

## **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE 2<sup>ND</sup> SEPTEMBER 2014 (DRAFT MINUTES)**

### **6. NEW HEALTH DEAL FOR TRAFFORD**

The Committee welcomed Dr Mike Burrows, Director (North West) NHS England, Dr Nigel Guest, Chief Clinical Officer of Trafford Clinical Commissioning Group (CCG), Gina Lawrence, Director of Commissioning and Operations of Trafford CCG and Jessica Williams, Head of Transformation, Primary Care, NHS England Greater Manchester Area Team.

Dr Guest and Ms Lawrence gave a presentation to the Committee which provided an update on the New Health deal for Trafford. The key points were:

- The number of Trafford registered patient attendance at the three local Trusts, including Walk In Centres are 1.9% over plan;
- A&E admissions of Trafford registered patient admissions at the three local Trusts are 540 below plan,
- The A&E performance indicator for UHSM is not achieving the 95% target for the 4 hour wait however figures for August indicate that they will meet this target.
- A number of initiatives and investment have been introduced at UHSM to identify need and address blockages in the systems.
- Patient satisfaction with the Urgent Care Centre in Trafford is high and promotion of this service continues to influence the flow of patients to UHSM.

The Chair welcomed the presentation and the information provided however stated that he regretted that there was no representation or direct input from the Senior Management Team of UHSM. He requested that they be represented at future meetings to contribute to the discussions and allow questioning from the Committee. Dr Guest noted the Chairs comments and request for future meetings.

Members discussed the performance at UHSM. Ms Lawrence advised the Committee that a Performance Team was established to identify issues in patient flow at the hospital and as a result a number of services have been commissioned and processes redesigned. The example was given of changes to the patient discharge process to ensure this is more efficient, especially complex cases where this process can begin sooner to avoid any unnecessary and avoidable delays. Assurances were given to the Committee following a question from a member that discharge decisions are always made by a clinician as part of a multi disciplinary team.

A member commented that whilst it was reassuring to learn that a number of measures have been implemented at UHSM to ensure the system is resilient he asked what would happen, if for example we experience a severe winter that would place additional pressures on the hospital. Ms Lawrence advised that these measures are reviewed fortnightly by the Urgent Care Board to ensure they are appropriate to meet demand on services. She stated that when necessary additional

services can be commissioned to address any need identified. She advised that this will help ensure that performance continues to improve at UHSM.

Dr Guest reiterated that a systematic approach is being taken to achieve targets across all services at the hospital. He stated that services are commissioned irrespective if patients are Trafford or South Manchester residents to ensure a consistency and improvement of service. He stated that further reports will reflect the improvements in target achievement.

A member commented that whilst he welcomed the resilience systems introduced at UHSM as described in the presentation and the capital investment at UHSM to expand the A&E department, pressures on the hospital continue to remain an issue. He stated this continues to be a concern for both Councillors and local residents. He further recommended that the performance of the hospital continues to be monitored by the Committee to ensure the best health outcomes are achieved for those residents served by UHSM.

In response to a question asked by a member regarding the increasing population and the resulting demand on the NHS, Dr Guest advised the Committee that NHS funding is linked to population size. Dr Guest further commented that it recognised that between 25 and 30% of all attendees at A&E can obtain suitable help elsewhere and that the NHS are looking into this at a national level to reduce this figure. He said that increased community based provisions and increased access to primary care will help reduce the pressures experienced by A&E.

The Chair commented that he welcomed the £12 million investment for UHSM to reconfigure their A&E Department and welcomed the contribution that this will have on the capacity and efficiency of the hospital. He stated that the Committee wish to see UHSM remain and continue to develop as a quality provider following the Healthier Together consultation. He encouraged all members and people they are in contact with to engage with the consultation exercise currently being undertaken.

Members then discussed the Urgent Care Centre (UCC) in Trafford. The Chair made reference to a promotional leaflet that he had seen which informed the public of the services that the UCC provide and the types of injuries they treat. He asked if a patient presented with an injury that the UCC advertised they can deal with, but then following assessment it was discovered that further specialist treatment was required, what would happen to them. The response was given that the patient, once assessed as requiring care other than that the UCC is equipped to deal with, would be transferred immediately to an appropriate hospital.

A member requested that the promotional leaflet referred to by the Chair be circulated to all the members so that they can promote this service to their constituents. It was agreed that this would be done. In response to a follow up question from a member Ms Lawrence advised that the UCC is currently operating below capacity and work is ongoing to promote this facility with the local population via libraries, GPs surgeries and staff awareness events. Ms Lawrence commented that by increasing patient awareness of the UCC and the service this offers this will reduce the demand on UHSM. A member commented that she had recently had to use the UCC and had found the service to be extremely efficient and quick.

The Chair asked for clarification, now that the UCC is established, at what point the UCC might be downgraded to a Minor Injuries Unit. He informed the Committee that it was understood that this was always the final intention following the decision by the Secretary of State to confirm the downgrading of Trafford General Hospital A&E Department – but not until the £12m capital investment hospital at UHSM is completed. Dr Guest reassured the Committee that this is not being discussed at this time and they are not actively planning for this in the near future.

## **Decision**

The Committee;

1. Note the presentation.
2. Acknowledges that there has been increased activity at A&E at UHSM as a result of the downgrading of Trafford General Hospital.
3. Welcomes the measures taken to tackle the increased pressures on UHSM.
4. Expresses its concern as UHSM embarks on the winter period and the resulting pressures and increase in demand for services. The Committee calls for all appropriate measures to be taken to prepare for this.
5. Request that a progress report from the Senior Management Team of UHSM be considered for consideration at the next meeting of the Committee.
6. Request that updated information, including publicity be circulated to members of the Committee on a regular basis.
7. Continues to monitor the impact of the New Health Deal for residents of Manchester and Trafford.
8. Welcomed the statement given to the Committee confirming that there are currently no plans to downgrade the UCC in Trafford to a Minor Injuries Clinic. The Committee further reconfirmed its position that they do not endorse any decision to downgrade the UCC.
9. Welcomes the £12M capital investment in the A&E Department at UHSM.