

Trafford Strategic Programme Board
16th October 2013

Title of Report	Update to the Trafford Strategic Programme Board on progress of the NHS Greater Manchester Conditions
Purpose of the Report	To provide the Trafford Strategic Programme Board with an update on the progress of the conditions following the New Health Deal for Trafford public consultation

Actions Requested	Decision	X	Discussion		Information	
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Recommendations	<p>The Trafford Strategic Programme Board is asked to:</p> <ul style="list-style-type: none"> • Note support provided at the July Trafford Strategic Programme Board for Conditions 1,2,3,6 • Provide advice to the Director of NHS England (Greater Manchester) on whether assurance has been received on the six conditions • To support the plan outlined for condition 4
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Prepared by	Chief Operating Officer /Director of Commissioning and Operations Trafford CCG
Responsible Officer	Chief Operating Officer/Director of Commissioning and Operations Trafford CCG

1.0 Background

Following the announcement by the Secretary of State for Health to support the New Health Deal for Trafford, NHS England requested Trafford CCG to work with partner organisations and key stakeholders to ensure all necessary assurances are in place prior to any implementation affecting Trafford General Hospital.

As part of the decision making process in January 2013, following public consultation the Board of NHS Greater Manchester (PCT Cluster) laid down 6 conditions which should be met prior to any implementation of the New Health Deal for Trafford. Additionally, following review of the process and decision by the Independent Reconfiguration Panel and the Secretary of State for Health, assurances regarding acute provider readiness for change and continuing to meet A&E standards are also required.

This paper aims to support the presentation at the Trafford Strategic Programme Board on 16th October 2013 and should be read in conjunction with this. This paper summarises progress against the 6 conditions and provider assurances and aims to provide the necessary detail to enable Trafford Strategic Programme Board to discuss and ultimately make a recommendation to NHS England that all assurances are in place.

2.0 New Health Deal for Trafford – 6 Conditions from NHS Greater Manchester

At their Board meeting of 25th January 2013, NHS Greater Manchester (NHS GM) agreed with the recommendation made by Trafford Strategic Programme Board (TSPB) that the New Health Deal for Trafford should be implemented. This decision by NHS GM came with 6 conditions which are listed below:

1. The development of additional Integrated Care services for some parts of the Borough, specifically the introduction of a community matron service and a consultant community geriatrician, before changes can take place to the Accident and Emergency service.
2. The identification of appropriate pathways for those affected with Mental Health issues and who currently access services at Trafford General Accident and Emergency department at night and might be impacted by the potential changes. These pathways should be identified before any proposed changes take place to the Accident and Emergency service.
3. Transport
 - a. The Investment in a subsidy for local Link services, for access to alternative hospital sites when needed, should be made before any changes to Trafford hospital services are implemented.
 - b. The health travel bureau should be substantially in place before any changes to Trafford hospital services are made.
4. The Integrated Care Redesign Board should be tasked to develop a set of clinical criteria which outline the circumstances under which a safe move from the proposed Urgent Care Centre (Model 2) to the proposed Minor Injury Unit (Model 3) can be made.
5. Prior to any service changes, an assurance process should be established to further ensure alternative provider capacity is in place and services can be safely moved.

Clinical Commissioning Group

6. The recommendations made by the Public Reference Group should be fully accepted and be made available to local and national NHS organisations planning consultation processes.

At the TSPB on 16th July 2013, Trafford CCG presented an update on 6 recommendations, and TSPB concluded that 4 of these 6 had been completed. Work has continued to progress the 2 outstanding conditions, where appropriate, alongside the continual review of progress against all 6. A status update on all 6 conditions is provided in section 3 below.

3.0 Status of the SPB Conditions**Condition 1:**

The development of additional Integrated Care services for some parts of the Borough, specifically the introduction of a community matron service and a consultant community geriatrician, before changes can take place to the Accident and Emergency service.

