

MEETING: Governing Body

Item Number: 10.1

DATE: 25 November 2014

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| REPORT TITLE: | Healthier Together Committee in Common – Response to Consultation from Wrightington Wigan and Leigh NHS Foundation Trust and North West Sector Acute Trusts – Executive Summary |
| CORPORATE OBJECTIVE ADDRESSED: | <ol style="list-style-type: none"> 1. Supporting our population to stay healthy and live longer in all areas of the Borough; 2. Commissioning high quality services, which reflect the population's need, delivering good clinical outcomes and patient experience within the resources available; 3. Function as an effective commissioning organisation that puts the patient first; 4. Function as an organisation that consistently delivers its statutory duties. |
| REPORT AUTHOR: | North West Sector Acute Trust Chief Executives |
| PRESENTED BY: | Dr Tim Dalton |
| RECOMMENDATIONS/DECISION REQUIRED: | To be received for information |
| <p>EXECUTIVE SUMMARY The Governing Body is asked to note the contents of Wrightington Wigan and Leigh NHS Foundation Trust and North West Sector Acute Trust's response to the Healthier Together Consultation for information. The full document is available on the CCG website.</p> | |
| FURTHER ACTION REQUIRED: | None |
| <p>EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p> | |



Response to the public consultation ‘Healthcare in Greater Manchester is Changing’

1. Executive Summary

1.1 Overview of response

- 1.1.1 This document has been prepared to provide a formal response on behalf of Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) to the Healthier Together public consultation document entitled 'Healthcare in Greater Manchester is changing'.
- 1.1.2 The Trust provides a brief overview of WWL and then responds to each section of the public consultation document. In addition, the response provides an analysis of the pre-consultation business case.
- 1.1.3 The document clearly sets out the case in support of 'specialist' Acute Surgical and Accident and Emergency services being retained in Wigan. On that basis, the Trust has completed a response to the consultation in support of options 5.1 and 5.2 contained within the consultation documentation. A copy of the responses to the consultation questions is noted in Appendix One.

As described in our joint response, we believe that the North West sector partnership is best placed to deliver the objectives and standards as set out in the Healthier Together Programme and can go further to deliver a wider range of improvements in quality, outcomes and experience of care for the combined population that we serve. All three Foundation Trusts are fully committed to the delivery of reforms which will ensure achievement of the applicable standards in the three service areas.

We have carefully considered the options set out in the consultation and given the geography of the North West sector, we believe that the populations of Bolton, Salford and Wigan would be best served by a joint approach between the three Foundation Trusts.

This variant option has a number of significant and unique advantages over the other options that are set out in the Healthier Together consultation. The three Foundation Trusts serve a contiguous geographical area and, by working together, we can better support existing populations' flows. Importantly this approach builds on a strong history of joint working between the Trusts, as well as clinical and organisational consensus and commitment as to the way forward – this provides an extremely strong foundation for implementation and for the effective transition to the future model of care for hospital services.

Our preferred approach is that the three Foundation Trusts work together collaboratively to deliver the local and specialist services to our combined population. We believe that the solution for our sector is to create 'Single Service Partnerships' where for the highest acuity patients, specialist care will be consolidated onto fewer hospital sites to achieve the required standards of care, or where we will work collaboratively in other ways to enable standards to be met across our sector.

Our commitment to the North West sector is more fully described in our sector level response.

1.2 Conclusion

- 1.2.1 The formal response has been supported by the Trust Board and therefore fully reflects the view of the organisation.

