

EXTRAORDINARY BOARD MEETING (HELD IN PUBLIC)

Proposals for change under ‘*Seizing the Future*’: issues to consider

1. Introduction

In response to a number of pressures being faced by their organisation, directors from County Durham and Darlington Foundation Trust (CDDFT) presented their case for change to the NHS County Durham public board meeting on 2 September 2008. At that meeting clarification was sought on a number of issues in line with the NHS County Durham’s process and checklist for reconfiguration.

At a subsequent board to board meeting between the two organisations on 24 September 2008, NHS County Durham recognised the case for change to ensure future patient safety and sustainability and agreed to lead a formal public consultation on the proposals for change put forward by CDDFT.

This paper outlines the issues arising from the consultation process, to inform the board of areas to consider and challenge when considering the final proposals from CDDFT.

Document management				
Purpose of the Paper: 1. Info sharing: Yes 2. Development/discussion: Yes 3. Decision/action Yes				
Does this paper provide evidence against any of the areas the PCT is required to demonstrate assurance in e.g. WCC, ALE key lines of enquiry or NHS national standards? If so which ones?				
Version	Date	Summary	Owner’s Name	Approved
1.0	03/03/09	Extraordinary board	David Gallagher	

2. Implications and risks

The purpose of public consultation was to seek public views on the proposals from CDDFT. Having received feedback, it is essential, and consistent with Professor Lord Ara Darzi's proposals for service change outlined in *Leading Local Change* (Department of Health 2008) that the views expressed are listened to and carefully considered with other key factors, including patient safety, affordability and NHS County Durham's strategic aims, which are to.

- improve the health of our populations,
- reduce health inequalities,
- increase access to safe patient centred services,
- ensure value for money in commissioning services.

3. Recommendations

The board is asked to:

- note the outputs from consultation and the other issues outlined in the paper and use them to challenge and assess final proposals from CDDFT,
- in so doing, to reach a view on whether to support those proposals.

4. Author and sponsor director

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Date: March 2009

Proposals for change under ‘*Seizing the Future*’: issues to consider

Introduction

In response to a number of pressures being faced by their organisation, directors from County Durham and Darlington NHS Foundation Trust (CDDFT) presented their case for change to the NHS County Durham board meeting, held in public, on 2 September 2008. These drivers include clinical specialisation, the impact of the European Working Time Directive on doctors’ working hours and pressures in acute medicine, critical care and children’s care services on recruitment and retention.

CDDFT recognised that they need to change the way they work to ensure continued provision of patient safety and sustainable services by enhancing their ability to recruit clinicians to key specialties. Continuing to provide some services from each of the three sites prevents the trust from developing the critical mass of clinical skills and expertise needed to ensure safe and sustainable services.

At that meeting clarification was sought on a number of issues in line with NHS County Durham’s process and checklist for reconfiguration.

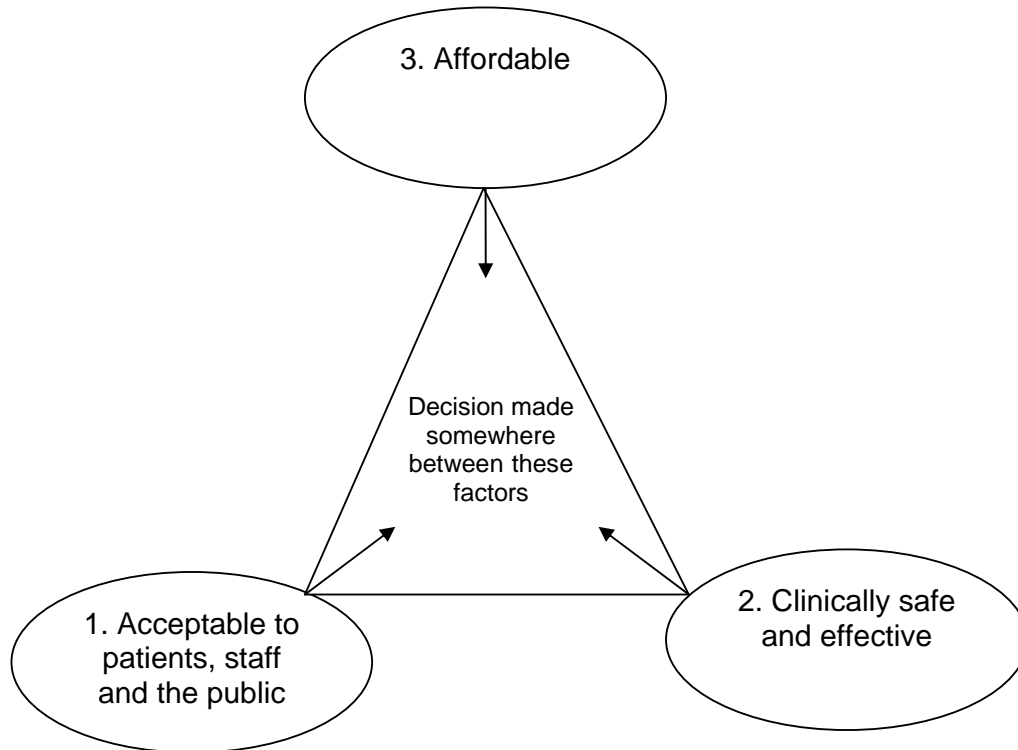
At a subsequent board to board meeting between the two organisations on 24 September 2008, NHS County Durham recognised the case for change and agreed to lead a formal public consultation on the proposals for change put forward by CDDFT that would affect services delivered from their acute hospital sites at Darlington Memorial Hospital (DMH), University Hospital of North Durham (UHND) and Bishop Auckland General Hospital (BAGH).