Integration was implemented in Partington first due to the recognition of access in this area of Trafford. A scoping exercise was undertaken in Partington in order to fully understand the patients groups requiring additional services and how these could be facilitated. As a result of this, two community Geriatricians have been appointed with one based in the north and one in the south of the Borough. Both posts have a particular focus within Partington and Carrington.

The CCG has worked with Trafford Council and increased the numbers and scope of community Matrons as well as implementing additional mental health and alcohol services. In addition, there is now a 72hr Rapid Response Team and an Intravenous Team. Community dermatology services will begin at the end of 2013.

The requirements for this condition have been met.

Condition 2:

The identification of appropriate pathways for those affected with Mental Health issues and who currently access services at Trafford General Accident and Emergency department at night and might be impacted by the potential changes. These pathways should be identified before any proposed changes take place to the Accident and Emergency service.

The current arrangements for patients accessing mental health services at Trafford General Hospital have been reviewed. This included developing an understanding of the current activity relating to the flow of mental health patients through the Accident and Emergency Department between midnight and 8am.

Following this review, new models of care have been agreed as follows;

- New Section 136 arrangements have been agreed across all stakeholders and are ready to implement;
- The development of a Map of Medicine pathway for alcohol services, highlighting the additional provision available through Turning Point; and
- Additional services including the case management of clients have been implemented through Phoenix Futures & Blue Sci in Partington.

A business case to support the implementation of the Rapid Assessment Interface Discharge (RAID) has also been approved by Trafford CCG. The RAID service is a 24/7 rapid response service to support Trafford registered patients aged 16 and over with mental health problems, alcohol misuse issues and dementia being cared for within acute hospital settings. The RAID service will provide:

- A timely assessment and onward referral service to CMFT Trafford site and UHSM for patients registered with a Trafford GP and suspected of having an underlying mental illness;

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- Training, advice and support to hospital staff at both hospitals; and
- Advice and support to patients, carers and other care providers.

The requirements for this condition have been met.

Condition 3a:

Transport

The investment in a subsidy for local Link services, for access to alternative hospital sites when needed, should be made before any changes to Trafford hospital services are implemented.

The current arrangements for LINK services have been assessed to understand the need for the subsidy and how this could be used to improve access. A communication plan which outlines this new service has been completed and is part of the overall communications strategy for the “New Trafford Deal for Trafford”.

The Hospital Travel Scheme will offer patients (and one escort) discounted travel to hospital appointments on the Partington Local Link service. The scheme is designed to offer those patients, who do not qualify for the Patient Transport Service (PTS), a direct and affordable means to travel to hospital appointments. Hospital visitors or workers may also use the service but must pay the full cost but has the advantage of convenient drop off locations.

The Partington Local Link service currently offers trips from the Partington, Carrington and Warburton areas to the following hospitals: Manchester Royal Infirmary; Trafford General Hospital; The Christie; Salford Royal, Withington and Wythenshawe Hospitals. The discounted travel costs will be available to any patient who can demonstrate that they are travelling to or from a hospital appointment and to one assistant/carer who wishes to travel with them. Members of the public will receive information about this service and how this can be accessed by LINK.

The requirements for this condition have been met.

Condition 3b:

The health travel bureau should be substantially in place before any changes to Trafford hospital services are made.

The Health Transport Bureau has been fully implemented by Pennine Care NHS Foundation Trust. Service changes are included in the overall communications strategy for the “New Trafford Deal for Trafford”.

This service supports patients attending hospital for their appointments. As specified in 3a above, patients eligible for subsidised transport can access Patient Transport Services (PTS) but this Bureau supports patients not eligible for PTS by providing information to patients on the following;

- Other community transport options available (a full directory of services is available)
- Indication of costs of alternative transport options (i.e. Link fares, Ring & Ride fares);
- Hospital opening and visiting times;
- Overview of travel for Greater Manchester Travel Planner;
- Healthcare Travel Cost scheme;
- Alternative private ambulance contact numbers; and
- Other booking office contact details across Greater Manchester.