- Modernisation and improvement in quality through implementation of world class Information Technology i.e. Health Information System with Allscripts
- Delivery of base case efficiency of at least 4% per annum but capped at 5% through safe reduction in headcount numbers and site rationalisation: all CIP plans safety assessed prior to implementation by the Medical Director and the Director of Nursing
- Land available for sale utilised as cash mitigation under a downside scenario e.g. Billinge and Whelley land sales (over and above required trading profit)
- The Trust has an agreed level of loan funding (Foundation Trust Financing Facility) that allows the Trust to access up to **£17.5 million with immediate effect**

The Trust plans to deliver a £3 million trading surplus in each of the years 2014/15 – 2018/19. In 2014/15 and 2015/16 the surplus is increased by land sales (£1.9m and £1.0m in 2014/15 and 2015/16 respectively) which are incorporated on top of the trading surplus to provide additional financial comfort and protect against any delays in sale completions

6.5 Transition

- 6.5.1 WWL has very well developed estate plans for all three hospital sites and would be in a position to mobilise these plans swiftly. These site development plans are all being progressed at the current time and have the ultimate objective of ensuring that our three hospital sites are able to benefit from site development zones that will allow for immediate capital development.
- 6.5.2 WWL is therefore in a strong position to quickly respond to any required changes to site configuration on any one of its three hospital sites. It should also be noted that the Trust already has a framework agreement with a major contractor that does not require further procurement in the event of any further capital developments being required on our hospital sites which will again assist the Trust is being able to respond to any required capital development.
- 6.5.3 The Trust has a strong track record of delivering major capital schemes within budget and to agreed timescales.

7. Healthier Together Pre-consultation Business Case

7.1 Overview

- 7.1.1 The pre-consultation business case was recently published. WWL have reviewed the document in detail (see Appendix Four)

8. North West Sector Response

8.1 Healthier Together – The North West Sector response

- 8.1.1 This section illustrates the progress that WWL has been able to make in the development of a North West sector response to the public consultation. The Chief Executive Officers for all 3 Acute Trusts have agreed the framework which broadens the scope of the clinical specialities within a revised service model. The model demonstrates strong evidence of a partnership working in the development of a clinical model that allows all three Trusts to retain some element of 'specialist' service provision within their clinical portfolio, whilst also ensuring that the requirement to improve clinical standards is delivered.

- 8.1.2 The model is still in development, and will continue to be led by the North West sector Project Director.

8.2 Introduction to the framework

- 8.2.1 The North West Sector of Greater Manchester covers a population of over 800,000. Its three CCGs, Councils and Foundation Trusts have come together to create a new partnership and to design a new vision for healthcare in the sector. This will deliver the objectives and standards of Healthier Together, improve safety for patients, improve access to primary care and create a radically different integrated care system which will see patients receiving much more care in the community or in their own home. Better integrated community care will mean far fewer patients needing hospitals and therefore much slimmer secondary care.

8.3 Patient-centred Integration Max

- 8.3.1 The entire population will be risk stratified and those in most need will receive individual care plans. They will have much better training and self-care but also 24/7 access to help at home, which will make going to hospital much more of a rarity. An unplanned hospital admission will be seen as a system failure and hospitals will be able to cope with far fewer emergency beds. The savings in hospital care will be reinvested in more services in primary and community care.
- 8.3.2 All health and social care organisations will have ready access to each other's electronic patient records and all three hospitals will be on the same Allscripts system. Patients too will be able to access their own records, be able to book appointments on-line and have email conversations with doctors and other healthcare professionals.

8.4 A Single Service Partnership between Hospitals

- 8.4.1 Emergency and High Risk surgery, Accident and Emergency service and Acute Medicine will be re-organised so that:
- The service meets the clinical standards required by Healthier Together. The service will be delivered, in the main, by consultants 24 hours a day, seven days a week
 - The service will be mostly carried out by the most senior doctors with the most experience, which will result in the centralisation of these cases. After a suitable period of recovery, such patients will be brought back to their local hospital to minimise the travel burden on relatives
 - Some emergency surgery will continue, on all sites, to cater for those who are too frail to transfer or where there is not time to transfer
 - The service will ensure that, when surgery has to take place elsewhere (due to time and the risk associated with transfer), it is performed by the correct individuals with the appropriate level of skill and experience
 - As a counter-balance to this flow, more services such as planned surgery, dialysis and chemo-therapy will take place locally
- 8.4.2 The Single Service Partnership will extend to other specialties, where appropriate, with the key considerations being quality of care and keeping services as local as possible.