The consultation process was designed to seek public views to inform the views of NHS County Durham on the proposals.

This paper outlines the issues arising from the consultation process, to inform the board of areas to consider and challenge when considering the final proposals from CDDFT.

Issues to be Considered

Real Involvement, published by the Department of Health in November 2008, provides guidance on the three key questions or areas to be considered when assessing any proposed service change. This was illustrated using the triangle in the diagram reproduced below.



The outputs from consultation on '*Seizing the Future*' are now considered under these three headings.

1. Are proposals acceptable to patients, public and staff?

The outputs from the public consultation provide a range of views outlined in the consultation report. These suggest overall support with a number of concerns and issues which need to be taken account of.

As the report details,

- 61% agreed with case for change,
- 55% "mainly agreed" with the process,
- 52% supported "option B",
- 7% supported "option A or B".

Themes and issues arising from consultation and outlined in full within the report, have been summarised in the following table:

<u>Theme</u>	<u>Issues</u>
Transport	Emergency transport, public transport, travel distances, car parking.
Services	Accident and emergency (A&E) at BAGH, capacity at other sites, patient safety, stroke services at BAGH.
Access	Convenience, inclusivity, location of services.
Process	Methodology of deriving options, absence of "status quo" option, fait accompli, number and location of meetings.
Finance	Effective use of BAGH / private finance initiative (PFI), driven by cost, funding, cost of consultation.
Other	History of services, patient information issues, personal experience of the sites, effect on waiting times, political motivation.

In addition, local concern around BAGH has been expressed in the form of a public protest march in the town in December 2008, a facebook campaign and three petitions opposing change and the closure of the A&E department at BAGH.

Overview and Scrutiny

Further information on public acceptability can be obtained from the outputs of the Darlington Borough Council's Health and Well Being Scrutiny Committee and Durham County Council's Joint Health Overview and Scrutiny Committee. These are attached as appendices.

The Darlington committee supported the process and option B.

In County Durham, a series of recommendations were made, the first of which starts by stating that, "The '*Seizing the Future*' Health Scrutiny Working Group notes that the case for change is grounded in a strong clinical base that will provide for safe, high quality services that aim to improve patient/health outcomes.

The full recommendations from the Durham committee are outlined below:

Recommendation 1

The '*Seizing the Future*' Health Scrutiny Working Group notes that the case for change is grounded in a strong clinical base that will provide for safe, high quality services that aim to improve patient/health outcomes.

The '*Seizing the Future*' Health Scrutiny Working Group recommends that delivery of '*Seizing the Future*' to address the case for change **must** be through a whole systems approach.

The '*Seizing the Future*' Health Scrutiny Working Group recommend that a whole systems approach **must** take into account the following issues in order to deliver effective health care and health and well being outcomes:

- the need for investment at DMH and UHND to provide for adequate capacity to cope with the increased demand for emergency admissions;
- transport implications for people who have to travel to both specialist and generalist services, via an integrated "transport for health strategy" that is adequately resourced, must be in place and be a key component of service improvement proposals;
- the need to ensure that services are developed as close to people's homes and in their communities – investing in community hospitals and other community based health and social care provision planned in partnership with social care providers and voluntary and community agencies;
- a systematic approach to address health inequalities and the burden of ill health in a partnership context. Undertaking a health impact assessment of service improvement proposals to ensure that the wider determinants of health and health care provision are planned for;
- community concerns about exactly what will be provided in district general hospitals, community hospitals, and community based facilities.