Clinical Commissioning Group

Trafford CCG is continuing to develop patient services in this area and is currently procuring a patient co-ordination centre to support full integrated care across Trafford Health and Social Care. The health transport bureau will be part of this centre for the future.

The requirements for this condition have been met.

Condition 4:

The Integrated Care Redesign Board should be tasked to develop a set of clinical criteria which outline the circumstances under which a safe move from the proposed Urgent Care Centre (Model 2) to the proposed Minor Injury Unit (Model 3) can be made.

A meeting to review the requirements for this work took place on 11th March 2013 comprising with representatives from NHS Trafford, Central Manchester Foundation Trust (CMFT) and University Hospital South Manchester (UHSM). This meeting agreed three specific work streams to progress this condition;

1. Audit of A&E attendance post implementation of Urgent Care Centre

Before any work on future models of care can be carried out, it was agreed to analyse attendances and admissions at the Urgent Care Centre over a defined period of time. It is proposed this monitoring is daily and weekly initially, moving to monthly for at least one calendar year in order to allow for the local health system to stabilise, to ensure seasonal fluctuations are factored in and enable additional changes in patient demand and flows due to the implementation of additional integrated care services.

2. Measures of community services effectiveness in delivering care out of hospital for those previously treated in hospital

A baseline of activity for this work stream has been established and monitoring systems including agreed key performance indicators are in place to commence the assessment of the community services effectiveness. It is proposed this work stream is led through contract management arrangements.

3. Define the model 3 minor injury and illness service in detail

This work stream will be the last to commence and will describe an appropriate case mix suitable for Model 3 of the New Health Deal for Trafford, define the staffing model required to safely treat and care for this case mix and determine the relationships with the current walk in centre, primary and community care services and local acute providers of A&E services.

A reference group will be set up to led by Trafford CCG with clinical representatives from Trafford CCG members (GPs), CMFT including medical and nursing representatives from the Urgent Care Centre at Trafford General Hospital, Salford Royal Foundation Trust, University Hospital South Manchester, Mastercall, North West Ambulance Services, Pennine Care, GMW and Trafford Council. The reference group will also explore how to optimise input from the patients either through discussions with Healthwatch or potentially constituting an Expert Patient Panel.

This condition will not be met until the local health system incorporating the Urgent Care Centre is performing effectively and accurate modelling of patient flow resulting from a change to a Minor Injuries Unit. Whilst monitoring of patient flows and discussions regarding clinical criteria can take place, it is unlikely there will be sufficient data to enable debate on a minor injuries unit until summer 2014.

Clinical Commissioning Group

Although a process for defining clinical criteria for a move from Model 2 to Model 3 is outlined, there is no expectation that any further change will be made to the Urgent Care Centre for two years from implementation.

Responsibility for whether this condition has been met lies with NHS England.

Condition 5:

Prior to any service changes, an assurance process should be established to further ensure alternative provider capacity is in place and services can be safely moved.

NHS England (Greater Manchester) has responsibility for this task and following the Secretary of State announcement, this condition was expanded to ensure providers are able to maintain A&E standards throughout transition and beyond.

NHS England (Greater Manchester) has asked the three acute Foundation Trusts, and other key provider organisations, to confirm their readiness for implementation and assurance on performance.

Condition 6:

The recommendations made by the Public Reference Group should be fully accepted and be made available to local and national NHS organisations planning consultation processes.

The recommendations made by the Public Reference Group were accepted by the Trafford Strategic Programme Board in full. These recommendations were shared with the Department of Health and following complementary feedback was then disseminated by the Department of Health to regions in order to be made available to other local and national NHS organisations planning local consultations.

The requirements for this condition have been met.

4.0 Recommendations

The Trafford Strategic Programme Board is asked to:

- Note support provided at the July Strategic Programme Board for Conditions 1,2,3,6
- Provide advice to the Director of NHS England (Greater Manchester) on whether assurance has been received on the six conditions
- To support the plan outlined for condition 4