APPENDIX 3

Report to Halton Borough Council

On the proposals in the document "Better care, sustainable services" Produced by North Cheshire NHS Trust

R.G.Hammond

June 2006

Contents

1. Introduction

The North Cheshire Hospitals NHS Trust is currently consulting on proposals to change the location of specified hospital services currently provided at Halton General Hospital and Warrington Hospital.

Under the requirements of the Health and Social Care Act 2001 the NHS is required to consult patients, the general public and the Health Overview and Scrutiny Committee on the planning of service provision, the development of proposals for change and decisions about how services operate.

I have been engaged by Halton Borough Council to review and comment on the proposals contained in the document 'Better care, sustainable services.' produced by North Cheshire Hospitals NHS Trust.

R.G.Hammond.

2. Terms of Reference

1. To examine the proposed changes and assess the impact upon the Council's priorities for health improvement and identify the health gains.

2. To examine, in detail, the proposals related to the transfer of critical care beds.

3. To analyse the drives for change including financial, human resources, national and local policy initiatives.

4. To identify the possible long term consequences of the proposals, including the possibility of hospital closure or significant re-provision outside of the hospital.

The objectives of the review are :

a. to review the proposals generally

b. to comment on the practical, business and clinical effectiveness of the proposals and how they will/will not meet the identified needs of the population of Halton

c. if considered appropriate, identify alternative practical, business and clinical arrangements that could better serve the identified health needs of the population of Halton

d. to assess the impact against current Health and Council services and consider the financial implications for the NCHT and the Council

e. to identify any possible longer term implications and understand the business case for health improvement

3. Background

North Cheshire Hospitals NHS Trust was formed on 1 April 2001, following the merger of two previously separate NHS Trusts based on Halton Hospital and Warrington Hospital.

Phase 1 of Halton Hospital was opened on 21 September 1976, primarily for outpatients and day patients.

Phase 2 was completed in 1985 at a cost of £11 million to provide medical, surgical and elderly inpatient facilities.

The Trust currently provides approximately 180 beds at Halton Hospital for general surgery, urology, general medicine, elderly care and critical care with mental health beds provided by Five Boroughs Partnership NHS Trust.

There is also a Minor Injuries Unit, and support services include occupational therapy, physiotherapy, dietetics, outpatient services, diagnostic services and a range of specialist nursing services.

Recent developments include the refurbishment of the Minor Injuries Unit in November 2003 and £300 000 spent on developing Endoscopy services.

Warrington Hospital has 655 beds for general medicine, general surgery, childrens services, elderly care, obstetrics, gynaecology, orthopaedics, critical care, and ophthalmology. There is also an Accident & Emergency Department, and support services include occupational therapy, physiotherapy, dietetics, speech therapy, diagnostic services and a range of specialist nursing services.

Recent developments include a modernised and expanded A & E Department, a Cardiac Catheter Laboratory and a second Mammography room.

General surgery services were reorganised a couple of years ago with emergency surgery centralised at Warrington Hospital, and elective surgery being undertaken at Halton Hospital. The High Dependency beds remained at Halton Hospital to support the surgical service as well as the general medical service.

Halton is one of the most deprived Local Authority areas in the country. In comparison with other areas in England, Halton is within the worst fifth for life expectancy, for common causes of death and for deprivation. The two biggest killers in Halton are heart disease and cancer. Halton has the sixth highest all-ages death rate from cancer and from circulatory disease in England.

The Index of Multiple Deprivation ranked Halton as 21st out of 354 Districts. The 2001 census identified 21.5% of Halton residents as having a Limiting Long Term Illness, and a more recent telephone survey identified almost 27% of those surveyed as having long standing illness, disability or infirmity. (i)

Improving Health is one of the five priorities of Halton Borough Council.

