

Strategic Programme Board report to Joint Health Scrutiny Committee

14th January 2013

1. Introduction

Following a 14 week consultation process, the New Health Deal for Trafford public consultation closed on the 31st October 2012. Since this time the Trafford Strategic Programme Board (SPB) has been undertaking a decision making process which will culminate with a formal recommendation from the SPB being considered by the Board of NHS Greater Manchester on the 24th January 2012.

As part of this decision making process, a meeting of the Strategic Programme Board took place on the 19th December 2012 to review the evidence collated through the consultation process. The meeting was held in public. The chair and the vice chair of the Joint Health scrutiny committee were formally invited to attend this meeting as were members of the public reference group. This paper outlines the information presented, the discussion which took place and the proposals agreed within this meeting.

The Joint Health Scrutiny Committee is asked to consider the information outlined in this report, in conjunction with associated paperwork, and to provide comments which will be considered by the Strategic Programme Board, on the 15th January 2012, before final recommendations are made.

2. Information presented to the Strategic Programme Board (SPB)

On the 19th December 2012, the Strategic Programme Board was presented with a range of information, as outlined below in Table One (Agenda is attached at Appendix 1). Full reports/papers have been made available to the Joint Health Scrutiny Committee for consideration. The SPB also noted the information, presented to it on the 29th November 2012 at a meeting held in public, by Save Trafford General campaign group, staff side representatives including UNISON and the Royal College of Nurses and Trafford LINK (Appendix 2).

Table 1 – Information presented to Strategic Programme Board 19th December 2012

Reports/papers presented to Strategic Programme Board on 19th December 2012
<ul style="list-style-type: none"> • Report of National Clinical Advisory Team (May 2012) • Report of Integrated Care Redesign Board (November 2012) • Public Consultation documents x3 (July 2012) • Pre-consultation Business case (May 2012) • Consultation process report (December 2012) • Report of Public Reference Group (December 2012) • Report regarding compliance with the Equality Act (December 2012) • Analysis of public consultation responses (December 2012) • Report regarding transport Implications (December 2012) • Report by Transport for Communities (regarding transport solutions (December 2012) • Provider Assurance (December 2012)

Presentations received by Strategic Programme Board

- Presentation regarding clinical rationale and feedback from Integrated Care Redesign Board
- Presentation regarding consultation process
- Presentation from Public Reference Group
- Presentation regarding compliance with the Equality Act
- Presentation regarding analysis of public consultation responses
- Presentation from North West Ambulance Service
- Presentation regarding transport implications and potential solutions
- Presentation regarding financial implications of New Health Deal proposals

3. Trafford Strategic Programme Board discussion

The Board received the information outlined above and a lengthy discussion relating to each item took place. Following this process, the voting members of the SPB were unanimously minded to make the following proposals:

- The Strategic Programme Board reaffirms its support for the clinical rationale for the case for change relating to the New Health Deal proposals.
- The Strategic Programme Board accepts that 'do nothing' is not an option for Trafford General Hospital.
- The Strategic Programme Board wishes to make explicit reference to the Integrated Care Redesign Board view that a delay in decision making will have an adverse effect on the services currently provided at Trafford General Hospital (TGH).
- The Strategic Programme Board is satisfied that the consultation process has adhered to Section 149 of the Equality Act 2010 which promotes due regard to people who may be disadvantaged due to characteristics including age, race, disability, religion or belief.
- The Strategic Programme Board is satisfied that the consultation process has adhered to Section 242 of the NHS Act 2006 which relates to public involvement and consultation and includes a requirement by NHS bodies to ensure those who are affected by services changes are involved in consultation on the development and consideration of proposals for change.
- The Strategic Programme Board is satisfied that the consultation process has adhered to Section 244 of the NHS Act 2006 which relates to the functions of overview and scrutiny committees, as well as when NHS bodies must consult the committee and the information they must provide the committee.
- The Strategic Programme Board is satisfied that the consultation was conducted in a manner which was fair, objective, accessible and transparent.
- The Strategic Programme Board is satisfied that the consultation responses have been independently collated and analysed objectively and that the key themes/public concerns were identified.
- The Strategic Programme Board is content that the financial pressures outlined in the pre-consultation business case are reflective of the current financial situation in Trafford hospitals and that the clinical model outlined in the consultation process will largely resolve the £19m deficit.