Furthermore the working group recommend that the recommendations of the National Clinical Advisory Team (Professor Sir George Alberti, August 2008) should be implemented in full including:

- concerns about parking at DMH are addressed,
- plans include a GP ward at BAGH,
- new facilities need to be in place before services are withdrawn,
- the use of community hospitals should be reviewed by CDDFT and NHS County Durham with a view to expanding local services (across County Durham).

Recommendation 2

The 'Seizing the Future' Health Scrutiny Working Group notes key evidence in relation to the rebalancing of health care systems as described, and recommend that this rebalancing of health care systems model be used to prioritise investment in prevention rather than cure.

Recommendation 3

The 'Seizing the Future' Health Scrutiny Working Group recommends that the NHS County Durham use the evidence from the Royal Colleges in their deliberations in particular the evidence in relation to *"...plans to redesign services which involve moving services from one site must be evidence based and not be fully implemented until replacement services are established and their safety audited"*.

Recommendation 4

The 'Seizing the Future' Health Scrutiny Working Group notes the investment that has gone into the ambulance service over recent years. It also notes that evidence on the subject of risks from increased ambulance journey times is inconclusive and recommends that there is ongoing monitoring of potential risks to patients from increased travelling for emergency treatment, with regular performance reporting to the health scrutiny committee as part of its monitoring function.

Recommendation 5

The 'Seizing the Future' Health Scrutiny Working Group notes the important relationship with Durham County Council's Adult and Community Service in meeting the health and social care needs of our communities and recommends that as part of the "whole systems" approach to planning health, social care delivery must be an integral function of that planning.

Recommendation 6

The 'Seizing the Future' Health Scrutiny Working Group notes the health inequalities that exist in County Durham and the strategic commitment to respond to the social determinants of health thereby adding life to years and years to life.

The 'Seizing the Future' Health Scrutiny Working Group recommends that a systematic approach to address health inequalities and the burden of ill health in a partnership context is given priority. Furthermore in support of the next stage of 'Seizing the Future' a health impact assessment of service improvement proposals is done to ensure that the wider determinants of health and health care provision are catered for.

Recommendation 7

The '*Seizing the Future*' Health Scrutiny Working Group notes the plans for BAGH and recommends that its future sustainability must be planned for. The overview and scrutiny review group recommends that:

- in establishing a centre of excellence for rehabilitation there should be investment in stroke services that are delivered alongside rehabilitation services;
- that haematology and pathology services at best provide a CDDFT-wide service from BAGH accepting the need to maintain such diagnostic services at a local level;
- that consideration is given to locating CDDFT's headquarters at the hospital;
- sustaining services so that the existing A&E does not become a "second rate" service but a service that continues to meet the needs of those communities who need treatment for minor injuries and medical emergencies.

Recommendation 8

The '*Seizing the Future*' Health Scrutiny Working Group notes the concerns expressed by the Save our Hospital Campaign Group.

The '*Seizing the Future*' Health Scrutiny Working Group recommends that NHS County Durham, working in partnership with other NHS organisations, takes steps to meet the significant challenges in informing and engaging communities about the range of services that will be provided across the healthcare system in primary, secondary and tertiary settings.

That NHS County Durham and other NHS organisations in our area adopt a model of engagement that enables and achieves close working with patient groups, communities of interest and other local community groups to ensure their views are taken into account in the next stage of '*Seizing the Future*' namely business planning and service design.

Recommendation 9

The '*Seizing the Future*' Health Scrutiny Working Group notes the importance of transport for health.

The '*Seizing the Future*' Health Scrutiny Working Group recommend that as part of the "whole systems" approach an integrated "transport for health strategy" that is adequately resourced must be in place and be a key component of service improvement proposals.

Recommendation 10

The '*Seizing the Future*' Health Scrutiny Working Group notes the need to work collaboratively in order to move more services closer to the community. It is recommended that in line with the "whole systems" approach, investment in

community hospitals and community based primary care services are a priority before any hospital configuration is put in place. The important principle is community facilities need to be in place before any services are changed or withdrawn.

In considering the final proposals from CDDFT, the board will need to be assured that these recommendations have been addressed as well as carefully considering the issues raised by other groups representing the public, including submissions from district councils.

2. Are the proposals clinically safe and effective?

As suggested by the strategic aims of NHS County Durham, clinical safety and effectiveness is paramount in all commissioned services.

