



## Health Scrutiny Joint Committee

**Date:** 11 July 2013  
**Time:** 9.30am  
**Venue:** Council Chamber, Civic Centre, Hartlepool. TS24 8AY

### Membership

Durham County Council: Councillors L Pounder, W Stelling and R Todd  
Hartlepool Borough Council: Councillors J Ainslie, S Akers-Belcher and K Fisher  
Stockton-on-Tees Borough Council: Councillors M Javed, N Wilburn and M Womphrey

### **Agenda**

1. Appointment of Chair
2. Appointment of Vice-Chair
3. Apologies for Absence
4. Declarations of Interest
5. Protocol for the Health Scrutiny Joint Committee
6. Reconfiguration of Emergency Medical and Critical Care Services – North Tees and Hartlepool NHS Foundation Trust:-
  - (a) Covering Report – *Scrutiny Manager*
  - (b) Presentation - *Representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group, Durham Dales, Easington and Sedgefield Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust*
7. Information and evidence from other relevant organisations
8. Any other business which the Chair considers urgent

For information:-

Date of next meeting – 29 July 2013 at 11.30am in Jim Cooke Conference Suite, Stockton Central Library, Church Road, Stockton-on-Tees

**Protocol for the  
Health Scrutiny Joint Committee**

**Emergency Medical and Critical Care Review**

1. This protocol provides a framework under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013 for considering and providing a formal consultation response in relation to proposals affecting the population covered by North Tees and Hartlepool NHS Foundation Trust, in particular:
  - (a) the proposed centralisation of emergency medical and critical care services at University Hospital of North Tees, as recommended by the National Clinical Advisory Team.
  - (b) the development of services at University Hospital of Hartlepool in the period leading up to the opening of the new hospital.
  - (c) any associated proposals for additional elective and rehabilitation services at the University Hospital of Hartlepool.
2. The terms of reference of the Health Scrutiny Joint Committee is set out at **Appendix 1**.
3. The Health Scrutiny Joint Committee formed for the purpose of the consultation outlined at paragraph 1 will, following approval of this protocol at its first meeting, circulate copies of the same to:-

Local Authorities

Stockton-on-Tees Borough Council; Hartlepool Borough Council; Durham County Council

Clinical Commissioning Groups (CCG)

Hartlepool and Stockton-on-Tees CCG  
Durham Dales, Easington and Sedgefield CCG

NHS Foundation Trusts

North Tees and Hartlepool NHS Foundation Trust  
("the relevant NHS Bodies")

Health Scrutiny Joint Committee

4. A Health Joint Scrutiny Committee ("the Joint Committee") comprising Durham County Council, Hartlepool Borough Council and Stockton-on-Tees Borough Council, ("the constituent authorities") has been established in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013 for the purposes of formal consultation by the relevant NHS Bodies in relation to the matters referred to at paragraphs 1(a) of this protocol, and in particular in order to be able to:-

- (a) make comments on the proposals consulted on, to the relevant NHS Bodies under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013;
- (b) require the relevant NHS Bodies to provide information about the proposals under the Regulations; or
- (c) require an officer of the relevant NHS Bodies to attend before it under the Regulations to answer such questions as appear to it to be necessary for the discharge of its functions in connection with the consultation.

### **Membership**

- 5. The Joint Committee will consist of equal representation, with three representatives to be appointed from the health scrutiny committees of each of the constituent authorities.
- 6. The term of office for representatives will be for the period from the date of their appointment by their constituent authorities until their relevant authority's next annual council meeting. If a representative ceases to be a Councillor, or wishes to resign from the Joint Committee, the relevant council shall inform the joint committee secretariat and the replacement representative shall serve for the remainder of the original representative's term of office.
- 7. To ensure that the operation of the Joint Committee is consistent with the Constitutions of all the constituent authorities, those authorities operating a substitution system shall be entitled to nominate substitutes.
- 8. The Joint Committee may ask individuals to assist it (in a non-voting capacity) and may ask independent professionals to advise it for the purposes of the consultation process.
- 9. The quorum for meetings of the Joint Committee shall be a minimum of one member representative from each of the constituent authorities.

### **Chair and Vice-Chair**

- 10. The Chair of the Joint Committee will be a Member representative from Hartlepool Borough Council and the Vice-Chair will be a Member representative from Stockton-on-Tees Borough Council. The Chair will not have a second or casting vote.
- 11. If the agreed Chair and Vice-Chair are absent from a meeting, the Joint Committee shall appoint a member to chair that meeting from the representatives present who are members of the same constituent Council as the Chair.

### **Terms of Reference**

- 12. The Joint Committee will be the formal consultee under the Regulations and the Directions for the purposes of the consultation by the relevant NHS Bodies concerning those matters outlined at paragraphs 1(a) and will have the functions specified at paragraphs 4(a) - (c) inclusively of this protocol. Terms of reference are set out at Appendix 1.

**Administration**

13. Meetings shall be held at the times, dates and places determined by the Chair in consultation with each of the constituent authorities.
14. Agendas for meetings shall be determined by the secretariat (Hartlepool Borough Council) in consultation with the Chair.
15. Notice of meetings of the Joint Committee will be sent to each member of the Joint Committee at least 5 clear working days before the date of the meeting and also to the Chair of the constituent authorities' relevant overview and scrutiny committees (for information). Notices of meetings will include the agenda and papers for meetings. Papers "to follow" should be avoided where possible.
16. Minutes of meetings will be supplied to each member of the Joint Committee and to the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information) and shall be confirmed at the next meeting of the Joint Committee.

**Final Report and Consultation Response**

17. The Joint Committee is independent of its constituent councils, executives and political groups and this independence should not be compromised by any member, officer or relevant NHS bodies. The Joint Committee will send copies of its final report and formal consultation response to the relevant NHS Bodies and the constituent authorities.
18. The primary objectives of the Joint Committee will be to reach consensus, but where there are any aspects of the consultation as regards which there is no consensus, the Joint Committee's final report and formal consultation response will include, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.

**Principles for joint health scrutiny**

19. The constituent authorities and the relevant NHS Bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial and/or disclosable pecuniary interests will be declared in all cases in accordance with the code of conduct and Localism Act 2011.
20. The Joint Committee's procedures will be open and transparent in accordance with the Local Government Act 1972 and the Access to Information Act 1985 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be able to be considered in private. Papers of the Joint Committee may be posted on the websites of the constituent authorities as determined by them.
21. Communication with the media in connection with the Joint Committee's views will be handled in conjunction with each of the constituent local authorities' press officers.



## APPENDIX 1

## HEALTH SCRUTINY JOINT COMMITTEE

## TERMS OF REFERENCE

1. To consider the proposals affecting the population covered by North Tees and Hartlepool NHS Foundation Trust, in particular:
  - a) the proposed centralisation of emergency medical and critical care services at University Hospital of North Tees, as recommended by the National Clinical Advisory Team.
  - b) the development of services at University Hospital of Hartlepool in the period leading up to the opening of the new hospital.
  - c) any associated proposals for additional elective and rehabilitation services at the University Hospital of Hartlepool.
  
2. The Joint Committee will as part of this process consider the following consultation questions as contained in the public consultation document, 'Providing safe and high quality care leading up to the opening of the new hospital':
  - a) What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?
  - b) If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?
  - c) What do you think are the main things we need to consider in putting the proposed changes in place?
  - d) Is there anything else you think we need to think about?
  
3. In order to be able to formulate and provide views to the relevant NHS bodies on the matters outlined in paragraphs 1 and 2 above, the Joint Committee may:-
  - a) require the relevant NHS Bodies to provide information about the proposals the subject of the consultation with the constituent local authorities and the Joint Committee; and
  - b) require an officer of the relevant NHS Bodies to attend meetings of the Joint Committee, in order to answer such questions as appear to them to be necessary for the discharge of their functions in connection with the consultation.
  
4. To formulate a final report and formal consultation response to the relevant NHS Bodies on the matters referred to at paragraphs 1 and 2 above, in accordance with the protocol for the Health Scrutiny Joint Committee and the consultation timetable established by the relevant NHS Bodies.
  
5. To ensure the formal consultation response of the Joint Committee includes, in full, the views of all of the constituent authorities, with the specific reasons for those

views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.

# HEALTH SCRUTINY JOINT COMMITTEE

11 July 2013

**Report of:** Scrutiny Manager

**Subject:** RECONFIGURATION OF EMERGENCY MEDICAL  
AND CRITICAL CARE SERVICES – COVERING  
REPORT

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## 1. PURPOSE OF REPORT

- 1.1 To introduce representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group, Durham, Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust who will be present at today's meeting to present the proposed changes to Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust.

## 2. BACKGROUND INFORMATION

- 2.1 A Joint Health Scrutiny Committee has been formally established under The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations with representation from Hartlepool Borough Council, Stockton-upon-Tees Borough Council and Durham County Council to consider the proposed changes to Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust.
- 2.2 Only the joint scrutiny committee may:
- Require the organisation proposing the change to provide information to them, or attend to answer questions;
  - Make a report and recommendations back to the organisation proposing the change. In accordance with the regulations, the Joint Committee will be the vehicle through which the respective Local Authorities will respond to the consultation.
- 2.3 The power to refer to Secretary of State can only be exercised once the NHS body or relevant health service provider proposing the service change has responded to the comments of the joint scrutiny committee and all forms of local resolution have been exhausted. However, it can be exercised by any of local authorities originally consulted or by the joint arrangement where the power to refer has been delegated to it.

Proposed changes to Emergency Medical and Critical Care Services in Hartlepool

- 2.4 At the request of Hartlepool and Stockton-on-Tees Clinical Commissioning Group, the National Clinical Advisory Team (NCAT) has undertaken a review of the provision of Critical Care and Emergency Medical services within North Tees and Hartlepool NHS Foundation Trust. The National Clinical Advisory Team provide independent clinical expertise to support and guide the local NHS on service reconfiguration proposals to ensure safe, effective and accessible services for patients. The team was lead by Dr Chris Clough from Kings College Hospital, London. The purpose of the visit being to, clinically assure reconfiguration proposals for emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust.
- 2.5 The NCAT report (attached at **Appendix A**), which was published on 15 May 2013 summarised views and provided recommendations for change, including that Commissioners:
- work with the trust to centralise emergency medical services and critical care to the University Hospital of North Tees as soon as possible;
  - explain to the public what this means for them; and
  - ask their views about the things that they are concerned about, especially how they and their relatives get to hospital.
- 2.6 As a result of the NCAT review, the Clinical Commissioning Group has launched a public consultation (running from 20 May to 11 August 2013) to ask for views on the proposals and concerns about how the impact of the changes can be managed and implemented. The public consultation states that “after much discussion with health professionals, a review of alternative options and receiving the report from the independent National Clinical Advisory Team, which agreed that there are no viable safe alternatives, we are now proposing to centralise emergency medical and critical care services at the University Hospital of North Tees from October 2013.
- 2.7 Bringing these services together would affect some other services such as other parts of the medical directorate, pathology, radiology, pharmacy and other support services such as facilities and catering. It would mean that patients with lots of medical problems will not be able to have planned operations like hip replacements at the University Hospital of Hartlepool. We do not expect this would affect very many patients because modern anaesthetics are safer. We want to ensure that most health care in Hartlepool continues to take place locally so we will be looking at ways to provide more low-risk operations and other treatments in the University Hospital of Hartlepool for local people.
- 2.8 However, we always have to assess if this will be safe and it will be for that reason and that reason alone, that we would transfer high risk planned operations to the University Hospital of North Tees.”  
The consultation proposes that leading up to the proposed changes commissioners and the Trust would:-

- open 120 beds at the University Hospital of North Tees to make sure we have enough beds and staff to look after patients from right across our area;
- make extra space in critical care so we can look after critically ill patients;
- then, gradually, close the beds in medicine and critical care at the University Hospital of Hartlepool,
- and transfer a number of staff from support services such as pharmacy, radiology and pharmacy and estates that need to come to the University Hospital of North Tees to support the new arrangements.

2.9 The consultation (consultation document and engagement plan are attached at **Appendix B**) aims to get the views on the proposals and to understand concerns about the proposed changes. To do so it asks:-

- i) What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?
- ii) If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?
- iii) What do you think are the main things we need to consider in putting the proposed changes in place?
- iv) Is there anything else you think we need to think about?

Representation and evidence / information to be considered

2.10 The following representatives have been invited along to this meeting:

- North Tees and Hartlepool Foundation Trust
- Hartlepool and Stockton Clinical Commissioning Group
- Durham, Dales, Easington and Sedgefield Clinical Commissioning Group
- Healthwatch from Durham, Hartlepool and Stockton
- Representation from the NCAT Team
- North East Ambulance Service
- Social Services – representative from each Local Authority

2.11 The evidence and information requested for consideration at this meeting is as follows (the information will be provided for consideration at the meeting):

- Consultation document and Engagement Plan
- NCAT Report
- Impact on Durham, Hartlepool and Stockton residents including the:-
  - (i) numbers of people presenting at Hartlepool and North Tees Hospitals from each area
  - (ii) current and future capacity at Hartlepool and North Tees Hospitals

- Impact on Social Care Teams and Ambulatory Care
- Any proposals for additional elective and rehabilitation services at Hartlepool hospital
- Clinical quality, safety and financial pressures
- Impact at North Tees site
- Transport links (patients and visitors)
- Plans / space audit of Hartlepool and North Tees hospital sites
- How will the proposals affect staff at Hartlepool and North Tees Hospitals in relation to:-
  - (i) staffing ratios
  - (ii) transport
- Interim response rates of public questionnaire (by area)
- The development of services at Hartlepool hospital in the period leading up to the opening of the new hospital

2.12 Hartlepool's Audit and Governance Committee expressed views on the proposals at a meeting held on 31 May 2013. These views are attached as **Appendix C** for consideration by the Joint Committee when formulating its consultation response. The views of Durham's Adults, Wellbeing and Health Overview and Scrutiny Committee and Stockton's Adult Services and Health Select Committee will be considered by the Committee when formulated.