(i) Baseline report: Improving Health, Diane Lloyd (September 2005)

4. The Proposals

It is proposed to transfer from Halton Hospital to Warrington Hospital

- emergency medical services
- care for stroke patients
- cardiology services
- high dependency beds

It is proposed to develop in Halton Hospital:

- planned inpatient and day surgery for both Halton and Warrington residents
- a Programmed Investigation Unit for both Halton and Warrington residents
- an expanded Endoscopy service for both Halton and Warrington residents
- a centre for chemotherapy services for both Halton and Warrington residents
- a renal dialysis unit for Halton residents

The document summarises the proposals as "…. The main thrust of the proposed changes involves all emergency patients and planned care patients with more complex conditions being treated at Warrington Hospital. Halton General Hospital would become a Centre of Excellence for routine planned care, daycare surgery, diagnostic service and cancer treatment. Additional chronic renal dialysis capacity would be developed at both sites."

5. Review Process

Meetings were held to discuss the proposals with:

- Executive Board members of Halton Borough Council
- Chief Executive, Strategic Directors and Operational Directors of Halton Borough Council
- Ms. Anne Marr (*then*) Acting Chief Executive NCH
- Consultant medical staff at Halton Hospital
- Acting Chief Executive, Executive Director and Project Director NCH
- Executive Directors of St Helens and Halton PCTs
- Members of Halton PPI forum
- Significant attempts were made to meet with local G.P.'s through the Professional Executive Team, unfortunately, however, it was not possible to meet within the timescale
- Halton Health Policy and Performance Board

Comments and/or written submissions were also received from:

- Dr.J.G.Williams and Dr. A.A.Khaleel (Consultant medical staff at Halton Hospital)
- Chief Executive Clatterbridge Centre for Oncology
- Mr. Ian Dalton, former Chief Executive of NCHT

Further information and research was obtained from internet searches and consulting various reports, in particular the:

- P.C.T Joint Commissioning Strategy
- Five Boroughs Model of Care
- Halton Health Strategy
- Halton Health Action Plan
- Cancer Peer Review Report 2006
- National Leadership Network Report "The Future of the Acute Hospital"

6. Context and drivers for change

NHS acute hospitals are facing many challenges in a fast changing environment.

Recent initiatives include Payment by Results (PbR) on the basis of a national tariff system, the development of Practice based Commissioning and the growth of patient choice, whereby patients will be given a choice of a number of different providers for their care and treatment.

Changes in staffing patterns, driven by the European Working Time Directive 2009, changes in the training of junior doctors and a developing concern in approaches to patients' safety will require different models of care and organisation, if service delivery is to remain safe and sustainable.

With regard to funding it is to be expected that the rapid growth in recent years will return to historic levels whilst the White Paper 'Our health, our care, our say….' envisaged significant transfer of activities from acute to community settings. The White Paper sets out a clear policy to shift focus on improved prevention and health promotion activities, and to make major shifts in specialist ambulatory care out of acute hospitals and into community settings. In fact to ensure this aim is continued it envisages a shift of 5% of acute resources to community services over a 10 year period.

Trusts are now striving to attain Foundation Trust status which will give a number of freedoms and flexibilities such as freedom from Whitehall control, and freedom to access capital. However, these freedoms must be seen within the context of service delivery within the national waiting times, and National Service Frameworks which set national standards and identify key interventions which are aimed at raising quality and reducing variations in service provision. For example, an NSF for coronary heart disease was issued in 2000, with cancer in the same year and older people services in 2001. However to achieve Foundation Trust status the Trust must be able to demonstrate that it is in recurrent financial balance.

The NHS is also facing significant organisational change with the number of Strategic Health Authorities being reduced from 28 to 10 in July, Ambulance Trusts being reorganised to 12 organisations and the Primary Care Trust reducing from 303 to 152 later this year.

