



**MANCHESTER
CITY COUNCIL**

AGENDA PAPERS FOR JOINT HEALTH SCRUTINY COMMITTEE MEETING

Date: Thursday, 1 August 2013

Time: 6.30 pm

**Place: Committee Room 11, Manchester Town Hall, Albert Square, Manchester
M60 2LA**

A G E N D A	PART I	Pages
1.	APPOINTMENT OF CHAIR To agree a Chair of the Committee for 2013/14.	
2.	APPOINTMENT OF VICE CHAIR To agree a Vice Chair of the Committee for 2013/14.	
3.	ATTENDANCES To note attendances, including Officers, and any apologies for absence.	
4.	MINUTES OF THE LAST MEETING To receive and if so determined, to approve as a correct record, the minutes of the last meeting of the Joint Health Scrutiny Committee held on 14 January 2013.	1 - 6
5.	DECLARATIONS OF INTEREST To note any declarations of interest.	
6.	MEMBERSHIP OF THE COMMITTEE 2013/14 To note the membership of the Committee for 2013/14 (TO FOLLOW).	
7.	TERMS OF REFERENCE The Committee are requested to agree their terms of reference for 2013/14 (TO FOLLOW).	

8. RESPONSE FROM THE SECRETARY OF STATE FOR HEALTH AND THE INDEPENDENT RECONFIGURATION PANEL'S ADVICE - NEW HEALTH DEAL FOR TRAFFORD 7 - 20

To receive the response from the Secretary of State for Health, Jeremy Hunt MP, in respect of the referral made by the Joint Health Scrutiny Committee. The Independent Reconfiguration Panel's advice is also enclosed for the Committee's consideration.

9. REPORT BACK FROM THE CHAIR AND DEPUTY'S MEETING WITH DR MIKE BURROWS, DIRECTOR NHS ENGLAND (GREATER MANCHESTER)

To receive an oral update from the Committee's Chairman following a meeting with the Vice Chair and Dr Mike Burrows which was held on 30 July 2013.

10. URGENT BUSINESS (IF ANY)

Any other item or items (not likely to disclose "exempt information") which, by reason of special circumstances (to be specified), the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

11. EXCLUSION RESOLUTION (REMAINING ITEMS)

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

THERESA GRANT and SIR HOWARD BERNSTEIN
Chief Executive Chief Executive

Helen Mitchell, Democratic Services Officer 0161 912 1229
Email: helen.mitchell@trafford.gov.uk

Membership of the Committee

Trafford Council

Councillors Mrs. A. Bruer-Morris, J. Holden, J. Lamb, J. Lloyd (Vice-Chairman) and K. Procter

Manchester City Council

Councillor R Akbar, Cooley, Ellison, Fisher, Newman (Chairman) and Watson

This was issued on **24 July 2013** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford, M32 0TH.

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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.

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



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Joint Health Scrutiny Committee
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1 1 JUL 2013

Dear 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

The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Richmond House
79 Whitehall
London SW1A 2NS

27 March 2013

Dear Secretary of State

**REFERRAL TO SECRETARY OF STATE FOR HEALTH
New Health Deal for Trafford
Trafford and Manchester Joint Health Scrutiny Committee**

Thank you for forwarding copies of the referral letter and supporting documentation from Cllrs Eddy Newman and Judith Lloyd, Chair and Vice-Chair, Trafford and Manchester Joint Health Scrutiny Committee (JHOSC). NHS Northwest provided initial assessment information. A list of all the documents received is at Appendix One.

The IRP has undertaken an initial assessment, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. The IRP considers each referral on its merits and its advice in this case is set out below. **The Panel concludes that this referral is not suitable for full review.**

Background

Work on the development of integrated care systems in Trafford began in 2008 with the intention of enabling more care and support to be delivered locally in community settings and reducing the need for hospital-based care. Between 2008 and 2010, a range of events sought views from clinicians, stakeholders and the public including a clinical congress, deliberative events, open public board meetings and the formation of a citizens' panel.

The *New Health Deal for Trafford* project was established in October 2011, overseen by a Strategic Programme Board operating with delegated authority from NHS Greater Manchester. Local stakeholders were invited to participate in the project, both in developing understanding of why healthcare services in Trafford needed to change and in devising alternative models of care. A pre-consultation engagement phase began in late 2011, including public listening events, liaison with community groups, focus groups with seldom heard population groups, and online and telephone surveys. Key elements of the programme were outlined to Trafford HOSC.