2.13 The Committee, when formulating its response, should consider the full context within which local health services are operating, including any clinical quality, safety or financial pressures.

### 3. RECOMMENDATIONS

3.1 The Joint Committee is recommended to:-

- (a) Consider the questions outlined in section 2.9 of this report in light of the proposed reconfiguration and formulate views to be included within the consultation response;
- (b) Consider the clinical quality, safety and financial pressures of the proposed reconfiguration; and
- (c) Consider the views expressed by Members of Durham's Adults, Wellbeing and Health Overview and Scrutiny Committee, Hartlepool's Audit and Governance Committee and Stockton's Adult Services and Health Select Committee and when formulating its consultation response

### 4. REASONS FOR RECOMMENDATIONS

4.1 To facilitate in the formulation of a consultation response for submission to the Hartlepool and Stockton-on-Tees Clinical Commissioning Group by 11 August 2013.

## BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

- (a) National Clinical Advisory Team (NCAT) Review – (available at <http://www.hartlepoolandstocktonccg.nhs.uk>); and
- (b) CCG consultation document and Plan (available at [Transformation Consultation | NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group](#))

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**National Clinical Advisory Team - NCAT****Chair: Dr Chris Clough****NCAT review**

To: North East NHS

**North Tees & Hartlepool NHS Foundation Trust**

Date of Visit: 29 January 2013

Venue(s): Hartlepool and North Tees Hospitals

NCAT Visitors: Dr Chris Clough  
Dr Mike JonesKing's College Hospital  
Denmark Hill  
London  
SE5 9RSAdministrator – Judy Grimshaw  
Tel: 020 3299 5172  
Email: Judy.grimshaw@nhs.net**1. Introduction**

- 1.1. NCAT was asked to clinically assure reconfiguration proposals for North Tees and Hartlepool NHS Foundation Trust (NTHFT) involving the University Hospital of Hartlepool (UHH) and University Hospital of North Tees (UHNT). The request for clinical assurance was initiated by Hartlepool and Stockton-on-Tees Clinical Commissioning Group as part of their service change assurance process as the Trust and Clinical Commissioning Group move towards public consultation.

- 1.2. Information reviewed - list of information received is shown in Appendix 1

- 1.3. Agenda and list of people met is shown in Appendix 2

**2. Background**

- 2.1. The background to this reconfiguration is lengthy and complex starting with the Tees Service Review in 2003, followed by the acute services review for Hartlepool and Teeside in 2005, the recommendations of the Independent Reconfiguration Panel 2006 and the development of the strategic plan Momentum – pathways to healthcare 2007. The details of these various recommendations and strategic plans will not be summarised here, but the conclusion of the most recent Independent Review Panel (IRP), the Momentum programme, is that there should be a single new hospital, built between Hartlepool and Stockton, to replace the current services provided at UHH and UHNT. Additionally there should be a number of other work-streams to ensure that health services were as near to patient homes as possible, with the development of community services.



- 2.2. As part of the health service reform/redesign in North of Tees and the shared vision originating from the recommendations of the IRP, the new hospital capital project was consulted on in late 2008, leading to a final draft of the outline business case. As part of the spending review undertaken by the new coalition government following the general election in May 2010, the approval for public dividend capital (£464m) was withdrawn in June 2010. The Trust, with support from the then PCT (NHS Tees) and now NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group, is exploring alternative options for securing the required finance and, by the end of 2013 hope to identify an appropriate financial partner. A new hospital at the Wynyard site is expected to be in service by 2017.
- 2.3. In advance of and as anticipated in the new NHS with a strive for greater quality and safety standards that move to the new hospital the Trust is experiencing clinical problems of sustainability to keep abreast of escalating standards with the continued provision of two site acute medical and critical care services. It is the case for change for these services that NCAT has examined, but we have also reviewed the overall strategic direction of the Trust plans. Within the accompanying paperwork, plans to close the stand alone midwife led birthing unit (MLBU) at UHH were advanced, but we understand these are being reconsidered in an overall assessment of the provision of midwife-led services that exist within the community, or are hospital based. Whilst NCAT can understand that there may be concerns about the affordability and sustainability of a small stand-alone MLBU (approximately 300 births per year) we have not addressed the issue of maternity services directly, and these are not further discussed within the following report.

### **3. Case for change**

- 3.1. Presently acute medicine and critical care (intensive care and high dependency care) are provided on the two sites of UHH and UHNT. Whilst UHNT is the major provider of acute medical services and critical care, UHH continues to admit acutely ill medical patients. Patients suffering from a possible stroke are already taken to UHNT (patients identified by the FAST test are transferred by the ambulance services to UNHT, other patients can self-present or be referred by GPs), and secondly patients

with acute coronary syndromes (ie those so-called STEMI patients) are taken directly or transferred to James Cook University Hospital for percutaneous coronary intervention. About 30 patients a day present to the acute medical unit (emergency medical unit) at UHH and a significant proportion of these will be ambulatory.

- 3.2. UHH is supported by a small critical care service with two ITU beds and two high dependency beds. Over recent years the bed occupancy has been 50% on average. Most of the activity using this service is referred on by the acute medical team. It is supported by anaesthetists with intensive care skills who are able to do a once daily ward round but are not able to offer the full panoply of intensive care support such as haemofiltration and routine tracheostomy can only be performed on mornings when the consultant is there. Such services are available routinely on the UNHT site. Patients for surgical tracheostomy need to be transferred to UNHT. It has been difficult to recruit and retain anaesthetists and medical staff to the UHH. In addition the nurses feel isolated within the unit and insecure about the level of care they are practicing.
- 3.3. The acute medical unit does run well and there are plenty of beds to which patients may be admitted , but again is not supported by the full panoply of services one would expect in a modern AMU. Patients need to be transferred to UNHT for endoscopy or other specialist opinion or interventions.
- 3.4. Thus the case for change here is predominantly clinically based, driven by the need to close the critical care unit at UHH which may potentially be unsafe, and secondly to provide modern fully supported acute medical care which certainly could not function without on-site critical care facilities. In the present situation patients may be left at UHH following their admission when it would have been better to transfer them in the first place to UNHT.
- 3.5. The proposal is to create a larger acute medical unit at UHNT, which would then be supported by a larger group of medical staff and other clinicians with specialist skills. The intensive care/critical care unit at UHH would

close and the capacity at UHNT would be expanded to accommodate the increased activity. Again there are likely to be efficiencies of scale and quality dividends by bringing all the individuals with intensivists skills onto one site.

- 3.6. The proposal will mean that the number of beds at UHNT will need to be expanded, and the figure given was of 100 extra beds committed to acute medicine. Within this present move there would also be some movement of plain X ray and diagnostic services to support acute medicine and critical care but these services would also remain on the UHH site to support outpatient services. Patients requiring elective surgery on the UHH site would undergo appropriate assessment to ascertain their ASA grade. Low grade patients (ASA 1 and 2) would be deemed fit enough to undergo surgery at the elective care centre. Those with higher ASA grades would be treated at UNHT in case of the need for critical care.

#### **4. Views expressed on the day**

- 4.1. The Trust and the CCG both have clear and creditable plans to develop high quality care for the people of Stockton and Hartlepool. It is important that the plans that emerge are evidence based and can be supported by our clinicians.
- 4.2. The Trust took on community services some time ago and would like to deliver integrated care, but there has been less investment in the community services at the Stockton side to enable us to do this.
- 4.3. There are now three short-listed bidders which have emerged to compete for the development/funding of the new hospital, and we would expect a recommendation by the end of the year
- 4.4. There has been a renaissance in community services. The single point of access has been a great success with signposting of appropriate services for the first time. However staff working at the SPA centre can feel stressed when attempting to make a decision about what is the appropriate patient pathway to recommend, and the default position may well be to admit.

- 4.5. We need to plan for the future, particularly the management of the frail elderly. It will be important to have integrated services with social services. A large proportion of these patients will have dementia who require appropriate care.
- 4.6. These plans will mean that 97% of the healthcare contacts that occur presently will remain in Hartlepool. We recognise that transport needs to be a key project. We are suggesting there needs to be a shuttle bus between the two hospitals. We know the public is worried about transport and it will be important to enhance both public transport and ensure that the ambulance service has sufficient capacity to make swift transfers if need be.
- 4.7. We are an upper decile performer with regard to average length of stay (3.6 days) for the acute medical service. We are trying to run an 85% bed occupancy, but often the occupancy is over 90%, particularly at the Stockton end (UHNT). Surgery runs at much lower occupancy rates (77-78%). Overall there will be 100 extra beds at North Tees to accommodate the increase in medical activity and this can be provided by refurbishing wards as at present. Additionally it would be relatively easy to reprovide the intensive care beds by some creative utilisation of space within the present ITU.
- 4.8. We must try to concentrate our elective surgical activity on the UHH site. Out of hours there will be a resident medical officer supported by advanced care nurse practitioners.
- 4.9. There are problems treating patients safely in the present UHH ITU. The number of beds is small, with low bed occupancy, and the medical cover relies on general anaesthetists some with intensivist skills. There is no dedicated intensivist presence on the ITU.
- 4.10. There is a growing disparity between the two sites because of the increasing isolation of the acute medical service and supportive critical

care. This can lead to an unwillingness to transfer patients from UHH which may not be in the patients' best interests. It is difficult to get specialist advice re haemofiltration and other specialist interventions for the patients in ITU. We have difficulty recruiting anaesthetists because of the low ITU throughput and facilities at UHH.

- 4.11. It would be difficult to justify training of junior anaesthetists in the ITU, and it is unlikely that the Deanery would support this at the UHH site. Increasingly we rely on locums which are difficult to find, and locum behaviour is worrying. Whilst what we are doing is adequate, this is not the model of care we want to see in the future.
- 4.12. One of the biggest challenges we have is working with the social services. However we do think we can preserve the relationships that have developed at UHH with community and social services if the acute services were to transfer to UHNT.
- 4.13. We want to develop consultant-led surgical care and this plan would assist that direction of travel. In the main UHH, as a surgical elective centre, would be dealing with orthopaedics (lower limb arthroplasty, spinal anaesthesia), breast surgery and paediatric day case surgery. There have been rare occasions when it has been necessary to open up the theatre out of hours for a deteriorating surgical patient using the UHH team. In future this occurrence must be kept to a minimum but in an extreme case it may be necessary to stabilise patients on the UHH site before transfer to UHNT.  
We must utilise the capacity at UHH because without those 3 operating theatres we would not have the capacity to deliver all the surgical activity at UHNT.
- 4.14. There are concerns about equipment transfer between the two sites, and this needs to be clarified. We also need to do further work about understanding what competencies the out of hours team must have to support the level of elective care we would predict.

- 4.15. The acute medical team is comfortable with the assumptions about the rising level of admissions. We would expect this to be no more than 1% per year if integrated care and management of the vulnerable patients is developed within the community. We have work streams in mental health, substance misuse which aim to look at those care pathways carefully to identify patients at risk and prevent them being admitted unless absolutely necessary.
- 4.16. The local GPs are happy with the quality of care presently delivered at the two hospitals. We recognise the challenges faced by the Trust and support the movement of acute care to one site at UHNT.
- 4.17. We are not happy with the numbers of patients presently attending the ambulatory care unit at the Trust, and think these numbers need to be reduced over time by better provision of primary and community care. We recognise that GP services need to be more accessible, with 7 day working and extended hours. Presently there are a lot of zero day admissions; these need to be prevented wherever possible.
- 4.18. We are not happy with the paediatric assessment unit at UHH. We expect our children who are identified as being sick to be assessed by a paediatrician, at best a consultant, and presently this is mainly being performed by a nurse practitioner. Hence many of us are diverting children to UHNT anyway.
- 4.19. Whilst we recognise that community care needs to be developed, we must accept there has never been sufficient investment in the community services. It is worrying that the Trust re-admission rate is high, better community provision would help improve that.
- 4.20. Transport issues are key factors for patients.
- 4.21. The local Hartlepool Council has passed a vote of no confidence in the Trust management. Many people in Hartlepool do not support the building of a new hospital at Wynyard.

- 4.22. We would like to challenge the logic of the Momentum proposals. Why it is necessarily Stockton is the acute site rather than Hartlepool?
- 4.23. Patients do have concerns about the interim plans. Many of us took some convincing about the Momentum plans but have come to the view that the plans are acceptable as long as we develop community plans, and we would strongly support all attempts to keep care close to home.
- 4.24. We think the staff on both sites are good, and when we access care it is generally of a good quality. There are problems with access to some of the GPs locally, with up to 48 hours wait for an urgent appointment.