A recent report from the National Leadership Network established a Project Board to consider the future of the local NHS acute hospital. It described its future vision as follows:

"The future local NHS Hospital will be an essential vehicle by which truly local

access to most acute care services is maintained. The local hospital will serve

as one key component of local urgent care networks – closely integrated with primary care, out-of-hours care, ambulance services, hospital, social care and mental health services. Critically, trauma and emergency surgery (alongside a range of other services, for example specialist surgery, paediatrics, obstetrics/gynaecology) will be managed across well-defined and accountable networks. Ambulance services will play an expanding role in providing immediate care and in making key decisions on appropriate routing of patients requiring further treatment. Where Accident & Emergency Departments are provided, they will always need to be supported by a minimum set of acute care services and resources to ensure patient safety. Beyond this minimum service set however, there will be much greater diversity of service provision between local hospitals than has been under the old District General Hospital model.

Certain areas of planned care (e.g. uncomplicated elective surgery, diagnostics etc.) will see competition between local hospitals and other providers, with comparative advantages emerging between different institutions. Local clinical networks will need to respond flexibly to shifting patterns of routine care, and to ensure that urgent and emergency care networks are not destabilised by changes to elective care. Over time, key resources (such as specialised staff and crucial service-specific assets) might be increasingly provided by networks and collaborative ventures rather than by individual hospital trusts, allowing greater flexibility in the deployment of fixed costs in response to changing local circumstances. Overall, the skills of collaboration and integration in effective networks will be every bit as essential to local NHS hospitals as will the ability to compete.

Some clinical staff may spend a growing amount of their time working across institutional boundaries and as part of increasingly formalised managed clinical networks. Similarly, local hospitals will conduct a great deal more of their business beyond the four walls of their hospital buildings. They will provide increasingly integrated support to primary and intermediate care partners – and a wider range of these partners may come to have a physical presence in the "hospital" site itself. Local people will have increasing confidence that as much of their need for urgent care as possible will continue to be met locally, while they will have a greater choice of providers (both community and hospital-based) in more specialised services and for routine surgery and diagnostics."

Clearly the nature of the general hospital will have to change and has been changing over recent years. Service delivery will be much more about collaboration, care protocols, and networks than about a particular building or institution. What is important is that comprehensive plans are developed to ensure that the delivery of service to the patient is the best it can be in the most appropriate setting.

7. Key Findings

(i) Planning and strategy

- There is immense support for Halton Hospital amongst the local population and the removal of significant hospital services is one of great frustration, confusion, and uncertainty.

  It has been indicated that when, many years ago, people were migrating to Runcorn the promise of its own local general hospital was a major consideration. Many of the local population are employed in the local health service, and the population has a high regard for the standard of service provided at the Hospital.

- Whilst there have been recent investment at Halton Hospital this does not appear to have been part of a clearly defined long-term strategy.

- The proposals in this document appear to have been developed in isolation by the Trust and not necessarily as a part of a wider strategy in conjunction with other NHS Trusts, the PCT's or the Borough Councils.

- There is a degree of mistrust in 'the management' of the Trust due to a perceived failure to deliver on previous promises and assurances.

- The Consultation Document does not include any data in respect of:
  - patient numbers and possible "leakage"
  - beds
  - finance
  - capital
  - impact on staff

  and this lack of information does make if very difficult for anybody reading the Consultation Document to reach an informed decision.

- The Board of Halton PCT has already agreed to support those proposals together with the development by the PCT, on the Halton site of a Walk-In Centre and the introduction of a nurse-led intermediate care service. It is not entirely clear how any of these proposals are consistent with the PCT commissioning strategy, which particular need they are addressing and how they will link with other services on the Halton site e.g. Minor Injuries Unit, or how they will be funded.

- It is understood that the Five Boroughs Partnership NHS Trust is also developing proposals that will affect the Halton site, but again it is not

clear if the strategy is being developed in partnership with others or how it fits into a joined-up health strategy for Halton.

(ii) Finance and capital

- There is a widely held belief that the Trust has a longstanding financial deficit that will be exacerbated by the new Payment by Results tariff system which could add £6m to any present deficit

- It is therefore believed that the proposed changes are driven by a desire to make financial savings rather than to enhance the delivery of clinical services.

