Health Deal for Trafford implementation programme.

Finally and as such, I would expect that the lead in time concerning implementation of the changes concerning New Health Deal for Trafford will allow the local NHS to assure you, and others with an active interest in these changes about the concerns you have raised.

I am copying this letter to Lyn Simpson, Director of Operations and Delivery (Corporate) at NHS England.

Yours sincerely

Jeremy LL

JEREMY HUNT