## **5. Discussion**

- 5.1. Prior to the NCAT visit, both visitors were provided with a good deal of information about the background to the reconfiguration and the considerable political and other difficulties that the Trust and Commissioners have had over the past few years in making change happen with the North East. Thus it wasn't always clear from the paperwork what the substance of the proposal was, and what operational steps had been taken to achieve that. We fully understand the political difficulties in making change happen. Nevertheless we think the supportive paperwork could be considerably simplified, and certainly this would be necessary for public consumption, so that everybody is clear exactly what the proposal is about, the clinical case for change and what are the objectives and hoped-for outcomes to be achieved.
- 5.2. The core of this reconfiguration proposal is relatively straight-forward and that is the consolidation of the acute medical service on one site at Stockton and the transfer of the critical care services (ITU and HDU) to the Stockton site. This is the proposal we have clinically assured. As above, we have not reviewed plans for any changes in maternity services but did express our concerns about the viability of small standalone midwife led birthing units. We have not clinically assured any plans for a single site for all services, as envisaged with the new hospital build. Nevertheless we would like to make some broad strategic comments about the movement to

a possible new hospital at Wynyard, as this needs to be seen in the context of a national movement to create hospitals able to deliver care 24/7 with round the clock working for the acute team and supportive diagnostics.

- 5.3. We recognise that the public see a linkage between the interim plans and the final plans, but we think there is a pressing need to do something about what is happening to the acute services presently, no matter what the plans are for the future. Thus we see no need to link our decision with the decision making processes required for the acute hospital.
- 5.4. The clinical case for change can be strongly supported. What we witnessed today was dedicated and hard-working clinical teams at both sites, endeavouring to create a first class service but hampered by the present configuration. The key to what must happen is the provision of critical care. The present critical care service at UHH is inadequate, poorly staffed and does not meet the standards required for a modern intensive care unit. Its size and level of use mean that it will never be able to achieve these standards, thus it is not surprising that anaesthetists feel uncomfortable about working there, and there are problems with recruitment of anaesthetists and support staff. We heard that at times the nursing staff, particularly at night, feel unsupported and concerned in case a clinical error occurs. Certain practices are unacceptable, for instance the level of support for tracheostomy, the lack of haemofiltration and the ability to call on other specialist services. It is difficult to envisage how these deficits may be corrected. Massive investment in the service is not justified on the level of patient use, and it would be unlikely to be supported by the local education and training board (previously deanery). Thus we can see no alternative other than to transfer this service to UNHT. We believe there is capacity at that site to accommodate the increasing activity, and there will be the opportunity to bring together all the available staff and develop a dedicated intensivist workforce at UNHT.
- 5.5. The inevitable consequence of decommissioning critical care at UHH is that acute medical care can no longer be provided. Acutely sick patients need the availability of on-site resuscitation and critical care facilities. This must trigger the movement of acute medical care to UNHT. Not only that,



the present service is relatively small and does not have the full panoply of acute specialist care that is required to deliver high quality acute medicine. The bringing together of the two units under a single roof will undoubtedly enhance the level of support required for acute medicine and ensure there are viable specialist rotas, for instance in gastroenterology, respiratory medicine etc. It should also enhance the ability of elderly medicine to play an important part in identifying the frail elderly who require a comprehensive geriatric assessment and subsequent multi-disciplinary management.

- 5.6. When we spoke to the public and to the Overview & Scrutiny Committee members there was a significant majority in favour of the clinical argument for reconfiguration of the service. Not surprisingly the strongest support did come from those members of the public residing within the Stockton end of the patch. Nevertheless there were others from Hartlepool who also supported the plans. Understandably there are great concerns from the Hartlepool population about any changes to the services at UHH. They had two main concerns; firstly, whilst recognising that only a small part of the hospital services were being transferred to UNHT, and that the majority of services were remaining, it was felt that this could be the beginning of the end for UHH. Secondly, there are considerable concerns about transport – this has two components, firstly the extra travelling that relatives and carers would have to make in order to see their loved ones at UNHT when they were admitted acutely, and secondly was there sufficient capacity within the ambulance services to absorb the increased activity that inevitably would result from this transfer. From a clinical standpoint, the potential for small increases in travel times does not pose a significant clinical risk.
- 5.7. The Trust and its partners need to explain clearly the clinical case for change here, which is strong and can be strongly supported, but also reassure the Hartlepool public in particular that there is a continuing future for their hospital as a centre for elective care and other cold site services such as diagnostics and outpatients. Indeed there is a potential within the plans to develop intermediate care at UHH which would improve the care pathway for patients and ensure that once Hartlepool patients in particular had been treated at UNHT, they would be rapidly stepped down to

appropriate intermediate care facilities at UHH. The development of intermediate care at UHH will be an important component in managing the throughput of patients at the acute end.

- 5.8. Not enough has been done to describe patient narratives which I tell the story of what happens now and what will happen in the future. Overall we would expect these changes to deliver better patient outcomes, and all the OSC representatives and members of the public we spoke to agreed that some increased travel times was a necessary price to pay for better quality of care.
- 5.9. We were concerned about the lack of clarity about capacity planning for the enlarged Stockton unit. The assumptions used to model the bed numbers need to be robustly challenged and risk-assessed. Whilst it is very commendable that the CCG is emphasising the importance of providing adequate community services, and are putting plans in place to enhance admissions avoidance, it would be unwise to make any great assumptions that this necessarily will result in lowering the rise in hospital admissions. The Trust does need to plan for worse-case scenarios and risk-assess appropriately. It is possible that levels of admissions continue to rise and the planned achievements or reduction in average length of stay are not realised. We think the public need to be reassured that capacity planning has been carried out rigorously and the new service will be able to run efficiently and provide beds when they are needed. It would be best practice for the acute medical unit to assume a bed occupancy of 75% rather than the higher levels it has been achieving presently. The proposed bed/ambulatory care spaces in the acute medical unit on the UHNT site must be carefully modelled on present numbers and the time of day when patients present to ensure that the high quality care provided at the moment will not be compromised by the introduction of patients queues
- 5.10. There is much to be gained by developing primary care services and utilising community care. A community approach that utilises case registers for elderly patients with multiple morbidities, who are then appropriately risk stratified, would hopefully identify those patients in danger of needing admission so that they can receive targeted care within the community. Whilst we cannot guarantee that this would drive down

hospital admissions, the health economy can only thrive in the future if it reduces the reliance on hospital services, where the majority of costs are; the approach must be to concentrate on provision of high value interventions and decommission those healthcare interventions that have low value.

- 5.11. Removal of the acute services and critical care services from UHH will mean the Trust is able to focus on the provision of elective care on the UHH site. This can have considerable advantages in improving efficiency , patient flows and lowering rates of hospital acquired infection. Elective sites should be run to maximally utilise those resources, ensuring high levels of bed occupancy and theatre utilisation with low rates of cancellation and short waiting times. Patients will need to be appropriately risk-stratified, we were pleased to hear that the surgeons and anaesthetists fully recognise this. Consideration should be given to all the specialties that could potentially provide services on the UHH site as part of an elective care centre to ensure maximal utility of this site.
- 5.12. So far there has been very little debate about what the clinical support will be like following reconfiguration, and the key clinical competencies that must be provided in and out of hours within the on-site clinical team. This will be an important issue to resolve in advance of the transfer, and will determine exactly what the case-mix of patients who will be treated at UHH should be. There are a number of modern practices which can significantly enhance post-operative care of patients within daytime and early evening hours to ensure safe post-operative recovery and identify those patients who need further care (ie if they deteriorate surgically or have medical complications). This will require that appropriate protocols are put in place with physiological tracking schemes which provide an early warning of those patients who might need further care or indeed transfer to UHNT.
- 5.13. We would suggest that the clinicians, i.e. the surgeons and anaesthetists, get together very quickly to discuss these issues and agree on what the protocols of care should be, and what this might mean for the design of the clinical services. A lot can be safely done out of hours with the provision of a clinical team consisting of advanced care nurse practitioners with

resuscitation skills (ALS) but we suspect, following the discussion of the proposed case-mix of patients, there will need to be a medical presence on site overnight. This was described as a resident medical officer, or alternatively as a surgical trainee. The key to unlocking this problem is to look at the competency base of the whole team required to be on site in and out of hours. This will identify the skills and competencies of the individuals required. For instance we have seen similar plans where it was thought the most appropriate individual was an anaesthetist in training. Senior level support can be via telephone, presumably the on-call team at UHNT. Further thought should be given to whether telemedicine connections have anything to offer; for instance a video link might enable a consultant at distance to see and evaluate a patient, and watch a clinical exam. Digital imaging information can be easily transferred between the two hospitals. Our conclusion was that more work needs to be done to define the level of clinical support which would reside in and out of hours at UHH.

- 5.14. Turning to the more strategic issue of the long-term future of acute hospital services within the North East. This is of course a very large question, but it is one we feel we must raise. Whilst we wouldn't want to hold up the planning that is moving at a pace for the new acute hospital at Wynyard, we would point out that, within the North East, there are probably too many small DGH style hospitals. It would be appropriate to consider the consequences of planning a new hospital as above, but also to recognise that there may be an opportunity to configure services advantageously for the North East which in this case we would define roughly as that area between the Tyne and the Tees. It is clear that the two fixed points for acute hospital services are the Royal Victoria Infirmary at Newcastle and the James Cook University Hospital Middlesbrough. These are both large tertiary and, secondary care style hospitals which provide most services. What then is the requirement for other acute care providers? Whilst we recognise that the Healthcare Act provides for more qualified providers coming into the marketplace, acute care is extremely complex and costly and requires a strategic plan with partnership working between commissioners and providers.
- 5.15. The challenges ahead are a health economy which will not be growing as in previous years, and a requirement for year on year significant efficiency

savings. The major brunt of this inevitably will fall on the acute services, especially as there is a drive to improve primary and community services and deliver more care closer to patients' homes. The inevitable result of this is that there will be a requirement for fewer acute hospitals, and that these will cater for larger populations. The other side of the coin is that clinical care is becoming increasingly specialised within the acute sector, and needs to be provided by larger teams of clinicians who are available around the clock to ensure that patients' conditions are diagnosed speedily, and that there is immediate access to diagnostics and treatment in order to improve clinical outcome and produce shorter stays in hospital. Other drivers to change include a coming together of more specific services, for instance paediatrics, with the drop in the need to admit children and a requirement to provide 24/7 high quality inpatient care from dedicated paediatricians. This inevitably means there will be fewer paediatric inpatient units in the North East. We are aware that there are discussions within the North East to determine where these may be placed. The inevitable consequence of fewer paediatric units is fewer neonatal intensive care units and that will define where obstetric units will be placed (unless the size of the maternity unit justifies having its own standalone NICU).

- 5.16. We raise these issues because we think that there needs to be a broader strategic assessment of the requirement for acute hospital services within this geographical area and that CCGs need to come together to future-proof any plans they may have for new capital investment in acute hospital services. In the case of the proposed new hospital at Wynyard for instance, there may be a critical cut-off level for the population catchment area which will mean that the business case is challenged. If for instance this geographic site means that more patients from Hartlepool, through choice, are drifting down to the James Cook University Hospital, that could reduce the patient catchment to about 300,000, which will lead to a potential fall in income to fund the complex acute hospital care we would envisage as above. We would estimate (and here the evidence base can be challenged) that a larger population base of 500,000 and above, would lead to a more sustainable and affordable model. Nevertheless there are many other factors to consider including geographical variation, population clusters, travel times and political factors. Despite this, we think that this issue must

be raised with the commissioners and addressed speedily prior to proceeding with the new hospital build.

### 6. Conclusions

- 6.1. The clinical case for change is accepted. NCAT can support the move of the acute medical services and critical care services to UHNT. The timescale, whilst challenging, is supported and necessary in view of the potential for clinical risk at the UHH site
- 6.2. Capacity modelling needs to be robust and ensure that the reconfigured acute medical service aims to operate with an average bed occupancy of 75%.
- 6.3. The Trust needs to describe clearly what these changes will mean for the public and what services can be expected on both sites. A number of clinical narratives describing patient journeys need to be put forward to explain the change.
- 6.4. The public needs to see action taken about their concerns regarding transport and availability of appropriate public services between the two sites. Additionally the North East ambulance service needs to ensure they have sufficient capacity to deliver the increased numbers of transfers that might arise.
- 6.5. The residual clinical support (including medical on call) needs to be described on the UHH site. The approach should be one whereby the clinical competencies for the out of hours and in hours teams are defined to support the acutely ill patient.
- 6.6. The CCG and Trust need to work together to define patient pathways which ensure the right patient is treated in the right place first time, the aim being to reduce the number of patients who are admitted to secondary care and to improve overall quality of care delivered to patients, particularly those with multiple morbidity and long-term care needs.

- 6.7. The bigger questions of acute hospital strategy for the North East need to be addressed (see above).

**7. Recommendations**

- 7.1. The Trust proceeds to public consultation regarding the changes described above as soon as possible.
- 7.2. The CCG and Trust working together to respond to the conclusions as above and gives a written response to NCAT and NHS North of England within 3 weeks.
- 7.3. The CCG and Trust consider the need for external clinical review of the plans for the new hospital beyond the element of review built into the next steps of commissioning the new hospital to ensure that the model of care and facilities proposed will meet the needs of the local population and wider strategic direction of healthcare in the North East.