- The Trust must clearly tackle any deficit and become as efficient as possible to ensure its future viability and its ability to continue to provide local services. Indeed to enable the Trust to become a Foundation Trust it must ensure that it is in financial, recurrent balance. The Secretary of State for Health has also made it clear that it is expected that those Trusts with a financial deficit must be in balance at the end of the present financial year.

- Whilst there can be no categorical assurance about the availability of capital before proposals and business cases are finalised, the Trust has held discussions with the Strategic Health Authority which recognises that for the Trust to meet its objectives and implement the proposals that capital must be available. However, I would estimate that to implement these, proposals would require £10-15m of capital and it is not clear if the Trust has a "fall-back" position if all the capital is not provided or is phased over a longer period than expected.

(iii) Staffing

- The lack of a clearly defined strategy for Halton Hospital appears to have had a detrimental effect on retention and recruitment of key staff with the consequent impact on service provision. Indeed the Trust does believe that problems of two-site working, with the duplication of services and consequent pressure on on-call rotas has been a factor in the loss of key staff and an inability to recruit.

- Clearly if these proposals are implemented there will be a significant impact on the current staff at Halton Hospital and Warrington Hospital. At this stage the North Cheshire Hospitals are not able to clearly identify this impact until the proposals are finalised and a clear implementation plan with timescales developed.

- North Cheshire Hospitals do need to plan to meet the European Working Time Directive 2009, which will reduce junior doctors hours from a maximum of 56 to 48 per week, the impact of Modernising Medical Careers which could lead to a Consultant delivered service, and be able to retain existing key staff and which will require an increase in present consultant numbers at a time when other Trusts are also recruiting.

- Halton Council is one of only two councils which have not received financial penalties for delayed discharge so satisfactory accommodation must be made available to the Social Work Team relocated from Halton.

(iv) Clinical

- When emergency surgery was removed from Halton Hospital and elective surgery was developed, the High Dependancy beds were retained as a part of this service. The proposal now is to further develop elective surgery but to remove the High Dependancy beds. This would have an impact on the level and range of surgery undertaken at Halton Hospital, but the document gives no clear indication of number or types of surgery that will be undertaken which would help to support the decision to remove the High Dependency beds.

- There is little detail in the Report that clearly demonstrates how the proposals would enable the Trust to "provide better clinical services." However the Trust is adamant that to centralise acute services on a single site will, at the very least, protect the current provision of services by being better able to retain and recruit staff, and identify sufficient investment to improve patient accommodation and expensive supporting facilities.

- Concerns have been raised about medical staffing and out of hours cover that need to be resolved:

  - out of hours medical cover at Halton Hospital
  - staffing of Emergency Assessment Service
  - cardiology staffing at Warrington

- From discussions with clinicians there appears to be some acceptance of the model of service being proposed, but with reservations regarding the clinical linkage to Warrington. However it has to be made clear that not all clinicians have expressed support for the proposals.

- The Independent Sector Treatment Centre will open in June to provide orthopaedic services throughout the region. The North Cheshire Hospitals currently has a significant waiting list for these services, so in the short term the facility is not perceived as a competitor, but in the medium term, it will compete directly with the Trust.

- The introduction of Patient Choice will clearly have an impact on the requirement of all hospitals to provide services that will attract patient referrals. The Trust should assess the possible loss of patients (leakage) if those proposals are implemented.

- The Chief Executive of Clatterbridge Centre for Oncology is strongly in favour of the development of a new developed chemotherapy service at Halton Hospital.

(v) Transport

- Strong views have been expressed with regard to the difficulties of transport between Halton and Warrington. This is particularly so in respect of public transport, as almost 30% of households do not have a car, and have to rely on private transport at certain times. The Consultation Document does make reference to this issue but it is essential that satisfactory arrangements must be put in place before any changes are made in service location. Additionally the parking at Warrington Hospital is currently inadequate.