In January 2012, an Integrated Care Redesign Board (ICRB - reporting to the Strategic Programme Board) was established to review and test clinical models of care emerging from the New Health Deal for Trafford programme.

Trafford Healthcare NHS Trust was acquired on 1 April 2012 by Central Manchester University Hospitals NHS Foundation Trust.

Option appraisal undertaken during May 2012 considered a long list of options and reduced this to a short list before identifying a single option to consult on. The single option was agreed by the Strategic Programme Board following consideration and advice from the National Clinical Advisory Team (NCAT).

Updates on the process for formal consultation were provided to Trafford and Manchester HOSCs in June 2012, including sharing the pre-consultation business case and proposed consultation documents.

A public consultation, *A New Health Deal for Trafford*, was launched in July 2012 and ran for 14 weeks. The consultation presented a vision for providing integrated care - shifting care from hospital-base settings to community settings with increased health screening, prevention and care at home. It also presented potential changes to the way hospital services could be provided in Trafford as well as changes to the way elective orthopaedic services are provided at Manchester Royal Infirmary. Specifically:

- The introduction of a consultant-led Urgent Care Centre at Trafford General Hospital to provide services between the hours of 08.00-midnight to replace the current A&E department. This would become a nurse-led minor illness and injuries unit in two to three years subject to further development of integrated care in Trafford
- The Paediatric Observation and Assessment Unit at Trafford General Hospital would close
- Level 3 intensive care, emergency surgery and inpatient surgery (except orthopaedics) would not be provided at Trafford General Hospital. Level 2 high dependency and Level 1 special care would be maintained to provide support to some medical and surgical patients, and this service would be provided using the existing intensive care ward and facilities
- A Medical Receiving Unit at Trafford General Hospital would be able to accept many medical patients with medical and rehabilitation beds to support this function
- An Elective Orthopaedic Centre of Excellence would be established at Trafford General Hospital providing elective inpatient and day case orthopaedic services in existing facilities. Most low and medium risk elective orthopaedic surgery from Manchester Royal infirmary would be transferred to this centre
- Current outpatient services at Trafford General Hospital would remain and be expanded
- More of the existing range of day case surgical services would be carried out at Trafford General Hospital and new procedures potentially added to the service

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In October 2012, Trafford Borough Council and Manchester City Council established a joint scrutiny committee for the purposes of responding to the consultation. The JHOSC noted that the proposals affected Trafford and Manchester residents in different ways and agreed to submit their respective responses as the JHOSC response to the consultation.

The Strategic Programme Board considered the JHOSC's response and reviewed other evidence received through the consultation process in late 2012. At a meeting on 19 December 2012, the Strategic Programme Board agreed to recommend to the NHS Greater Manchester Board that it progress the proposals with the addition of a number of preconditions before change was implemented.

The JHOSC met on 14 January 2013 to receive a report from the Strategic Programme Board on its response to the consultation. The JHOSC considered that its concerns had not been addressed and resolved – in the event that NHS Greater Manchester rejected the JHOSC's concerns and opted to proceed with the proposals – to refer the matter to the Secretary of State for Health. The following areas of concern were identified:

- Impact on Wythenshawe Hospital and integrated care in Trafford
- Service reconfiguration tests
- Public consultation
- Clinical evidence base
- Viability of the orthopaedic centre
- Assimilation with forthcoming *Healthier Together* proposals for health services across Greater Manchester

The Strategic Programme Board met on 15 January 2013 and, having considered the further response of the JHOSC, agreed to recommend the proposals to the NHS Greater Manchester Board subject to the following recommendations/conditions:

- The development of additional Integrated Care services for some parts of the Borough, specifically Partington and Carrington, before changes take place to the Accident and Emergency service
- The identification of appropriate pathways for those affected with mental health issues and who currently access services at Trafford General A&E department at night. These pathways are to be identified before any proposed changes take place to the A&E service
- The investment in a subsidy for local Link (dial-a-ride) services, to access alternative hospital sites when needed, should be made before any changes to Trafford hospital services are made
- The health transport bureau should be substantially in place before any changes to Trafford hospital services are made
- The ICRB 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 to the proposed minor injuries unit can be 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

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The NHS Greater Manchester Board considered the recommendations of the Strategic Programme Board and the JHOSC's concerns at a meeting on 24 January 2013. The proposals were agreed subject to the recommendations/conditions set out by the Strategic Programme Board (as above).