The SPB also considered the information that had been presented to it against the Department of Health 4 tests for service reconfiguration. The details of the tests, and the assessments made, are presented below:

Test 1: Clinical Commissioner Support

The Chairs of Trafford Clinical Commissioning Group (CCG), Central Manchester Clinical Commissioning Group and South Manchester Clinical Commissioning Group were present for the whole meeting and constitute part of the voting committee. Each of the CCG chairs were asked to provide the response of their CCG, to the New Health Deal proposals, and these responses were received by the Board.

All Chairs agreed with the clinical case for change and voiced support for the New Health Deal proposals. The chairs of central and south Manchester CCGs highlighted the reassurance they had received, during the course of the meeting, in relation to the investment to be made in Integrated Care services in Trafford and the ability of local provider hospitals to cope with any changes in activity that might result following any changes that are made to Trafford General Hospital.

The Board was therefore minded to recommend that the requirements of Test 1 have been met.

Test 2: Strengthened Patient Engagement

The Board received a report on the consultation process and noted that over 1900 responses had been received to the public consultation. The Board also received a report from an independent consultant regarding compliance with the 2010 Equality Act and from the Public Reference Group who were tasked with independently assessing whether the consultation process was conducted in a manner which was fair, objective, accessible and transparent.

The Board also received the results of the independent analysis of the responses that had been made during the public consultation process and noted the petitions that have been presented, by the Save Trafford General Campaign group, to No.10 Downing Street. The Board also noted the presentations that had been made to the previous meeting on the Strategic Programme Board on the 29th November 2012 and noted the pre-consultation engagement that had taken place.

The Board was therefore minded to recommend that the requirements of Test 2 have been met.

Test 3: Clarity on Evidence Base

The Board were reminded of the clinical case for change and the clinical models made in the pre-consultation business case and the public consultation documents. The Board noted that the identification of the clinical case for change was undertaken by local clinicians and based on both national and local clinical guidance from bodies such as the Royal College of Surgeons and the Greater Manchester Critical Care Network. The Board noted that the proposed models of care were also developed by a range of local clinicians. The Board also noted the National Clinical Advisory Team report (May 2012) that supported both the clinical case for change and the proposed models of care.

The Board received feedback from the Trafford Integrated Care Redesign Board which had re-considered the case for change and proposed models in light of the feedback received during the consultation process. The Board noted the recommendations made by this group and also acknowledged the view of local clinicians that a delay in the decision making process would adversely affect the services provided at Trafford General Hospital.

The Board was therefore minded to recommend that the requirements of Test 3 have been met.

Test 4: Consistency with current and prospective Patient Choice

The Board received information relating to transport implications of the New Health Deal proposals and some potential solutions developed by a stakeholder group which included local residents, Transport for Greater Manchester and community transport providers.

The chair of Trafford Clinical Commissioning Group confirmed that the CCG was content that the proposals do not limit choice and will improve patient outcomes/experience.

A representative from Central Manchester University Hospital Foundation Trust (CMFT) provided the Board with information relating to the process of review, undertaken by the NHS Co-operation and Panel (CCP), of the acquisition of Trafford Healthcare Trust by CMFT. The Board heard that the CCP had no objections to the acquisition process and did not feel that this process limited patient choice.

The Board was therefore minded to recommend that the requirements of Test 4 have been met.

4. Responses made to themes identified within public consultation

The Board noted the results of the analysis of the public consultation responses and agreed that these responses represented a key component of the decision making process. However, the Board also agreed that the public responses needed to be considered against the feedback provided by clinical experts including local clinicians, CCG representatives, the National Clinical Advisory Team and national guidance.

A number of concerns were identified by the public within the consultation process and these were presented to the Board by the independent consultant who undertook the analysis of these responses. These concerns were discussed and the outcomes of these discussions fed into the overall decision making process.

The concerns raised by the Joint Health Scrutiny Committee during the consultation process, and the Board discussion that took place relating to these items, are summarised in Table 2.

Table 2 - Joint Health Scrutiny feedback

i. Joint Health Scrutiny Feedback:

The New Health Deal proposals should be considered as part of the Healthier Together process.

Board Discussion:

The Board heard that the Healthier Together process was in a relatively early stage of development and that no firm proposals within Healthier Together have yet been developed. The Board also heard that the clinical and financial situation in Trafford General Hospitals was such that senior NHS representatives felt it necessary to act, without delay, in order to ensure high quality services for patients. The Board was reassured that the two processes were being managed by the Greater Manchester service transformation team and that any necessary links between the two processes were being made.

The Board was therefore satisfied that it was correct to start the New Health Deal consultation in advance of definitive plans being made within the Healthier Together programme.

ii. Joint Health Scrutiny Feedback:

Concern that the New Health Deal proposals only contained a single proposal.