- The Trust has some previous experience following the arrangements put in place when emergency surgery was transferred from Halton to Warrington, and a shuttle bus service was provided. However it is felt that the service was withdrawn without proper discussion or consultation.

- In respect of emergency transport ('blue lights') the Trust has been assured by the Ambulance Service that this will not present a problem.

8. Conclusions

- The Trust is effectively separating elective patients from non-elective patients on the basis of a 'hot' site 'cold' site model. This model of service is reasonably commonplace in those Trusts that provide two site general hospital services, and does have advantages in better organising the elective workload and centralising services that are required to support the emergency service. There is also the advantage of reducing duplication of staff and facilities with consequent resource benefits.

  It is Recommended that the basic model of service being proposed is acceptable although without the necessary capital it cannot be delivered.

- The issue of the removal of High Dependency beds is less clear cut as there is no information provided to indicate the expected case-load at Halton hospital in either numbers or case-mix. The Trust indicates that the beds are presently underused which is certainly a factor to be taken account of, but the lack of these beds will have a limiting impact on the level of surgery undertaken. This, of course, could be a reason for removing them.

  It is Recommended that the Trust is asked to confirm, in due course, the case mix and caseload of the elective surgical patients and the number of inpatient beds they expect to provide.

- The proposals may well provide services better, cheaper, and more effectively, but there is no evidence provided to back up the claim of "better clinical services". Certainly the capital development will provide enhanced facilities but the care pathways for example in cardiac and stroke services do need to be clarified.

  Developments in chemotherapy, renal dialysis, endoscopy, are to be welcomed and the Emergency Assessment Service, the Programmed Investigation Unit, the Walk-In Centre, and the PCT Intermediate Care beds, will all have a beneficial impact on the services provided to Halton residents. The Council will need to decide whether the provision of a nurse-led intermediate care service is the most appropriate way to provide services.

  There should not, however, be an automatic assumption that the present number of patients treated by North Cheshire Hospitals will be retained after the proposals are implemented, and an assessment does need to be undertaken of the potential "leakage" of patients to neighbouring hospitals, and any impact on those hospitals.

It is Recommended that the Trust is asked to provide a Project Timetable to indicate the sequence and timing of the changes, and to ensure that arrangements for the Social work staff from Halton Hospital are provided. The Trust should also be asked to provide information about:

- **patient numbers**
- **beds**
- **finance**
- **capital**
- **impact on staff**

to more clearly demonstrate that the proposals are deliverable.

- Satisfactory arrangement with regards to transport and car parking are of such importance to require the Trust to resolve this issue prior to any change being implemented.

  It is Recommended that the Trust is asked to give an absolute assurance about the provision of satisfactory transport arrangements that are formulated, together with the interested local patient groups and organisations.

- The proposals in the document do provide the basis for a future strategy for the Trust and Halton Hospital.

  However, there is a real need to develop a wider health strategy for Halton that isn't just about delivering hospital services.

  It is perhaps surprising to find evidence of North Cheshire Hospitals, Five Boroughs Partnership, and Halton PCT each developing separate plans that involve and affect the Halton Hospital site and each appearing to be developing these plans in isolation.

  Clearly, what is required is a joint strategy that involves all the various health bodies, together with the Borough Council, which begins to address the many health issues present in the population, but in a planned and co-coordinated way that is sufficiently flexible to meet the changing needs and demands, but at the same time secures the long-term viability of the remaining services within Halton.

  There is a real opportunity for Halton Hospital to be at the centre of such strategy in the sense of a hospital in the community, as the Hospital is well located with excellent accommodation and is well regarded by the local community.

It is Recommended that the Chief Executive, Halton Borough Council, approach the Chief Executive of the Strategic Health Authority to bring together all interested parties to begin to develop a co-ordinated and flexible long-term plan for managing health care provision for the population of Halton.

9. Acknowledgement

Sincere thanks go to all the individuals and groups who made time available to discuss this issue.

Also thanks to Kim Hannay for adding to her workload and who organized the many meetings and discussions.