Appendix 1 Documentation Received

**1 Covering Letter**

**2 Strategic Options**

2.1 Strategic Options – 4 May 2012

Previous versions available if required

2.2 Presentation Transition Plan Summary of Options 12 June 2012

**3 Cases for Change**

3.1 Transition Plan 17 October 2011

3.2 Transition Workshop outcomes

**4 Project Management of Service Reconfiguration**

4.1 Presentation Strategic Options for Future Configuration of Services – 24 April 2012

- Transition Board Agenda – 17 January 2012
- Transition Board Agenda – 17 October 2011
- Service Transformation Project Group – Agenda of 7 December 2012

4.2 Service Transformation Project Group – Terms of Reference

4.3 Service Transformation Project Group – Project Initiation Document

4.4 Service Transformation Project Plan

5 North of Tees Partnership Board Agenda 20 December 2012

4.5 North of Tees Partnership Board Terms of Reference

5 North of Tees Partnership Board Agenda 21 June 2012

4.6 Minutes of the North of Tees Partnership Board – 21 June 2012

4.7 Service Transformation Presentation to North of Tees Partnership Board – 21 June 2012

**5 Communication and Stakeholder Engagement**

5.1 Communications Strategy and Implementation Plan

5.2 £40 m Challenge / Transition Plan – Engagement Schedule

5.3 Report to Executive Team: future service model 28 August 2012

5.4 Report to Trust Board: future service model 13 September 2012

5.5 Presentation to Trust Directors Group 19 October 2012

Report to Trust Executive Team 27 November 2012

Audit Trail of Current Engagement relating to Service Transformation.

**6 Overview and Scrutiny Committee**

6.1` Presentation to demonstrate the Trusts' commitment to developing services in Hartlepool – February 2012

6,2 Presentation by NHS Hartlepool on the proposal to transfer Outpatient Services to One Life

Hartlepool – 23 August 2012

6.3 (a & b) Presentation by NHS Hartlepool and Stockton and Tees Clinical Commissioning

Group and North Tees & Hartlepool NHS Foundation Trust – October 2012

6.4 Report to outline the potential impact of Outpatient moves into Community settings –



December 2012

6.5 The Positive Moves discussed with Hartlepool OSC on 15 December 2011

## **7 Clinical Evidence**

- Links to Clinical Evidence documents

## **8 Guidance and Service Reviews**

8.1 Guide to Service Change – Incorporating the NHS Yorkshire and the Humber Service Change Assurance Process

8.2 Reconfiguration Proposals That Have Passed The Lansley Criteria (HSJ Online (19/11/10))

8.3 Tees Review Acute Services – Report by Professor Sir Ara Darzi 2005

8.4 Independent Reconfiguration Panel Report (IRP) – Advice of Proposals for changes to Maternity and Paediatric Services in North Tees and Hartlepool 2006

## **9 Clear and Credible Plans**

9.1 NHS Hartlepool and Stockton-on-Tees CCG

9.2 NHS Durham Dales, Easington and Sedgefield CCG

## **10 Activity and Performance and Additional Information**

10.1 Annual Report

10.2 Annual Plan

10.3 Operational Efficiencies Report 2011/12

10.4 Operational Efficiencies Report 2012/13 to date

10.5 Board of Directors Report – Operational Efficiencies – November 2012

10.6 Board of Directors - Winter Resilience Report – October 2012

Appendix 2

**PROGRAMME FOR VISIT**

Time	Subject	Venue
9.15 am	Introduction to NCAT by Dr Chris Clough	Board Room University Hospital of Hartlepool
9.20 am	Expectations of the Visit and NHS Hartlepool and Stockton-on-Tees Clear and Credible Plan – led by Dr Boleslaw Posmyk and Mrs Alison Wilson.	
9.35 am	Case for Change and the bigger picture – led by Trust Executive Team.	
9.50 am	Discussion	
10 am	Tour of facilities at the University Hospital of Hartlepool including ITU, Ward 7, EAU and Ambulatory Care	Visit General Medicine and Critical Care
11.45 am	Clinical Case for Change	Board Room University Hospital of Hartlepool
12.15 am	Discussion	
12.30 pm	<b>WORKING NETWORKING LUNCH</b> Trust consultants drop in	
1 pm	Meet with Local GPs and CCG Representatives	Board Room, University Hospital of Hartlepool
2pm	Meet with Representatives from Hartlepool, Durham and Stockton Overview and Scrutiny Committee	Board Room, University Hospital of Hartlepool
2.45pm	Meet with Representatives from Patient Carer Groups (LINKs, Hospital User Group)	Board Room, University Hospital of Hartlepool
3.15 pm	<b>TRAVEL TO UNIVERSITY HOSPITAL OF NORTH TEES</b>	
3.50 pm	Tour of facilities on the University Hospital of North Tees including EAU, Ambulatory Care, Short Stay Unit and Critical Care Unit.	Visit General Medicine and Critical Care
4.45 pm	Closing Session	Board Room, University Hospital of North Tees
5 pm	Depart the University Hospital of North Tees	

## National Clinical Advisory Team - NCAT

### People Met

Julie Gillon	Chief Operation Officer/Deputy Chief Executive
David Emerton	Medical Director
Lynne Hodgson	Director of Finance & Information Management
Alan Foster	Chief Executive
Sue Smith	Director of Nursing and Patient Safety
Farooq Brohi	Consultant Anaesthetist & Critical Care
Kevin Oxley	Commercial Director
Narayanan Suresh	Clinical Director Anaesthetics
Cameron Ward	Acting CE NHS Tees
	Director (Durham, Darlington & Tees) Area Team of NHS
	Commissioning Board
Ben Clark	Assistant Director (Durham, Darlington & Tees) Area Team of NHS
	Commissioning Board
Katie Dixon	Strategic Planning Manager
Nick Roper	Clinical Lead, Acute Medicine and New Hospital
Jean Macleod	Clinical Director Medicine
Linda Watson	Clinical Director of Community Services
Peter Tindall	AD Strategic Planning & Development
Boleslaw Posmyk	Chair NHS Hartlepool and Stockton-on-Tees CCG
Ali Wilson	Chief Officer NHS Hartlepool and Stockton-on-Tees CCG
Paul Williams	Locality Lead (Stockton) NHS Hartlepool and Stockton-on-Tees CCG
Mike Smith	Locality Lead (Hartlepool) NHS Hartlepool and Stockton-on-Tees CCG
Paul Pagni	GP
Nick Timlin	GP
Paddy O'Neill	GP
S Findlay	GP, CCO DDES CCG
Graeme Niven	Chief Finance Officer, NHS Hartlepool and Stockton-on-Tees CCG
Jed Hall	Vice Chair, Hartlepool Health Scrutiny Forum
Louise Wallace	Director of Public Health, Hartlepool Borough Council/PCT
Keith Fisher	HBC – Member of Health Scrutiny Forum

## National Clinical Advisory Team - NCAT

G Lilley	HBC – Member of Health Scrutiny Forum
J Beall	Deputy Leader, Chair HWB Stockton Borough Council
M Javed	Chairman Health Committee Stockton Borough Council
Peter Kelly	Director of Public Health, Stockton Borough Council
Peter Meenear	Scrutiny Officer, Stockton Borough Council
Cllr Robin Todd	Chair, PWH OSC Durham County Council
Feizel Jassat	OSC Manager, Durham County Council
Chris Greaves	General Manager, Anaesthetics & Critical Care
Sue Piggott	General Manager Medicine & Emergency Care
Chris Tulloch	CD Trauma/orthopaedics
Pud Bhaskar	CD Surgery/urology

# Providing safe and high quality care leading up to the opening of the new hospital



# Providing safe and high quality care leading up to the opening of the new hospital

A consultation on how best to ensure people have access to the safest and best quality, acute medical and critical care they need, in the lead up to the opening of the new hospital by:

**Hartlepool and Stockton-on-Tees Clinical Commissioning Group**

**Durham, Dales, Easington and Sedgefield Clinical Commissioning Group**

**North Tees and Hartlepool NHS Foundation Trust**

Consultation begins 20 May and ends 11 August 2013

If you require this information in another language or format please contact us on [01642 666815](tel:01642 666815)

Arabic إذا احتجت لهذه المعلومات بلغة أخرى أو تنسيق آخر، فالرجاء الاتصال بنا على [01642 666815](tel:01642 666815)

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اگر آپ کو یہ معلومات کسی دیگر زبان یا شکل میں چاہئیں تو براۓ مہربانی ہم سے [01642 666815](tel:01642 666815) پر رابطہ قائم کریں۔ Urdu



# Why are we carrying out this consultation?

## The commissioners' view



**Dr Boleslaw Posmyk**  
Chair, Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG)



**Dr Paul Williams**  
Stockton-on-Tees locality lead, Hartlepool and Stockton-on-Tees CCG and governing body member



**Dr Mike Smith**  
Hartlepool locality lead, Hartlepool and Stockton-on-Tees CCG



**Dr Stewart Findlay**  
Chief clinical officer, Durham, Dales, Easington and Sedgfield Clinical Commissioning Group

We are carrying out this consultation because the doctors who provide emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust have told us they cannot carry on providing these services safely and to the expected quality standards on two sites until the new hospital opens in 2017.

We buy these services from the hospitals for local people and we are responsible for their safety and quality. As commissioners we cannot wait until a problem arises before acting. Our job is to look forward and try to prevent problems from happening because this is in the interest of patients and everyone we serve.

We asked the National Clinical Advisory Team to visit us to listen to the doctors, nurses and managers, patient representatives, politicians and other stakeholders so they could give us an independent view of the situation and what we should do about it.

The National Clinical Advisory Team provide independent clinical expertise to support and guide the local NHS on service reconfiguration proposals to ensure safe, effective and accessible services for patients. Our team was lead by Dr Chris Clough from Kings College Hospital, London.

We now have a copy of the National Clinical Advisory Team report and this is why we are now holding this consultation.

The report said we should:

- ‡ work with the trust to centralise emergency medical services and critical care to the University Hospital of North Tees as soon as possible
- ‡ explain to the public what this means for them, which is why we are including a number of examples later in this document
- ‡ ask their views about the things that they are concerned about, especially how they and their relatives get to hospital

## The provider's view



**Dr Suresh Narayanan**  
clinical director for  
anaesthetics and  
critical care

**Dr Jean MacLeod**  
clinical director for  
medicine

North Tees and Hartlepool NHS Foundation Trust

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As the doctors who lead medicine and critical care in the trust, we are becoming increasingly concerned about our ability to provide safe services across our two hospital sites until the new hospital opens.

We are passionate about providing the safest, highest quality care possible and to meeting or exceeding the standards expected by the Department of Health, professional organisations, the deanery (which is responsible for organising the training of tomorrow's doctors) and most of all our patients.

While our services are safe and good quality today we want to ensure they will continue to be in the years to come. We want to ensure we can continue to provide excellent care for all our patients in the short, medium and long term – the type of care we would want for ourselves and our loved ones – but when our medical and nursing colleagues tell us they are concerned, then we have to act.

We raised these concerns at the highest level in the trust and, quite correctly, the trust raised these concerns with our commissioners who buy this care from our trust.

Together, as commissioners and provider, we are totally committed to ensuring that patients from the area we serve – Hartlepool, Stockton and parts of Easington and Sedgefield – can rely on the same standard of service regardless of where they live.

Had the new hospital opened its doors in 2014 as originally planned then we would have been bringing medical and nursing teams together now to be ready for the move to the new hospital. As things stand the new hospital is now expected to open in 2017 and we know things cannot stay as they are until then because:

- ‡ quite rightly, safety and quality standards continue to rise, but it is becoming increasingly difficult for us to keep pace with these requirements on two sites
- ‡ the way junior doctors are trained has changed and the deanery will not allow trainees to work in hospitals where they do not see enough patients to increase their learning and skills
- ‡ like the rest of the NHS we need to bring services together to ensure we can achieve the same standards of care for everyone living in the area served by our trust



Already, because of advances in medicine many patients from our area already go past their local hospital for their emergency medical care. For example:

‡ patients who have had a stroke are all taken to the University Hospital of North Tees where we can offer the latest treatments seven days a week, 365 days a year. We used to provide these services seven days a week at the University Hospital of North Tees but were only able to provide them Monday to Friday, 9am until 5pm, at the University Hospital of Hartlepool which was unfair on people from Hartlepool and Easington because strokes don't just happen in working hours. Because we have brought the skilled doctors who can carry out these treatments together we can now provide these services for everyone we serve.

‡ patients who have had certain types of heart attack are assessed at the scene and taken to The James Cook University Hospital in Middlesbrough to have the affected artery unblocked.

Both of these advances in medicine give patients a better chance of survival and recovery. As doctors we want local people to have access to the very best care available. This does mean this care cannot always be on the doorstep but in the modern NHS we have to accept that, while we can have most of our straightforward care provided locally, we have to travel for more specialist care.

It's also important to remember that most of the care provided by the health service is already provided in GP surgeries, local clinics and in people's homes and, under the *momentum: pathways to healthcare* programme, this will continue. We are beginning to take advantage of new technologies like telehealth where people can monitor their own health at home supported by a highly skilled team of community nurses. We already have many excellent examples of where this is working well and preventing people from having to be admitted to hospital. Medicine is advancing all of the time and we want to ensure we can offer the latest and best services and technologies to local people.

We are working closely with our commissioners because they, as the people who buy your care, and we, as the people who provide your care, have the same aim; that is to make sure your care is of the very best standard, wherever you live in the area we serve.

**The important thing for you to know is, once the changes have been made, you do not need to do anything different. If you are unwell you will either contact your doctor or ring 999, just as you would today. Ambulance paramedics will assess you when they arrive and, if appropriate, begin treating you. They will make sure you get to the right place and to the right experts for any further treatment and care you need.**

This is why we are joining Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Durham, Dales, Easington and Sedgefield Clinical Commissioning Group to explain why things need to change but also to listen to any concerns you may have so we can address them.