Board Discussion:

The Board revisited the process undertaken to devise different options for the delivery of services within Trafford and the subsequent process of option appraisal which took place. The Board was reminded of the role of the National Clinical Advisory Team in this process and the firm view that was held, by local clinicians, that only distinct and viable models of care should be presented to the public in a consultation process. The Board reaffirmed its view that it would be disingenuous to consult on models of care that could not be operationally implemented and that 'do nothing' was felt, by local clinicians, to represent neither a safe, or sustainable, option.

The Board accepted that more should have been done, in the consultation process, to explain to the local population the reasons for consulting on a single option, and agreed that this learning should be fed into future NHS consultations.

iii. Joint Health Scrutiny Feedback:

Questions over the ability of UHSM, MRI, RMCH, SRFT and NWAS to cope with the proposed changes and the subsequent changes in activity those proposals may cause.

Board Discussion:

The Board heard that Central Manchester Foundation Trust, Salford Royal Foundation Trust and the North West Ambulance Service were content that they could manage predicted changes in activity resulting if an Urgent Care Centre was introduced at Trafford General Hospital (Model 2). The Board also heard that University Hospital of South Manchester was content that this change could be managed, within existing infrastructure, providing the plans of Trafford CCG to reduce urgent care activity via the further introduction of Integrated Care Services were realised. The Board was content, given the information provided by Trafford CCG regarding the planned investment and progress towards delivering improved delivery of integrated care, that this would be the case.

The Board felt that an appropriate assurance process should be put in place to 'double check' provider capacity before any proposed changes are implemented.

In addition, the Board felt that it was important to ensure local provider organisations could also cope with any change from an Urgent Care model to a Minor Injuries Unit (see iv below).

iv. Joint Health Scrutiny Feedback:

Clarity regarding the change from model 2 (Urgent Care Centre at TGH) to model 3 (Minor Injuries

Unit at TGH)

Board Discussion:

The Board heard, from the analysis of public consultation responses, that there was a degree of confusion regarding the difference between an Urgent Care Centre and a Minor Injuries Unit. The Board accepted that, depending the outcome of the decision making process, more would need to be done to communicate to the public what future services would be available at Trafford General Hospital.

The Board agreed that a set of clinical criteria should be developed by local clinicians to outline when any change from an Urgent Care Centre, to a Minor Injuries Unit, could safely be made. These criteria will need to be endorsed by the Integrated Care Redesign Board and will incorporate the requirements of alternative providers including community and primary care services, before this transfer occurs.

v. Joint Health Scrutiny Feedback:

Concern regarding the future provision of Integrated care services in Trafford

Board Discussion:

On the 29th November 2012 the Board received a presentation from Trafford CCG outlining the programme plans for the development of Integrated Care services. These plans included clear milestones and delivery plans for the further development of Integrated Care services and outlined the programme office and personnel that have been put in place to oversee this process. The Board were informed of the progress that has already been made against this plan.

On the 19th December 2012, the Board received a presentation regarding the financial investment that Trafford CCG intends to make, over coming years, in Integrated Care services and noted the significant increase in investment this is planned over 13/14 and beyond.

The Board was assured that the programme and investment plans for the future provision of Integrated Care services in Trafford were robust.

vi. Joint Health Scrutiny Feedback:

Concerns regarding Transport and Access

Board Discussion:

The Board heard, from the analysis of public consultation responses, the public concern about the transport and access implications of accessing alternative hospital sites, as a result of the New Health Deal proposals.

The Board heard that local clinicians and the North West Ambulance Service did not believe that patient safety would be compromised as a result of slightly longer ambulance journeys which might result from the proposed changes.

The Board also heard the outcome of data analysis that had been undertaken to attempt to quantify the number of people who might be affected, in terms of transport, by the New Health Deal proposals. The Board noted the large number of assumptions that had been made completing this piece of work and recognised that the figures provided were only indicative.

The Board also heard the outcome of the work that had been undertaken with local stakeholders, including community representatives, to devise solutions to address some of the transport implications.

The Board accepted in full the recommendations made by the local stakeholders, including that investment should be made to subsidise the cost of a local link service in Trafford to ensure patients/visitors, particularly in Partington and Carrington, are able to more easily access this service in order to visit alternative hospital sites.