The JHOSC wrote to the secretary of State on 8 February 2013 to refer the proposals.

Basis for referral

The referral letter of 8 February 2013 states that:

“Given the failure of NHS GM to adequately address the concerns of the Joint Committee, we wish to refer this proposal to the Secretary of State for Health 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. This is in order to allow further time for the concerns of the JHOSC to be addressed, and to direct commissioners to put the New Health Deal for Trafford proposals in abeyance. The proposals could then be considered alongside the Greater Manchester's Healthier together programme which is addressing related issues in a broader context and which could well allow scope for a wider range of appropriate solutions.”

IRP view

With regard to the referral by the Trafford and Manchester JHOSC, the Panel notes that:

- Work to develop an integrated care system in Trafford has been ongoing since 2008
- An extensive programme of engagement with stakeholders was conducted and the formal consultation process outlined to the relevant HOSCs prior to consultation commencing
- NCAT noted that while there are currently (15 May 2012) no concerns about the clinical safety of services at Trafford General Hospital there is a pressing clinical case to consider the medium and long term future of services
- This is due to falling activity levels leading to concerns about sustaining the competency and skills of medical staff
- Concerns about the sustainability at a safe and high quality level of intensive care and acute surgery in particular have knock-on effects for related services
- Trafford General Hospital has a history of worsening financial deficits with the forecast deficit for 2012/13 expected to be in the region of £19m
- The NHS Greater Manchester Board decision was subject to six recommendations/conditions regarding the development of additional integrated care services, appropriate pathways for accessing mental health services, subsidies for local dial-a-ride services, introduction of a health transport bureau, developing criteria for the transition from urgent care centre to minor injuries unit and establishing an assurance process for alternative provider capacity
- The *Healthier Together* programme, initially intended for public consultation in spring 2013, is understood to be subject to delay

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Conclusion

The IRP offers its advice on a case-by-case basis taking account of the specific circumstances and issues of each referral. **The Panel does not consider that a full review would add any value.**

Trafford General Hospital is a small hospital with the second smallest A&E department in the country. The low volume of patients using this and other services at the hospital create problems with staff recruitment and skill development as has been identified by NCAT. These problems are only expected to worsen over time leading to concerns about the safety and quality of services provided at the hospital in the future. Coupled with the financial difficulties being experienced, the case for change seems clear.

Proposals for the establishment of an integrated care system providing more care in the community and at home have been developed and appear to be broadly accepted – certainly the concerns raised by the JHOSC do not relate to the suitability or otherwise of the proposed new care system. Rather, they seem to centre primarily on quite reasonable matters of assurance relating to the impact on A&E services at Wythenshawe Hospital and the capacity of the integrated care service to cope with local needs. Assurance is also sought on the proposed future transition to a minor injuries unit at Trafford General Hospital and on the viability of the proposed orthopaedic centre.

It is reasonable, and in line with current DH policy, to expect that alternative services will be in place before changes are made to existing services. The NHS Greater Manchester Board has agreed the proposals subject to six recommendations/conditions. The Panel agrees that these provisos represent a sensible stepwise approach offering appropriate opportunities for evaluation of progress that can be carried out in conjunction with the JHOSC.

The JHOSC has asked that implementation of the proposals be delayed pending further consideration of its concerns and also to allow the proposals to be considered alongside the forthcoming Greater Manchester-wide *Healthier Together* programme. The Panel understands that plans to hold a formal consultation on the *Healthier Together* programme are the subject of some delay and that consultation is not now expected to take place until later in the year. It is unfortunate that this delay appears not to have been communicated to the JHOSC.

In this context, the Panel considers 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 and that, as described above, sufficient time exists within a stepwise approach to implementation to provide the necessary assurance on the matters raised.

Yours sincerely



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Lord Ribeiro CBE
Chairman, IRP

APPENDIX ONE

LIST OF DOCUMENTS RECEIVED

Trafford and Manchester Joint Health Scrutiny Committee

- 1 Letter of referral from Cllrs Eddy Newman and Judith Lloyd to Secretary of State for Health, 8 February 2012
Attachments:
- 2 Minutes of the JHOSC, 29 October 2012
- 3 Engagement overview
- 4 SPB membership and terms of reference
- 5 Minutes of the SPB, 29 November 2012
- 6 Minutes of the SPB, 19 December 2012
- 7 Minutes of the JHOSC, 14 January 2013
- 8 Minutes of the SPB, 15 January 2013
- 9 Decision statement from NHS Greater Manchester, letter to Cllr Eddy Newman, Manchester City Council from Prof Eileen Fairhurst, Chairman NHS Greater Manchester, 7 February 2013