There are a number of sources to help assess the clinical safety and effectiveness of the proposals under '*Seizing the Future*'. These include:

- a report by Professor Sir George Alberti on behalf of the National Clinical Advisory Team (NCAT),
- views from the NHS County Durham clinical reference group,
- views from local practice based commissioning groups,
- the achievement of clinical milestones, targets and vital signs.

National Clinical Advisory Team (NCAT) report

This report, undertaken by Professor Sir George Alberti in 2008 prior to public consultation, is included as appendix 2. It contains a number of recommendations, which are reproduced below.

1. The NCAT review team agrees that NO CHANGE is not an option.
2. The team broadly agrees with the recommendations being proposed under (at the time) option C (subsequently described in the public consultation as option B), i.e. that there should be two full acute sites and a "plus" site. It seems inevitable and sensible that BAGH should be the "plus" site.
3. Some modifications and refinements of the plans for the BAGH site are suggested. These are:
 - a) The urgent care centre at BAGH should be a fully integrated primary/secondary care service incorporating the GP out of hours service. It should be open seven days a week.
 - b) The proposed medical assessment centre should focus on the needs of older people; be available for GP referrals; be open seven days a week for ten hours per day on weekdays and at least six hours/day at week-ends; and be staffed by experienced clinicians i.e. consultants or final year specialist registrars.
 - c) There should be an appointment based urgent paediatric service.

d) Outpatient services should be expanded to meet the needs of the local population and follow-up appointments for local people after admission to the acute sites be organised at BAGH wherever possible.

e) Plans should include a GP ward.

Other suggestions and recommendations include:

- 4) The numbers of local people to be seen at BAGH in the future compared with now should be estimated as well as the numbers who will have to travel to one of the other sites allowing for the fact that some major emergencies will be assessed at BAGH and returned to the community without needing admission.
- 5) The use of community hospitals should be reviewed by CDDFT and the two PCTs with a view to expanding local services. In particular, better use for consultant delivered outpatient clinics should be considered as well as forming a network of urgent care centres together with the three main hospitals. A detailed analysis of how they will be used for intermediate care and step down care should also be performed.
- 6) An urgent care advisory board should be established to ensure smooth pathways of care and to plan optimal services. This should include social services, the ambulance service, pharmacies, other providers of services as well as the PCTs and the hospital trust. Similarly an older people's board could usefully be established to plan for older people's care and needs across the whole system.
- 7) More detailed analysis of transport needs should be carried out and further discussions held with the North East Ambulance Service NHS Trust (NEAS) and local transport companies.
- 8) A detailed workforce plan should be included in the consultation document including short, intermediate and long-term needs.
- 9) A clear account of how the extra emergency workload will be coped with at UHND and DMH should be included, together with the extra investment required, particularly at DMH.
- 10) The communication strategy for consultation should include clear plans on greater public involvement.

NHS County Durham clinical reference group

This group and the associated clinical champions' forum, provide clinical advice to NHS County Durham to inform commissioning decisions.

The group has considered the initial proposals from CDDFT and recognise the need for change and welcome the opportunities to help provide care across primary and secondary services. They have advised on a number of issues which in their view require consideration. These are outlined below.

They consider that successful implementation will require expansion and dovetailing of services delivered in the community. Greater detail of what or how this is to be achieved is required.

They perceive that the greatest impact will be on the patients around the BAGH site and this holds particular challenges with regard to the relatively remote Dales area.

Transport, accessibility and parking are of particular concern to patients.

CDDFT has produced figures on the costs incurred with their preferred option which they understand includes the expansion of emergency departments at UHND, DMH, and the development of a rehabilitation centre at BAGH. Greater clarity is needed of the cost to expand the required community services or to provide transport for patients, including any investment is likely to be required by NHS County Durham.

Greater understanding of the degree of clinical involvement within CDDFT is required.

There is particular concern that the emergency departments at UHND and DMH lack staff and facilities. This is thought to fall short of the standards set by the Royal College of Emergency Medicine and was highlighted by Professor Sir George Alberti. Assurances need to be provided that this will be addressed to accommodate the proposed changes in activity on the three sites.

Reassurance is needed about the desire and ability to staff paediatric and intensive care services.

The development of a rehabilitation centre will require a skilled workforce. This workforce will either have to be sourced or trained and this may prove a challenge.