The Board also accepted the suggestion that a 'health transport bureau' be set up for Trafford residents to provide guidance and support for those needing to access services at an alternative hospital site OR for patients from elsewhere needing to access Orthopaedic services on the Trafford hospital site.

vii. Joint Health Scrutiny Feedback:

Concern as to whether the Elective Orthopaedic Centre at TGH would be sustainable over the medium/ long term

Board Discussion:

The Board heard that patients across the country exercise their right to choose where they attend for planned surgical services and that, in many cases, patients choose to go to an alternative site than their local hospital. The Board also heard that many Manchester residents previously chose to attend the Greater Manchester Surgical Centre, situated on the Trafford General Hospital site, and accepted the view that there was no reason to assume this would be any different for an elective orthopaedic centre.

The Board were assured by comments from Manchester CCG that with the proviso of appropriate transport arrangements being available, they were supportive of the development of an Elective Orthopaedic Centre at Trafford General Hospital and felt the service would be of great benefit to the local population. The Board also heard that clinicians were content that elective orthopaedic services could be safely delivered in the absence of an on-site level 3 intensive care unit and were reassured with information provided that this model exists within a number of orthopaedic units/hospitals throughout the country including at Wrightington in Greater Manchester.

The Board therefore felt the Elective Orthopaedic Centre at TGH would be sustainable over the medium to long term.

viii. Joint Health Scrutiny Feedback:

How patient safety, for those who have day case surgery under New Health Deal proposals, can be protected

Board Discussion:

The Board heard that local clinicians, including local surgeons, were content that Day Case surgery could be safely provided at Trafford General Hospital in the absence of Level 3 Intensive Care services. The Board was reassured by a description of the arrangements that would be put in place to ensure patient safety and care for any patient whose clinical condition deteriorated unexpectedly. The Board was also reassured that the National Clinical Advisory Team had not voiced any concerns relating to the proposed clinical models.

The Board therefore felt that patient safety, for those who have day case surgery under New Health Deal proposals, can be protected.

5. Proposals made by Trafford Strategic Programme Board

The meeting on the 19th December 2012 concluded with the 5 voting members considering their formal proposal regarding the New Health Deal consultation. Having considered all the information provided, the voting members of the Strategic Programme Board were unanimously minded to move forward with the redesign proposals outlined in the public consultation documents with some recommendations. These recommendations are outlined in Table 3.

Table 3 – Trafford Strategic Programme Board recommendations

Recommendations	Rationale
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 take place to the Accident and Emergency service.	The Board recognised the need to ensure appropriate community services are in place for residents in Partington/Carrington in order to minimise the impact of changes to the Accident and Emergency service at Trafford General Hospital and to address current issues relating to health inequality.
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 Board recognised that those with mental health problems often represent a vulnerable group of patients. The Board also acknowledged that the consultation process had identified public concern regarding the services available to these patients if A&E services at Trafford General changed. The Board felt the arrangements for these patients needed to be clearly understood and communicated to patients/health professionals.
The investment in a subsidy for local Link services, to access alternative hospital sites, should be made before any changes to Trafford hospital services are implemented. The development of a health transport bureau should be in progress before any changes to Trafford hospital services are made.	The Board recognised the need to ensure appropriate transport services were in place to minimise the impact, on access, for patients who might be affected by the New Health Deal proposals. The Board felt that the development of a Health Transport Bureau and a subsidy in local link services provided the best solution for ensuring easy access was maintained.
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 Injuries Unit (Model 3) can be made.	The Board recognised the concern from local providers and the public regarding the move from an Urgent Care Centre to a Minor Injuries unit and the need to ensure appropriate community/primary care services are in place before this move is made.
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.	The Board recognised the need to ensure the implementation of service changes occurs in a way that ensures patient safety and promotes a positive patient experience.
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 Board recognised the important role that the public reference group played in monitoring the consultation process and felt their recommendations should be noted by others involved in any future consultation processes.

The draft minutes of the SPB meeting held on the 19th December are included in Appendix 3.

6. Conclusion

The Joint Health Scrutiny Committee is asked to consider the information outlined in this report, in conjunction with associated paperwork, and to provide comments which will be considered by the Strategic Programme Board, on the 15th January 2012, before final recommendations are made to NHS Greater Manchester.

7. Appendices

Appendix 1 – Agenda of SPB held on 19 th December 2012.	 2012_12_19_Agenda Trafford Strategic F
Appendix 2 – Minutes of the SPB held on the 29 th November 2012	 2013 01 03 TSB minutes 29th Nov FIN
Appendix 3 – Draft minutes of the SPB held on the 19 th December 2012.	 2012 12 19 DRAFT TSPB minutes v 5.pdf