# How did we get to where we are now?

In 2008 what were then Hartlepool Primary Care Trust and North Tees Primary Care Trust and North Tees and Hartlepool NHS Foundation Trust began the *momentum: pathways to healthcare* programme.

The programme came about because the then Secretary of State for Health carried out a large national public consultation to ask people how they would like health care to be in the future. The results of this large national consultation became the White Paper *Our health, our care, our say*

People said they wanted:

- ‡ to be kept fit and healthy and for the health service to step in early if people start to become ill
- ‡ care given close to or in their own homes
- ‡ a health service that fits in with their lives, not the needs of the health service
- ‡ only to go to hospital if they couldn't be looked after nearer home or at home

There were other reasons too:

- ‡ people are, fortunately, living longer but they are often living with a number of health problems and the local health service has to change the way it works to ensure it can provide the type of care local people need
- ‡ the doctors, nurses and other health professionals want to continually improve care and that means they have to change the way they work to do this by:
  - making waiting times shorter
  - providing more services in GP practices and town centre clinics
  - making services safer
  - working in increasingly specialised teams to make the best use of their skills and resources
- ‡ the way doctors are trained has changed and the organisation responsible for training will only send their doctors to work and train in areas where they will get the right experience to improve their skills

The *momentum: pathways to healthcare* programme is made up of three things:

- ‡ changing and transforming the way the local health service works to provide better, safer care for patients
- ‡ providing a network of community and town centre facilities
- ‡ building a new hospital to replace the University Hospital of Hartlepool and the University Hospital of North Tees

# The new hospital

The new hospital is the final piece of the *momentum* jigsaw



The government offered public funding for the new hospital in March 2010. However the new government withdrew this funding in June 2010. The government said it realised there was a need to build the new hospital but the organisations who buy services on behalf of local people and the trust needed to find a different way to pay for it.

This means that, instead of the new hospital being open in 2014 as planned, it is now expected to open in 2017.

Doctors providing emergency medical and critical care at North Tees and Hartlepool NHS Foundation Trust told the commissioners that, while they could have made arrangements to keep the two hospitals' emergency medical wards and critical care open until 2014, they simply cannot do this until 2017. They said they want to take the interim step of centralising emergency medical wards and critical care at the University Hospital of North Tees until the new hospital opens to keep services to the high standards we all want and expect.

As commissioners and providers of care our main concern is safety and quality and we are becoming increasingly uncomfortable with the current situation because we know the services in the two hospitals are increasingly unequal. This is making it impossible to provide the levels of safety and quality we would all want in the longer term

We are doing our very best to minimise these inequalities but, because of the increasingly high standards of care required, this is becoming a major challenge and we all know we cannot keep providing the type of care patients deserve with things the way they are.

This is because:

- ‡ it is becoming more and more difficult to staff medical rotas on two sites
- ‡ the standards of care required are, quite rightly, rising continuously



# What we are proposing to do

After much discussion with health professionals, a review of alternative options and receiving the report from the independent National Clinical Advisory Team, which agreed with us that there are no viable safe alternatives, we are now proposing to centralise emergency medical and critical care services at the University Hospital of North Tees from October 2013.

Bringing these services together would affect some other services such as other parts of the medical directorate, pathology, radiology, pharmacy and other support services such as facilities and catering. It would mean that patients with lots of medical problems will not be able to have planned operations like hip replacements at the University Hospital of Hartlepool but we do not expect this would affect very many patients because modern anaesthetics are safer. We want to ensure that most health care in Hartlepool continues to take place locally so we will be looking at ways to provide more low-risk operations and other treatments in the University Hospital of Hartlepool for local people. However we always have to assess if this will be safe and it will be for that reason and that reason alone, that we would transfer high risk planned operations to the University Hospital of North Tees.

We know this proposal will worry and disappoint some people but as the organisations which are responsible for your services we cannot allow this situation to go on any longer and we know these changes should be made.

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## How it will work

Leading up to the proposed changes we would:

- ‡ open 120 beds at the University Hospital of North Tees to make sure we have enough beds and staff to look after patients from right across our area;
- ‡ make extra space in critical care so we can look after critically ill patients;
- ‡ we would then, gradually, close the beds in medicine and critical care at the University Hospital of Hartlepool and;
- ‡ transfer a number of staff from support services such as pharmacy, radiology and pharmacy and estates who need to come to the University Hospital of North Tees to support the new arrangements.



# Patient stories

The National Clinical Advisory Team said we should set out how things would work in future if these proposals are implemented.

Here are some examples

## Elsie's story

Elsie, 75, from Greatham is feeling unwell. She has had heart problems for a while but today she feels very short of breath, her daughter is worried about her and phones her GP. The GP calls at the house and decides Elsie needs to be in hospital. The GP tells the hospital he would like Elsie brought in during the next two hours. The ambulance arrives and takes Elsie to the emergency assessment unit at the University Hospital of North Tees where she is assessed by the doctor in charge. The doctors diagnosed an irregular heart beat and start Elsie on drugs to treat it. She is also put on a heart monitor and observed by nurses for the next 24 hours. The doctor says Elsie can go home and her daughter comes to collect her. The nurses make Elsie an appointment to see the heart specialist in outpatients at the University Hospital of Hartlepool the following week.

## George's story

George, 80, from Hartlepool, has a painful swollen leg. He is worried about this and phones 999. The ambulance takes him to the ambulatory care unit which is part of the emergency assessment unit at the University Hospital of North Tees. He is diagnosed with a deep vein thrombosis. While in the ambulatory care unit he is started on blood thinning drugs. A specialist nurse explains to George that he will have to take the drugs for several weeks. The doctor says George can go home. A nurse arranges for George to be taken home by ambulance. The district nurse visits George at home to see how he is doing until he is fully recovered.

## Jason's story

Jason, 45, from Easington, has diabetes and had a fluttering feeling in his chest and was dizzy. He thought he was going to faint so he called 999. The ambulance paramedic carried out an ECG (a heart test) at Jason's house. The ECG showed that Jason wasn't having a heart attack but he did need medical attention so the ambulance brought him to the emergency assessment unit at the University Hospital of North Tees. Jason was put on heart monitoring equipment and was given drugs to stabilise his abnormal heart beat. The doctor said Jason could go home once he was stabilised on the treatment but he needed to see a heart specialist to get to the bottom of the problem so an appointment was made for him to see a heart specialist at the University Hospital of Hartlepool the following week.

### John's story

John, 75, has diabetes. He was feeling ill because his diabetes was out of control and he phoned 999. The ambulance paramedic assessed him at home and then he was brought to the University Hospital of North Tees. A doctor specialising in diabetes was able to see him straightaway and he was given the appropriate drugs to stabilise his diabetes. He stayed in overnight for observation and was allowed home the next day. He saw the diabetes specialist in outpatients the following week to ensure his diabetes was stable.

### Mary's story

Mary, 70, is taken ill and her son phones 999. The ambulance takes Mary to the University Hospital of North Tees where she is diagnosed with pneumonia. Mary becomes worse and she has to be transferred to critical care for intensive medical support. After two days Mary is improving and she is transferred back to the ward. After three days Mary is allowed to go home with support from the community team who give her intravenous (a drip) antibiotics every day for the next 10 days until she has fully recovered.

### Sharon's story

Sharon, 47, from the Fens, Hartlepool, noticed her leg was red and sore. She also felt feverish. She went to her GP who said she needed to be seen by a hospital doctor. Her husband took her to the ambulatory care unit at the University Hospital of North Tees, part of the emergency assessment unit. A doctor assessed Sharon's leg and the soft tissue infection was diagnosed as cellulitis. She was started off on a drip of antibiotics while in the ambulatory care unit and after further observations she was allowed home four hours later. The unit arranged for the rapid response nurses to go to Sharon's home to give her intravenous antibiotics each day. Three days later she came back to the ambulatory care unit to see the doctor who was happy with how the soft tissue infection was clearing up. He recommended intravenous antibiotics until the end of the week and the rapid response team came to Sharon's house daily to give the treatment until the infection cleared up. This saved Sharon and her husband several trips to hospital.

### Betty's story

Betty, 90, from Easington, was confused and unable to get out of bed and her son called the GP. The GP thought Betty should be in hospital and asked for her to be admitted in the next two hours. The ambulance brought Betty to the emergency assessment unit at the University Hospital of North Tees where she was assessed by doctors. Betty had a urine infection which was making her confused so doctors started her on antibiotics. Doctors arranged for Betty to be transferred to the step down ward at the University Hospital of Hartlepool in a ward staffed by highly skilled nurses and therapists. It was becoming clear that Betty was having difficulty managing in her own home and discussions began so Betty could move to a home specially set up to meet her needs. Her family were pleased that they could visit her easily in the two weeks she stayed in hospital.

# Transport

## When the new hospital is built

Looking on a map, the new hospital (signified by the red dot) is centrally located in the area we serve. At the moment it is a green-field site on what we know is a very busy junction off the A19/A689. But the plans for the new hospital are supported by a comprehensive public and private transport plan and we are committed to ensure the new hospital is easily accessible for all.



## As things are now

We know people may not find it easy to get to the University Hospital of North Tees for emergency care or to the University Hospital of Hartlepool for a planned operation. We know it can be difficult for people to visit their loved ones.

North Tees and Hartlepool NHS Foundation Trust's council of governors has a transport committee which is already working on improving transport for patients, visitors and staff.

So far the trust has:

- ‡ set up joint working with Hartlepool Borough Council to improve transport
- ‡ recruited a team of volunteer drivers to help people with transport problems to access hospital services
- ‡ ordered two 17-seater buses so it can increase the cross-site shuttle bus service

Please tell us about your concerns and if there's anything else we could be doing so we can try to address them.



# Publishing the report

On 15 May we shared the report of the National Clinical Advisory Team with all the people the independent experts met when they visited the area in January.

At that meeting we listened to the questions and comments and we have added them to this document so we can ensure that we address all of these issues.

- ‡ People were disappointed that services could not stay in two separate sites and the doctors explained why this was the case. They also explained that they had done many things to try and preserve services on two sites but that was becoming increasingly difficult to do.
- ‡ The main concern was transport and people told us that it was very difficult for people to get to the University Hospital of Hartlepool from Stockton and to the University Hospital of North Tees from Hartlepool and Easington, especially by public transport. There were issues about the ambulance patient transport service which does not start until 8.30am. This is a problem for people who have early appointments and makes it impossible for people to get to hospital on time when they are already worried and distressed about their treatment. We promise we will look into this urgently.
- ‡ People wanted to know if we would scrap the plans if the public consultation resulted in local people being unhappy about the changes. We said we were going into the consultation with an open mind and we were not prepared to say what we would do until we had heard everyone's views at the end of the consultation.
- ‡ People thought we didn't try hard enough to put things right in Hartlepool. We explained that we had done as much as we possibly could to put things right and we were left with no option but to centralise services to keep them safe for the future.
- ‡ People thought the North Tees and Hartlepool NHS Foundation Trust paid different rates of pay and gave shorter contracts to doctors working at the University Hospital of Hartlepool. This is not true. All doctors working at the trust have a trust-wide contract and are expected to work at either hospital.
- ‡ People thought the people of Hartlepool were being let down. The doctors explained that they would be letting people down if they allowed the current situation to continue.
- ‡ People thought that no more joint replacements would be done at the University Hospital of Hartlepool. This is not correct. The trust's doctors explained that they intend to continue carrying out joint replacement at the University Hospital of Hartlepool with the only exception being where patients had many medical problems because those patients need the back up of critical care so the operation can be carried out safely.
- ‡ People thought that the people of Stockton might suffer if all of the services were brought together. The trust's doctors said things would actually improve for everyone if the services were brought together.
- ‡ People thought the consultation is a done deal. The clinical commissioning group explained that, while they believe the changes need to go ahead, they do want to listen to people's views.
- ‡ People thought the National Clinical Advisory Team were the hatchet men. The National Clinical Advisory Team is a team of independent medical experts who do not know the organisations and who come in, look at the evidence in front of them and speak to doctors, nurses, managers, patient representatives, politicians and other stakeholders. No health organisation can persuade the National Clinical Action Team to say anything it doesn't want to say.

# What this consultation is about

We want to get your views on our proposals and understand your concerns about the proposed changes and we would particularly like you to answer the following questions for us:

1. What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?
2. If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?
3. What do you think are the main things we need to consider in putting the proposed changes in place?
4. Is there anything else you think we need to think about?

We know for example that people could be concerned about how they get to the hospital to visit their loved ones. We promise we will listen to these concerns and we will work with the local authorities and others to do whatever we can to help.

Please use the time in the 12 weeks of the consultation to tell us your views. You can do this by:

Writing us an email and send it to: [communications@tees.nhs.uk](mailto:communications@tees.nhs.uk) or,

Writing to:

**Hartlepool and Stockton-on-Tees CCG**  
**FREEPOST NEA9906**  
**Middlesbrough**  
**TS2 1BR**

or by coming to one of the meetings we have organised, see the website at:

[www.hartlepoolandstocktonccg.nhs.uk](http://www.hartlepoolandstocktonccg.nhs.uk) for more details

  
**Durham Dales, Easington and Sedgefield**  
**Clinical Commissioning Group**

  
**Hartlepool and Stockton-on-Tees**  
**Clinical Commissioning Group**

North Tees and Hartlepool   
NHS Foundation Trust



# Reconfiguration proposals for emergency medical and critical care services in Hartlepool and North Tees

## Draft Consultation Plan – 20th May 2013 v4

***'Providing safe and high quality emergency medical and critical care.'***

### Introduction

This document outlines the plan for a consultation by NHS Hartlepool and Stockton on Tees (HAST) Clinical Commissioning Group (CCG), Durham Dales, Easington and Sedgefield (DDES) CCG (the commissioners) and North Tees and Hartlepool NHS Foundation Trust on how best to ensure people have access to the safe, high quality emergency medical and critical care they need.