While not an issue for considering the proposals, they consider that successful implementation of the preferred option will require a joint approach between CDDFT and NHS County Durham. There will need to be a close, transparent working relationship rising above the limitations that a finance centred approach often creates. This should however enable system alignment and ultimately the delivery of excellent patient care.

Health care delivery must address both current inequalities and reflect the health outcome measures identified to support better regional health care delivery in the future.

Whilst the case for change is accepted, there are areas of concern currently.

These are:

- proposed bed modelling to address emergency department activity falls short of current activity and national standards,
- the preferred option lacks substantial detail in delivery and integration,
- risk assessments are required to allow the safe delivery of services.

Feedback from practice based commissioning groups

Practice based commissioners (PBC) provide local input to commissioning across County Durham and Darlington making commissioning decisions by and on behalf of local general practitioners (GPs) and other clinicians. Three of the six groups in County Durham and Darlington submitted responses to the consultation.

Derwentside PBC group welcomed '*Seizing the Future*' but expressed concerns about capacity in UHND before any changes take place.

Their commissioning intentions include a range of services similar to those proposed in option B in Bishop Auckland to be provided locally to them at Shotley Bridge Community Hospital.

While agreeing that patients need better availability of appropriate intermediate beds and better rehabilitation, the group considers that patients would be better served by having these services provided locally. While not wishing to deprive Bishop Auckland of intermediate care and rehabilitation services they would be keen to see equity across community hospitals.

Dales PBC group accept the case for change and expressed concerns about the on-going sustainability of the hospital at Bishop Auckland. They had particular concerns about current medical bed closures and sought reassurance that this situation will be improved.

The group sought clarity on the number of elective cases that would be seen in Bishop Auckland rather than Durham or Darlington compared with the current situation.

There were concerns about stroke care in Bishop Auckland and they wanted to know how this will work under the proposals and any impact on local patients.

The PBC group would like to be assured that there will be access to rapid assessment of adults and paediatrics 24 hours a day including pathology and radiology to avoid patients that do not require hospital admission being transferred to one of the other hospitals.

They sought feedback on work with the North East Ambulance Service and social services transport to make sure those patients and their relatives can move easily across the county to either attend outpatient clinics or to see their relatives in hospital.

They expressed concerns about car parking at the Durham and Darlington sites in order to allow easier access for patients, particularly if they are frail, elderly or have poor mobility, where parking is much more of an issue already than it is at Bishop Auckland.

Clarification on issues such as a proposed GP-led urgent care centre and the acute medical and paediatric rapid assessment services, and the specialist rehabilitation unit in BAGH will be safeguarded in the future and in particular how local people will be able to contribute to shaping these services.

The Sedgfield PBC group complimented staff and the hospital at Bishop Auckland for providing safe and high quality services in the past while recognising the need to ensure future sustainability. Many of their patients would go and already go to Darlington or Durham but there are concerns about capacity at the UHND site.

Other areas of concern were patient transport and laboratory testing.

The group sought future input into service design and commissioning.

NHS Darlington

NHS County Durham commissions services for the people of Darlington on behalf of NHS Darlington. Views have been sought from that organisation's board and need to be incorporated into the board's challenge of the final proposals from CDDFT.

Other NHS providers

As part of the consultation views were also given by other NHS providers. The North East Ambulance Service supported the case for change and the proposals, as did County Durham and Darlington Community Services.

Performance Indicators

CDDFT is measured on a range of targets and performance indicators, including access to A&E, healthcare associated infections, 18 week waiting times and many others. Many of these are related to or impact upon clinical safety and effectiveness. In considering the proposals from CDDFT, the board must therefore take account of these and be assured that any changes supported should at the very least maintain good performance against these measures.

3. Are the proposals affordable?

One of NHS County Durham's strategic aims is to ensure value for money in commissioning services. In using local taxpayers' money to commission services it is essential that best value is achieved.

The original proposals included financial information and the board will need to be assured that the costs of any proposed changes are understood and are acceptable, especially in relation to any additional costs which may accrue to NHS County Durham as commissioners. Similarly, assurance will be needed that any projected savings are achievable and that overall any proposals which are supported will be achievable.

Conclusion

This paper has outlined the issues arising from consultation on proposals presented by CDDFT to NHS County Durham.

It has described an approach to challenge and seek assurances from CDDFT on their final proposals, produced in light of the consultation based on a number of key principles and issues.

Recommendation

The board is asked to:

- note the outputs from consultation and the other issues outlined in the paper and use them to challenge and assess final proposals from CDDFT,
- in so doing, to reach a view on whether to support those proposals.

Author and sponsor director

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Date: March 2009