8.4.3 The Terms of Reference for the operational group of the North West Sector and the Memorandum of Understanding that has been jointly agreed are enclosed in Appendices Two and Three.

8.5 What does this mean for the individual Hospitals?

8.5.1 Each will retain its core services plus its own sectoral specialties:

- Bolton: 24/7 A&E, Acute Medicine, General Surgery, in-patient Paediatrics plus sectoral specialty in maternity and neonatal care
- Salford: 24/7 A&E, Acute Medicine, General Surgery plus sectoral specialty in Emergency and high risk complex Surgery, Trauma Centre, Neurosciences, Nephrology and Dermatology
- WWL: 24/7 A&E, Acute Medicine, General Surgery, in-patient Paediatrics, Consultant-led Maternity plus sectoral specialty in Trauma Unit, Orthopaedic and Pelvic services

8.5.2 The Trusts will share many clinical and non-clinical support services.

8.6 What is the Governance arrangement for this new partnership?

8.6.1 There is an overarching Governance body comprising the three CCGs and three Trusts which is chaired on a rotational basis by the CCG chief officers. A Memorandum of Understanding (MoU) has been signed by all parties (see Appendix 3) plus the three councils which describes the purpose of the Partnership, the Governance arrangements and a timetable which leads to a full business case in Spring 2015.

8.6.2 Underneath this body there will be a provider partnership which will manage the Single Service Partnership on a daily basis, identifying clinical leads and common standards as appropriate. It is probable that a Joint Venture will be established similar to that which currently manages the SSDU and Pathology services of Salford and WWL.

8.7 How does this support Healthier Together?

8.7.1 It is fully in line with Healthier Together on integrated care and primary care, and very similar on secondary care. It goes much further into the practical detail of how emergency surgery will be organised. Rather than use the language of Specialist and Local Hospitals, it talks of a Single Service Partnership of equals.

8.7.2 WWL believe that the sector response delivers a single service partnership of equals which delivers objectives and standards of Healthier Together.

- Improves access to primary care and 'Integration max' for integrated care
- Moves investment from hospitals to community
- A single IT system across all three health systems
- A shared single service of centralised emergency surgery
- Balanced by decentralising other surgery and services
- Collaboration on other clinical and non-clinical services

8.7.3 WWL are keen to ensure that the local population is able to benefit from the highest possible standards of care. Appendix Five highlights the potential gains that could be made within the North West Sector by adopting the 'best in class' approach to the management of clinical pathways and the reduction in variability.

8.8 Summary of sector response

8.8.1 On the practical details of how a shared emergency surgery service will be organized:

- The North West Sector does not want the titles – Specialist and Local Hospital. We want a partnership of equals
- The North West Sector want assurance on protection of recognised clinical interdependencies between: A&E, Medicine, Surgery, Children and Maternity

8.8.2 This North West Sector Model will deliver the objectives and standards of Healthier Together, improve safety for patients, improve access to primary care and create a radically different integrated care system, which will see patients receiving much more care in the community or in their own home. Better integrated community care will mean far fewer patients needing hospitals and therefore much slimmer secondary care.

9. Conclusion

9.1 Summary of response to the consultation

9.1.1 WWL supports the requirement that all specialist providers should work towards the achievement of the NCAT clinical standards.

9.1.2 WWL supports the requirement for change within primary care and will work with local clinical commissioning group to ensure that these changes are introduced before any changes to acute service provision are introduced.

9.1.3 WWL believes it has been able to present a good case for designating a specialist provider and would therefore support options 5.1 and 5.2 contained within the public consultation.

9.1.4 The preference for the Trust however would be the development of a sector based response which allows for the development of single service partnership model between the acute providers within the North West sector.

10. Signatory page

10.1 Signatories



23rd October 2014

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Mr Les Higgins

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Date

Chairman



23rd October 2014

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Mr Andrew Foster

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Date

Chief Executive Officer



23rd October 2014

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Mr Gordon Jackson

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Date

Lead Governor