Emergency medical services and critical care services work together closely to support patients who become critically ill.

The consultation will ask for views on our proposal to move emergency medical and critical care services from the University Hospital of Hartlepool to the University Hospital of North Tees and seek to understand concerns about the proposed changes so as to inform next steps.

Durham Dales, Easington and Sedgefield (DDES) CCG will be involved as a partner commissioner as their population will also be affected by these proposals.

This plan follows good communications and engagement practice and focuses on what will be meaningful to stakeholders. High quality communications and engagement must underpin any formal consultation to ensure it is as fair, robust and inclusive as possible. Adherence to Public Sector Equality Duties must also be demonstrated.

The approach will take into account the need for reconfiguration proposals to meet the four Tests for reconfiguration proposals to demonstrate:

- support from commissioners;
- strengthened public and patient engagement;
- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice.

Section 244 of the consolidated NHS Act 2006 (which replaced Section 7 of the Health and Social Care Act 2001) requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.



A substantial variation is not defined in Regulations – Section 244 applies to any proposal where there is a major change to services experienced by patients. It is important to understand the new legal framework for making service changes and the obligations both in statute and guidance over consultation. That is because the previous statutory obligations under s.242 of the Act will continue to apply to FTs and other NHS bodies, even though for commissioners they have changed to some degree, see below.

Obligations under the NHS Act 2006 (as amended) for CCGs and FTs

The duty placed on CCGs to promote public involvement and consultation is set out in section 14Z2, which states:

14Z2 Public involvement and consultation by clinical commissioning groups

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions ("commissioning arrangements").

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—

- (a) in the planning of the commissioning arrangements by the group,
- (b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- (c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

(3) The clinical commissioning group must include in its constitution—

- (a) a description of the arrangements made by it under subsection (2), and
- (b) a statement of the principles which it will follow in implementing those arrangements.

(4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.

(5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).

(6) The reference in subsection (2)(b) to the delivery of services is a reference to their delivery at the point when they are received by users.

## Context

North Tees and Hartlepool NHS Foundation Trust raised concerns with NHS HAST CCG that they could not sustain required quality and safety standards of emergency medical and critical care services at the University Hospital of Hartlepool, in either the medium or long

term. The trust put forward proposals to move emergency medical and critical care services from the University Hospital of Hartlepool to the University Hospital of North Tees.

NHS HAST CCG requested a review from the National Clinical Advisory Team (NCAT) in order to test the case for change and to provide clinical assurance for proposals. A review visit was undertaken on 29th January 2013 and the formal report launched on 15<sup>th</sup> May 2013.

The independent report from NCAT supported the trust's proposals and agreed with their concerns regarding sustainability and safety. Whilst NCAT are not recommending an emergency closure in their report, they acknowledge that the changes should be made as quickly as possible to ensure that local services are safe and of the required standard.

North Tees and Hartlepool NHS Foundation Trust have appraised potential options and concluded that the proposals to move these services to the North Tees site are the only viable option. The safety issues include isolation of working and access to appropriately trained staff, and therefore cannot be resolved through a financial solution.

Therefore, the scope of the formal consultation will ask for views and concerns about the proposal and how the impact of the proposed changes could be managed and implemented. It will be critical to explain the reasons for this option, and to make available supporting information which outlines how all options were appraised and evaluated. It will also be important to explain that the point of access for patients would not change as a result of these changes.

It should be noted that that approach and methodology for the consultation is proportionate to this scope. (See Appendix 1 – Communications and Engagement Implementation Plan.)

This proposal is set against the backdrop of the momentum: pathways to healthcare programme which was established in 2008 by North Tees and Hartlepool NHS Foundation Trust and the former PCT commissioners to transform the local healthcare system. (See Appendix 3)

A significant element of this programme is the capital project to build a new hospital to serve the people of Hartlepool, Stockton and parts of Easington and Sedgefield. Whilst some interim changes to services across the two existing sites are planned via the Momentum programme, this proposed change is not one of these as it has arisen due to concerns over quality and safety which are outwith the scope of Momentum.

## **Formal consultation**

The formal consultation period will run for a 12 week period, beginning on Monday 20<sup>th</sup> May 2013.

In terms of governance and accountability, North of England Commissioning Support (NECS) will lead the formal consultation for the commissioners and North Tees and Hartlepool NHS Foundation Trust, and is therefore responsible for its successful delivery.



Support from the provider North Tees and Hartlepool NHS Foundation Trust will be essential in ensuring that the knowledgeable clinicians on the subject are able to both support and participate in the consultation process.

NHS Hartlepool and Stockton on Tees CCG and NHS Durham Dales, Easington and Sedgefield (DDES) CCG (the commissioners) and North Tees and Hartlepool NHS Foundation Trust (the provider) will jointly lead this plan.

Affected NHS provider organisations will take responsibility for consulting with their own staff.

A Task and Finish Group will be set up to plan and monitor the delivery of the consultation process.

The commissioners and Hartlepool NHS Foundation Trust will be accountable to Health Scrutiny Committees for Stockton-on-Tees, Hartlepool and County Durham on the consultation process. Local HealthWatch organisations will contribute to this consultation by representing the interests of patients and the public and will advise on consultation materials and contribute to discussion on the consultation proposals.

Key messages have been developed to communicate the scope of the consultation and case for change effectively to patients, the public, political and wider stakeholders and the media. A range of communications and consultation mechanisms will be utilised to ensure sufficient information and involvement opportunities are available to identified stakeholders.

Mapping of and planned engagement with hard to reach and protected groups is also underway as part of the commissioners' ongoing engagement plans.

NECS will commission independent specialist consultants to receive and independently analyse the responses. Respondents to the consultation will be able to feed back by email, freepost address, telephone or via the website.

NECS will produce a report on the consultation which will cover:

- stakeholders who have been consulted;
- what information was provided to those stakeholders;
- what matters those stakeholders were consulted about;
- the result of the consultation, including a summary of the differences expressed by those consulted; and
- details of the decisions or changes made following the consultation and the influence the results of the consultation had on that decision / change.

A Communications and Engagement Implementation Plan has been developed. (Appendix1).

## **Stakeholders**

A list of stakeholders is attached at Appendix 2.

## **Objectives**

A programme of activity will:

- Encourage responses to and involvement in the formal consultation
- Promote the consultation via all appropriate communications channels.
- Effectively manage and co-ordinate stakeholder engagement

## **Channels**

The following communications channels will be utilised:

- A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request.
- Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences.
- Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc.
- Staff briefings and meetings as required.
- Information in prime community and health settings.
- The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites.
- Media – press release and paid-for advertorials and adverts.
- Posters in a range of community venues throughout the health economy including health settings, libraries etc.
- Information distributed and shared through public partners' publications and information points.
- Feedback forms and questionnaires.



- Local foundation trust members.
- Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media.
- Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses.
- Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups.
- Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats.
- Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines.
- Consultations documents will meet accessibility guidelines.
- Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines.

## Key messages

- Proposals to move emergency medical and critical care services from the University Hospital of Hartlepool to the University Hospital of North Tees have been validated for by national clinical advisors and are fully supported by the commissioners.
- The point of access for patients will not change i.e. people will not have to do anything different once the changes are put into place because the initial call will still be to 999 or the GP.
- The proposed changes are necessary and appropriate to support improvements in clinical quality and safety. An independent report has provided independent clinical assurance that these changes will result in better services for local people.
- Transferring services from the University Hospital of Hartlepool (UHH) to the University Hospital of North Tees (UHNT) is hoped to be an interim solution. In the longer term, both hospitals will close and until the new purpose-built hospital development receives final approvals.

- Investment has already been made in community services and intermediate care and towards reducing emergency admissions, and that this remains a priority.
- Commissioners and the trust are we are still all committed to moving to the new hospital because this will mean we can provide services in a more convenient geographical location. However, we need to take this interim step now to preserve and improve quality and safety.
- Acknowledging any short-term recommendations made and that proposals will be agreed across the health economy to address these and key stakeholders, including Overview and Scrutiny Committees, will be fully involved in this.
- As a result of the changes, 97 per cent of healthcare contacts will remain in Hartlepool. In the lead up to the opening of a new Hospital at Wynyard Business Park in 2017, the University Hospital of Hartlepool will become a centre for diagnostic tests, day case and low risk operations. There will also be an increase in the number of medical rehabilitation beds at the hospital.

### **Managing issues and risks**

A rolling handling plan will be established at the start of the consultation and maintained by the NECS Communications and Engagement Team. This will include key lines and actions, and provide a core script with key messages, process detail, organisations' corporate lines and rebuttal messages to support all actions outlined.

It is vital that all the major partners are highly visible through this process, including clinicians from the trust. It will be important to provide adequate notice of meetings for clinicians in particular.



## Appendix 1

### Communications and engagement Implementation Plan

Area	Task	Who's responsible	Timescale
<b>Stage 1 - consultation planning</b>			
Task and Finish Group	Establish membership, agree scope and schedule meetings	MB/CY	By 3 <sup>rd</sup> May
Finalise key messages and question areas	Develop: <ul style="list-style-type: none"> <li>Briefing paper</li> <li>Presentation</li> <li>Key messages and question areas</li> </ul>		
Plan access to existing communications mechanisms	<ul style="list-style-type: none"> <li>Ensure/schedule upload to CCG and FT websites</li> <li>Gather all supporting documentation e.g. <ul style="list-style-type: none"> <li>Consultation document</li> <li>Relevant background information e.g. Momentum, Tees Review</li> <li>Options appraisal evidence</li> </ul> </li> <li>Prepare briefing via My NHS</li> <li>Distribution of information to GPs, pharmacists</li> <li>Prepare information – based on above – for communications teams within neighbouring NHS Trusts, local authorities, key relevant charities and groups</li> </ul>	SJ/CY	By 10th May
Implement communications via mechanisms	<ul style="list-style-type: none"> <li>All consultation materials and supporting information available on CCG and FT websites</li> <li>Briefings and distribution above</li> <li>Provide information and timetable</li> </ul>	SJ/CY	15 <sup>th</sup> May
Brief FT PALS team		CY	By 17th May By 10th May
Communications with staff	<ul style="list-style-type: none"> <li>FT mechanisms</li> <li>NHS HAST CCG bulletin</li> <li>NECS</li> </ul>	CY SJ MB	By 10th May
Plan attendance at existing meetings and events	Agree schedule and attendance	T&F Group	By 10th May

Consultation planning	<ul style="list-style-type: none"> <li>• Agree consultation timelines for: <ul style="list-style-type: none"> <li>- Planning</li> <li>- Response mechanisms and handling</li> <li>- Questionnaire and document design and print</li> <li>- Advertising</li> <li>- Full handling of consultation meetings</li> <li>- Response handling, analysis and reporting</li> </ul> </li> </ul>	T&F Group	By 10th May
Prepare and finalise consultation document for agreement	<ul style="list-style-type: none"> <li>• Ensure this meets four reconfiguration tests</li> <li>• Source case studies</li> </ul>	CY – lead T&F Group	By 17th May
Agree final consultation document	<ul style="list-style-type: none"> <li>• <b>Agree via extraordinary NHS HAST CCG Governing Body meeting</b></li> </ul>	<b>AW</b>	<b>16th May</b>
Further consultation materials	<ul style="list-style-type: none"> <li>• Agree range of materials based on main consultation document</li> <li>• Draft and agree materials</li> <li>• Produce materials</li> <li>• Agree distribution</li> </ul>	T&F Group	By 17th May
Map/schedule all meetings with key stakeholders	<ul style="list-style-type: none"> <li>• Health and Wellbeing Boards</li> <li>• Scrutiny meetings – formal and informal</li> </ul>		
Public meetings - preparation	<ul style="list-style-type: none"> <li>• Set dates</li> <li>• Book venues</li> <li>• Confirm dates for attending representatives – well in advance for clinicians</li> <li>• Confirm lead/chair for each</li> <li>• Plan advertising</li> <li>• Plan media i.e. ongoing releases</li> <li>• Prepare presentation using available resources</li> <li>• Prepare facilitators' recording materials</li> <li>• Draft and issue press release with contact details</li> </ul>	T&F Group	By 17 <sup>th</sup> May