NHS Northwest

- 1 IRP template for providing initial assessment information
Attachments:
- 2 A New Health Deal for Trafford. Pre-Consultation Business Case, June 2012
- 3 A New Health Deal for Trafford. Engagement Report, March 2012
- 4 A New Health Deal for Trafford. Report on the consultation process
- 5 NCAT report, 15 May 2012
- 6 A New Health Deal for Trafford. Service Reconfiguration – 4 tests assurance process, 27 March 2013
- 7 A New Health Deal for Trafford. Report regarding Transport implications, 12 December 2012
- 8 A New Health Deal for Trafford. Report of consultation with local transport providers, commissioners and interested stakeholders, November 2012
- 9 Trafford workforce information request, 5 February 2013
- 10 Inspection report, Altrincham General Hospital, 8 January 2012
- 11 Inspection report, Trafford General Hospital, 18 September 2012
- 12 Dignity and nutrition for older people, Review of compliance, Trafford General Hospital, June 2011
- 13 A New Health Deal for Trafford. A consultation on plans to redesign hospital services in Trafford. Full document.
- 14 A New Health Deal for Trafford. A consultation on plans to redesign hospital services in Trafford. Summary document.
- 15 A New Health Deal for Trafford. A consultation on plans to redesign hospital services in Trafford. Consultation response form.
- 16 Minutes of the Trafford Strategic Programme Board, 29 November 2012

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- 17 Minutes of the Trafford Strategic Programme Board, 19 December 2012
- 18 Minutes of the Trafford Strategic Programme Board, 15 January 2013
- 19 Minutes of meeting of NHS greater Manchester Board, 24 January 2013
- 20 A New Health Deal for Trafford. Integrated Care Redesign Board. Report to Strategic Programme Board
- 21 Paper for Strategic Programme Board. Provider capacity, 19 December 2012
- 22 A New Health Deal for Trafford. Public consultation. Equality Analysis, 7 December 2012
- 23 A New Health Deal for Trafford. Communication and engagement process – a review by the Public Reference Group, December 2012
- 24 A New Health Deal for Trafford. Consultation responses evaluation, final report, 28 November 2012
- 25 Proposed reconfiguration of services at Trafford General Hospital, paper for NHS North of England Board meeting, 12 July 2012
- 26 Minutes of Trafford Strategic programme Board, 6 June 2012
- 27 Attendance sheets for A New Health Deal for Trafford meetings
- 28 A New Health Deal for Trafford. Notes from Clinical Workshop, 29 March 2012
- 29 A New Health Deal for Trafford. Clinical Redesign Event – Secondary Care Medical Models, 12 January 2012
- 30 Trafford Integrated Clinical Redesign Board, Terms of Reference
- 31 Governance and decision making arrangements of Trafford Strategic Programme Board. Paper for NHS Greater Manchester Board meeting, 8 March 2012
- 32 Letter to communication and Engagement Team, NHS Trafford, from Trafford CCG, 17 October 2012
- 33 Letter to Mrs L Williams, Director of Service Transformation, from South Manchester CCG, 7 June 2012
- 34 Letter to Mrs L Williams, Director of Service Transformation, from central Manchester CCG, 13 June 2012
- 35 Letter to Mrs L Williams, Director of Service Transformation, from NHS Trafford, 11 July 2012
- 36 Minutes of pathfinder CCG Committee, 26 June 2012
- 37 Minutes of meeting of Trafford CCG and NHS Trafford Quarterly Forum, 28 June 2012
- 38 Minutes of meeting of Trafford Commissioning forum and NHS Trafford, 21 March 2012
- 39 Letter to Mrs L Williams, Director of Service Transformation, from Central Manchester CCG, 29 October 2012
- 40 Letter to Mrs L Williams, Director of Service Transformation, from Central Manchester CCG, 31 October 2012

Other information received

- 1 Clarification provided by NHS Greater Manchester
Incorporating:

Independent Reconfiguration Panel

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- 2 Decision statement from NHS Greater Manchester, letter to Cllr Eddy Newman, Manchester City Council from Prof Eileen Fairhurst, Chairman NHS Greater Manchester, 7 February 2013
- 3 Draft minutes of NHS Greater Manchester Board meeting, 24 January 2013

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