Prepare access and response mechanisms	<ul style="list-style-type: none"> <li>Source supplier of analysis</li> <li>Freeport</li> <li>Addresses</li> </ul>	T&F Group	By 17th May
Liaison with Scrutiny	<ul style="list-style-type: none"> <li>Informal discussion with officers to determine formal presentation of plans</li> <li>Determine presentation of Consultation Plan</li> </ul>	SJ/CY	By 17th May
Media	<ul style="list-style-type: none"> <li>Arrange meetings with Hartlepool Mail and Evening Gazette (re NCAT report)</li> <li>Issue NCAT media release to include consultation dates</li> <li>Draft, agree and issue consultation launch release</li> </ul>	SJ/CY	For 15 <sup>th</sup> May 16 <sup>th</sup> May By 17 <sup>th</sup> May
Advertising	Schedule and organise paid advertisements in local print and broadcast media	SJ	By 17th May
<b>Stage 2 - 12 week formal consultation – from Monday 20<sup>th</sup> May to Friday 16<sup>th</sup> August 2013</b>			
Materials	<ul style="list-style-type: none"> <li>Commissioning production of consultation materials in alternative formats as required</li> </ul>	T&F Group	Ongoing – as required
Consultation document available	<ul style="list-style-type: none"> <li>Upload document to CCG and NTHFT websites</li> </ul>	SJ/CY	For 9am Monday 20 <sup>th</sup> May
Send out consultation document to key stakeholders	<ul style="list-style-type: none"> <li>Prepare covering letter and response form</li> <li>Identify list of stakeholders as key consultees</li> <li>Indicate deadline for responses</li> <li>Provide full list of consultees, stakeholders and contacts</li> </ul>	T&F Group	By 24 <sup>th</sup> May
Distribution	<ul style="list-style-type: none"> <li>Co-ordinate distribution of consultation materials e.g. to independent contractors and community based health locations</li> </ul>	T&F Group	From 20th May
Media handling	<ul style="list-style-type: none"> <li>Production and distribution of press releases</li> <li>Set up and maintain media handling plan</li> </ul>	T&F Group	From 20 <sup>th</sup> May
Public meetings	<ul style="list-style-type: none"> <li>Organise and manage consultation meetings,</li> <li>Commission recording and transcribing</li> </ul>	SJ T&F Group	By 17 <sup>th</sup> May In sufficient time

	<ul style="list-style-type: none"> <li>• Arrange BSL interpreting services</li> </ul>		In sufficient time
Other meetings	<ul style="list-style-type: none"> <li>• Manage and record outcomes from targeted meetings/focus groups with key stakeholder groups with a vested interest in consultation</li> </ul>	T&F Group	Ongoing
Analysis, response handling and reporting	<ul style="list-style-type: none"> <li>• Arrange and manage ongoing handling of postal responses</li> <li>• Log, collect and collate responses from web, mail, email letter and meetings (meeting summaries and notes) including a breakdown to show organisational and public responses.</li> <li>• Summarise and provide analysis of all of the responses received</li> <li>• Prepare final report - presentations, printed report in hard copy</li> </ul>	T&F Group / external supplier	By 17 <sup>th</sup> May
<b>Post consultation – from 16<sup>th</sup> August 2013</b>			
<b>Collation of responses</b>	<ul style="list-style-type: none"> <li>• Liaison with supplier re completion of report</li> </ul>	<b>T&amp;F Group</b>	<b>19<sup>th</sup> August</b>
Reporting	<ul style="list-style-type: none"> <li>• Make report available on CCG website</li> <li>• Identify stakeholders who should receive a copy of the report directly</li> </ul>	T&F Group	By 30 <sup>th</sup> August
Awareness-raising of the consultation outcomes through local media	<ul style="list-style-type: none"> <li>• Issue press release reporting on outcomes and when final report will be available</li> </ul>	T&F Group	By 30 <sup>th</sup> August
Communications with staff	<ul style="list-style-type: none"> <li>• NECS</li> <li>• CCG</li> <li>• NTHFT</li> </ul>	MB AW CY	By 30 <sup>th</sup> August
Feedback to stakeholders	<ul style="list-style-type: none"> <li>• Provide feedback on outcomes of consultation and related involvement and how these have been used to inform the decision</li> </ul>	MB – lead T&F Group	By 30 <sup>th</sup> August
Decision making	<ul style="list-style-type: none"> <li>• Prepare full paper (with report) for Board / Governing Body</li> <li>• Prepare messages re implementation</li> </ul>	AW/MB/CY	By 30 <sup>th</sup> August

## Monitoring and evaluation

The evaluation process should ensure sufficient feedback is received to:

- Help steer the content of future communications by capturing the needs of the internal and external audiences
- Ensure that information being communicated is understood by the intended audience/s
- Gauge any misunderstanding or confusion about the project.



## Appendix 2

### Appendix A: Draft Stakeholder Map

Stakeholder Group	Stakeholder	Stakeholder Prioritisation Category	Communication Method(s)	Lead contact/spokespeople
Internal	Boards – North Tees and Hartlepool NHS Foundation Trust, South Tees Acute NHS Foundation Trust	Key Player	Face to face meetings	
Internal	Heads of Clinical Service	Key Player	Face to face meetings and briefings	
Internal	Senior clinical staff	Key Player	Face to face meetings and briefings	
Internal	Staff-side representatives	Active Engagement and Consultation	Face to face meetings/briefings	
Internal	Medical Staffing Committee	Active Engagement and Consultation	Meetings/briefings	
Internal	Staff affected by changes	Active Engagement and Consultation	Team and individual briefings/meetings with line managers/ Q&As/ existing internal comms tools	
Internal	All staff (including hospital volunteers)	Active Engagement and Consultation	Open staff meetings/Q&As/ existing internal comms tools	
Internal	NTH Governors			



<b>Patients &amp; Public (charities)</b>	Charitable organisations and highly interested groups	<b>Active Engagement and Consultation</b>	Face to face meetings and briefings/engagement events and activities	
<b>Patients &amp; Public</b>	General Public	<b>Keep Informed and Consult</b>	Public Meetings/ Media Releases/ Website/information stands/ posters/info distributed at prime settings/consultation documents	
<b>Patients &amp; Public</b>	Affected Service User Groups	<b>Active Engagement and Consultation</b>	Meetings with identified service user groups/ Engagement events/ Focus groups/ Consultation events	
<b>Patients &amp; Public</b>	GP Patient Participation Groups	<b>Keep Informed and engaged via practices</b>	Meetings/briefings	
<b>Patients &amp; Public</b>	Local Involvement Network /HealthWatch	<b>Active Engagement and Consultation</b>	Meetings and presentations/ongoing briefings and updates/ Consultation documents	
<b>Patients &amp; Public</b>	Protected groups, voluntary and community groups, third sector	<b>Active Engagement and Consultation</b>	Meetings with identified groups/ Engagement events/ Focus groups/ Consultation events	
<b>Patients &amp; Public</b>	Foundation Trust members	<b>Keep Informed and Consult</b>	Briefings	

<b>Patients &amp; Public</b>	MY NHS members	<b>Keep Informed and Consult</b>		
<b>Political Audiences</b>	Ministers	<b>Keep Informed</b>	Briefings through Ministerial Briefing Unit (via SHA)	SHA
<b>Political Audiences</b>	Local MPs	<b>Key Player</b>	Regular briefings/letters/ meetings / phone calls on urgent issues/ Consultation Documents	
<b>Political Audiences</b>	Area Committees	<b>Active Engagement and Consultation</b>	Meetings & presentations/ regular briefings	
<b>Political Audiences</b>	Local Councillors	<b>Active Engagement and Consultation</b>	Regular correspondence updating on progress /rep to attend meeting if necessary/ Consultation Documents	
<b>Political Audiences</b>	Overview and Scrutiny Panels and Joint Health Scrutiny Committee	<b>Key Player</b>	Meetings & presentations/ regular briefings	
<b>Media</b>	Local and regional media	<b>Keep Informed</b>	Pro-active and re-active press releases and statements/ interviews / briefings/ paid-for advertorials and supplements	
<b>Partners</b>	PCTs and Clinical Commissioning Groups	<b>Key Player</b>	Meetings/ Regular briefings/ Consultation Documents/ Website	



<b>Partners</b>	Local Medical Committee	Active Engagement and Consultation	Meetings & presentations/ regular briefings	
<b>GPs</b>	GPs	Active Engagement and Consultation	Meetings & presentations/ regular briefings	
<b>Partners</b>	Surrounding trusts -	Keep Informed/ Active engagement where necessary	Briefings as required/ Consultation Documents	
<b>Partners</b>	Deanery	Keep Informed and Consult	Briefing when required	
<b>Partners</b>	PFI partners	Keep Informed	Briefing when required/consultation document	
<b>Partners</b>	LHWP Boards	Keep Informed		
<b>Governance &amp; regulators</b>	Department of Health	Keep Informed	Briefings via SHA	
<b>Governance &amp; regulators</b>	Strategic Health Authority	Key Player	Meeting	
<b>Governance &amp; regulators</b>	Care Quality Commission	Keep Informed	Regular Briefings/ Consultation Documents	
<b>Governance &amp; regulators</b>	NCAT	Key Player	Visit	
<b>Governance &amp; regulators</b>	National Reconfiguration Team	Keep Informed	Briefings	
<b>Governance &amp; regulators</b>	Health Gateway Team	Key Player	Meetings/briefings	
<b>Governance &amp; regulators</b>	Local health and Wellbeing Boards	Key Player	Meetings/briefings	

## Appendix 3

### **momentum: pathways to healthcare**

The programme was established by North Tees and Hartlepool NHS Foundation Trust and the former commissioners Stockton Teaching Primary Care Trust and Hartlepool Primary Care Trust.

The *momentum* programme has three elements:

- |                      |   |
|----------------------|---|
| <i>Element one</i>   | Transforming services – came as a result of the White Paper <i>our health, our care, our say</i>  |
| <i>Element two</i>   | Primary and community care capital planning project designed to create a network of enhanced and improved community facilities to support the above changes |
| <i>Element three</i> | The hospital capital planning project – building a new hospital to serve the people of Hartlepool, Stockton and parts of Easington and Sedgefield.          |

A condition of the outline planning permission granted by Hartlepool Borough Council was that the community facilities and services had to be in place by the time the new hospital opens. This is to ensure that all three elements of the programme fit together and are right for the future needs of the changing population while also allowing for advances in medical and surgical care. It follows that services would be moving and transforming into the lead up to the new hospital opening to enable this condition to be met.

The hospital programme is also supported by a £10.5m transport plan to ensure the hospital is accessible to patients, visitors and staff. An accessible transport system – a section 106 agreement – was also a condition of the outline planning permission for the new hospital.

However the hospital programme has been delayed until 2017 due to the withdrawal of capital project funding approval in 2010.





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Views of Hartlepool's Audit and Governance Committee

The Audit and Governance Committee:-

- 1) do not support any further transfer of services from the University Hospital of Hartlepool;
- 2) support the concerns of local people in the town;
- 3) consider the reasons for the recommendation to transfer medical and critical care services to North Tees is as a result of lack of long term strategic planning by North Tees and Hartlepool NHS Trust (NTHFT);
- 4) felt that the NTHFT representatives present at the Audit and Governance Committee on 31 May 2013 failed to answer Members questions satisfactorily and had not complied with the statutory scrutiny consultative requirements;
- 5) strongly encouraged Members of the public to participate in the consultation process;
- 6) supported a recommendation from the Leader of Hartlepool Borough Council which specified that following the completion of this consultation exercise Hartlepool's Health and Wellbeing Board and the Council as a whole should consider the working relationship with NTHFT. In addition it was suggested that opportunities to engage with others to achieve better clinical outcomes be explored as well as the need to examine quality surveillance groups and promote the choice agenda. It was also suggested that the Council explore the composition of the Health and Wellbeing Board to assist when formulating future commissioning intentions and that all possible options be considered, including pooling resources with an alternative hospital trust to ensure aspirations for locally delivered services were accessible by all;
- 7) questioned whether the executive management of NTHFT was competent given the indication in the presentation that clinicians had reported concerns in relation to safety of services and sought clarification as to how the Trust had allowed services to reach an unsafe level;
- 8) with regard to difficulties recruiting and retaining medical staff to support both sites, raised concerns as to why such issues were not identified in the long term strategy to enable services to remain sustainable;
- 9) raised concerns about the lack of investment in Hartlepool hospital as well as the risks associated with an increase in travel times for patients travelling to North Tees as opposed to Hartlepool;
- 10) are concerned that the public consultation document does not facilitate patient choice;



- 11) raised concerns about capacity at North Tees, as previous reports suggest that North Tees site does not have sufficient capacity to deal with changes in services therefore why is there not an option in the consultation to choose to have such services in Hartlepool;
- 12) raised concerns that the National Clinical Advisory Team (NCAT) consultation process was inadequate and unfair highlighting that the former Health Scrutiny Forum Chair had been excluded from engagement.

## HEALTH SCRUTINY JOINT COMMITTEE

### RESPONSE TO KEY ISSUES RAISED WITH REGARD TO CONSULTATION ON THE PROPOSED CHANGES TO EMERGENCY MEDICAL AND CRITICAL CARE SERVICES IN HARTLEPOOL.

#### IMPACT ON DURHAM, HARTLEPOOL AND STOCKTON RESIDENTS:

The following table summarises the numbers of admissions to the University Hospital Hartlepool (based on the activity for 2012/13), and the likely impact of the proposed changes. Activity for the Hartlepool and Stockton CCG is split according to the previous PCT catchments to identify the impact appropriately.

**Admission to UHH by CCG**

AdmissionType	CCG Name	Total	Assumed impacted by proposals
Elective	NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	509	36
	NHS HARTLEPOOL PCT	700	49
	NHS STOCKTON-ON-TEES TEACHING PCT	817	57
	NHS SOUTH TEES CCG	78	5
	NHS DARLINGTON CCG	17	1
	NHS NORTH DURHAM CCG	8	1
	OUT OF AREA TREATMENTS	23	2
Elective Total		2152	151
Emergency	NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	2924	2778
	NHS HARTLEPOOL PCT	4873	4629
	NHS STOCKTON-ON-TEES TEACHING PCT	238	238
	NHS SOUTH TEES CCG	23	22
	NHS DARLINGTON CCG	4	4
	NHS NORTH DURHAM CCG	10	10
	OUT OF AREA TREATMENTS	100	95
Emergency Total		8172	7775
Ambulatory	NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	1027	1027
	NHS HARTLEPOOL PCT	1791	1791
	NHS STOCKTON-ON-TEES TEACHING PCT	46	46
	NHS SOUTH TEES CCG	10	10
	NHS DARLINGTON CCG	2	2
	NHS NORTH DURHAM CCG	4	4
Ambulatory Total		2880	2880
Grand Total		13204	10806

	Total	
All Admissions	NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	4460
	NHS HARTLEPOOL PCT	7364
	NHS STOCKTON-ON-TEES TEACHING PCT	1101
	NHS SOUTH TEES CCG	111
	NHS DARLINGTON CCG	23
	NHS NORTH DURHAM CCG	22
	OUT OF AREA TREATMENTS	123
		13204
		10806

#### Assumptions

Assumptions adopted in predicting the impact are as follows:

Elective activity:

7% of admissions admitted to the University Hospital of North Tees (UHNT) instead of the University Hospital of Hartlepool, (UHH) irrespective of home address as these decisions are based on clinical condition.

Emergency activity:

95% of Durham Dales, Easington and Sedgefield patients admitted to the UHNT instead of UHH. 5% likely to be admitted to other providers

95% of Hartlepool patients admitted to UHNT instead of UHH. 5% likely to be admitted to other providers.

100% of Stockton patients to be admitted to UHNT

95% of other patients admitted to UHNT. 5% likely to be admitted to other providers.

Ambulatory care:

100% of patients admitted to UHNT.

The impact on individual patients may be summarised as:

- The patient will not have to do anything different once these changes are put into place.
- The patient will still visit or call their GP, call 111 if they feel unwell or call 999 in an emergency as they do now.
- 97% of patient contacts with healthcare services provided by the Trust will remain in Hartlepool

The current bed numbers across both hospitals and the numbers following implementation of the proposals are summarised below :

In-patient Bed numbers (does not include day case beds and pre-assessment beds)	Current bed numbers	After proposed changes
University Hospital of Hartlepool	190	55
University Hospital of North Tees	408	530
Trust total	598	585

## Quality and Safety

These proposals offer a response to national and local policy requirements which dictate the need for change to improve the quality and clinical safety of the services provided. These are welcomed by the Trust as they support its objective to improve clinical outcomes for its patients. The Trust will continue to seek and respond to such guidance.

The Trust at all times considers quality and safety a priority and works with the CCG to optimise opportunities to develop services to meet the healthcare needs of the population. The trust's undertaking to sustain and improve quality and safety must be balanced with operational efficiency and financial performance.

Hartlepool and Stockton-on-Tees CCG are also part of the Securing Health Quality in Health Services project (SeQHIS). The overall aim of the project is to reach a consensus on the clinical quality standards in acute services we want to achieve, using levels of national best practice as a starting point and to identify opportunities for meeting these standards and assess the financial environment and workforce constraints in which such improvements may take place. The five service areas covered by the project are:

1. Acute Paediatrics, Maternity and Neonatology
2. Acute Medicine, Surgery and Intensive Care
3. Long Term Conditions
4. End of Life
5. Planned Care

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) and the Trust also note the suggested review (Hartlepool Audit and Governance Committee work plan) to be undertaken in relation to qualitative clinical outcomes and the exploration of alternative choices for the population of Hartlepool. The CCG and the Trust is committed to securing health services that are provided in a way that promote the NHS Constitution.

The CCG has commissioned a number of providers to ensure that patients have the opportunity to access high quality care that is safe, effective and focused on patient experience and ensuring that the Commissioning Group acts with a view to enabling patients to make choices in respect of aspects of health services provided to them.

The CCG commissions all providers utilising the NHS Standard contract, this sets out the national expectations required in relation to quality and NHS constitutional requirements that all Providers are commissioned and expected to deliver.

### **Financial Considerations**

These changes are set against a demanding financial backdrop. The Trust will face another challenging year in 2013/14; the efficiency challenge facing the NHS is unprecedented especially with the continued application of a deflationary tariff. This coupled with zero or marginal growth in the economic and financial environment and an increasingly ageing population puts further pressure on the ability to maintain a healthy financial position whilst continuing to deliver high quality safe and caring services to our patient.

The Trust with its local commissioners have agreed plans to ensure the needs of the local population can be met however the ever increasing demand for hospital and community services means that the local health economy and the Trust are facing a period of real terms reductions in funding in 2013/14.

To deliver the requirements as set out in the 'Everyone Counts – Planning for Patients guidance 2013/14', 'The Outcomes Framework', the 'Annual Operating Plan' agreed with Clinical Commissioning Groups and internal service developments the Trust is required to deliver a £13.9m cost efficiency target. The size of the efficiency target presents another extremely challenging year ahead for the Trust, by planning in advance, however, a number of initiatives are already progressing improving the likelihood of delivering the efficiencies required.

Following an external review of the trust's cost efficiency opportunities and internal governance arrangements, detailed plans have been agreed with directorates, Quality Impact Assessments will be completed for all significant change programmes across the Trust and a rigorous performance management framework has been put in place to ensure plans are delivered.

For 2013/14 the Trust plans to deliver an income and expenditure surplus margin of circa £3.47m, which recognises the need to reverse the downward trend of recent years in the EBITDA margin percentage and maintain a financial risk rating of 3.

The Trust's medium term financial strategy, linked to the development of the new hospital, continues to drive clinical and operational efficiency, utilising lean management principles and service line management. The Trust will continue to deliver on-going estate rationalisation with associated recurrent savings and non-recurrent savings from land sale proceeds where appropriate. The Trust will pursue savings from back office shared services efficiencies and management cost reductions; enabling the effective and flexible use of the workforce.

Transformational change is required to enable the Trust to continue to deliver high quality, safe and affordable services. A significant programme of change will be delivered in 2013/14 streamlining services and pathways of care across both sites with the emphasis on delivering clinical pathway improvements across acute and community enabling patients to be treated closer to home. The Trust will strive to deliver the challenging financial agenda and will maintain or improve upon the quality, patient experience and service performance in the difficult years ahead.

The Trust continues to have a strong cash and liquidity base upon which to face this difficult period.

To conclude, the Trust exceeded its planned financial performance targets in 2012/13 despite significant increased activity pressures on emergency care. The challenge to continually deliver efficiencies over the next three will be extremely challenging, but is no different to that facing the majority of Trusts. With sound financial control and management, the Trust is well placed to continue to deliver incremental improvements in the quality of services delivered to our patients and deliver the financial performance targets agreed.

Following the outcome of the recent spending review the CCG is assessing the impact of the proposed changes to financial allocations on future commissioning plans. The CCG recognises that this will require strong partnership working with the Local Authority in relation to statutory duties, shared priorities and planned expenditure.

This is set against a backdrop of a significant current QIPP challenge of a £7m allocative target (i.e. additional to technical QIPP targets set for the Trust).

## **WIDER IMPACT OF THE PROPOSALS:**

The proposals do not provide the optimal solution to the needs of local residents, as these will best be met through the building of the new hospital and continued development of community based services where possible. They do however provide a solution to the clinical concerns raised concerning critical and acute medical services across the Trust.

### **University Hospital of North Tees (UHNT)**

The main impact on the UHNT site may be summarised as follows:

The principle scheme of works has been to re-establish four existing in-patient wards on the North Tees site which had previously been utilised for non in-patient activity, thus enabling re-establishment of 100 beds. The area had previously been utilised for out-patient services such as Neuro Physio which has now moved to new community facilities in Billingham and an Elderly Care day hospital facility which has now been re-established in a newly created facility integrated with Rheumatology services. The Bone Densometry service was also relocated into the Radiology department. including significant investment in replacement diagnostic equipment. A large proportion of the area had been un-used.



Other works include the creation of 2 level two and 2 level 3 Critical Care beds within the main Critical Care department at North Tees. New visitor facilities and consultant staff facilities have been created to enable the establishment of the increased critical care capacity and to improve visitor and staff experience.

Modifications within the Emergency Assessment Unit (EAU) have been planned to increase capacity within the unit from 34 beds to 42. Adjacent to the EAU an increased ambulatory care facility has been created which increases capacity from 8 to 20 spaces. Alongside this work the refurbishment and improvement of various wards has taken place including the creation of an additional 12 level 1 beds.

A programme of works has been planned within the Radiology department; these include the creation of a second CT Flash Cardiac scanner and associated patient recovery area, increased and redesigned reception area and improved patient flows through the department. A replacement Fluoroscopy diagnostic unit has been ordered along with numerous structural alterations to increase capacity and versatility of the service. Two plain film x-ray machine rooms have had their equipment replaced and enhanced facilities to improve processing capacity.

## **Transport**

Much concern has been raised over transport for patients and visitors.

Two 17-seater shuttle vehicles have been ordered and are due for delivery during August 2013, they shall operate a minimum of 08.00 – 20.00, seven days per week and where demand requires at a frequency of every 20 minutes. The shuttles will be available to both the public and staff, members of the public can book a seat on the shuttle on the day of requirement or in advance, a set number of seats will be reserved for public use only. This service will operate free of charge to the public.

The Trust has recruited and continues to recruit a cohort of volunteer drivers. Training is planned for July with implementation in August. Prospective patients who's medical condition does not warrant an ambulance but who do require assistance with transport may call upon this service. Volunteer drivers will collect patients from their home and they will be escorted to their ward or department of care, where appropriate the same service will then return the patient to their home. This service will be provided free of charge to users of the service.

The capacity of the University Hospital of North Tees to accommodate these services is proven and clear and credible plans have been produced, these plans shall also allow the Trust to retain its decant and resilience arrangements at both North Tees and at Hartlepool Hospitals in line with control of infection requirements and adequate and appropriate response to seasonal surge challenges. The consequences of the Transition plans at Hartlepool will instigate a further series of estates measures to consolidate the remaining occupied estate into its central core. The site is currently utilising 40,000m<sup>2</sup> of space, the anticipated conclusion of the estates review shall identify a potential 10,000m<sup>2</sup> reduction in space requirements.

It is essential that Local Authorities work in partnership with the CCGs (Hartlepool and Stockton-on-Tees and Durham Dales, Easington and Sedgefield) and the Trust to look at solutions to public concern with regard to transport links to health care. A great deal of work is on-going around transport solutions through partnership working between the Trust and Hartlepool Council and it is hoped that this work will continue with the participation of

Durham Council to ensure transport solutions are put into place to allay public concerns; in addition to the established transport solutions already being put into place to assist patients, the public and staff with regard to journey assistance to the University Hospital of North Tees.

### **Staff Ratios**

The Trust has recently implemented a revised nursing workforce tool for bed holding areas. Historical workforce tools have all too easily classified patients according to acuity and not enabled sensitivity to other variables. The proposed Trust Workforce Tool emphasises other factors, such as volume, lengths of stay, the judgment of nurse managers, staff competencies, unit geography, the skill mix of staff and financial considerations, which should also be part of the staffing equation.

The only crude measure which is used and compared nationally is the nurse to bed ratio. It has to be acknowledged that ratios do not tell the whole story and more data is required to effectively manage staffing resources.

The Trust has used the GRASP workforce tool over many years as the workforce model of choice. The tool focuses on three driving elements; quality, cost effectiveness and effectively managing staffing resources, therefore fits nicely into the principles and operating model of choice in the organisation; Service Line Management. It is based upon direct and indirect care measurements, which contribute to total patient care. The direct care element is calculated using care and process timings required to deliver care to a patient and the currency is hours per patient per day or HPPD.

Used robustly the HPPDs for direct care calculations are supported by throughput, occupancy, skill mix and professional judgement inputs.

The Trust workforce tool will be the tool on which current and future workforce modelling will be underpinned. The tool has been customised following the roll out of core principles and is sensitive to those variables which could have a significant impact upon nursing care delivery i.e. throughput, occupancy, sickness, maternity leave, training, etc. Policy provision instigation and management will ensure quality control to ensure a consistent approach to professional judgement, quality outputs and safety standards' measures (Safer Nursing Care Tool).

This tool will be administered consistently and closely governed and owned with a transparent accountability structure in place, supported by revalidation and Trust policy.

### **Impact on Staff**

The impact on staff is being mitigated in the following ways:

Engagement and communication events have been undertaken during June and July for all staff to ensure that everyone understands the changes, the reasons for them and how they may, or may not, be directly affected.

The Trust through its consultative process has held meetings with its recognised trade unions to brief them on the proposals and the plans for consultation with staff. The Trust will move into formal consultation with all affected staff and this is planned for mid-late July onwards. Partnership working will ensure the full involvement of staff and trade union representatives in the consultation process.

Consultation documents are being developed which will be shared with all affected staff, which will identify the proposed changes and the impact on their area of work.

The consultation process will provide an opportunity for collective meetings with staff and trade unions, and will also enable 1:1 meetings to be held, as required, in order to understand individual concerns and to obtain feedback as part of the process.

Throughout the consultation process, regular meetings will be held with the trade unions to work through any concerns or issues that are raised and to facilitate discussion around implementation of the proposals.

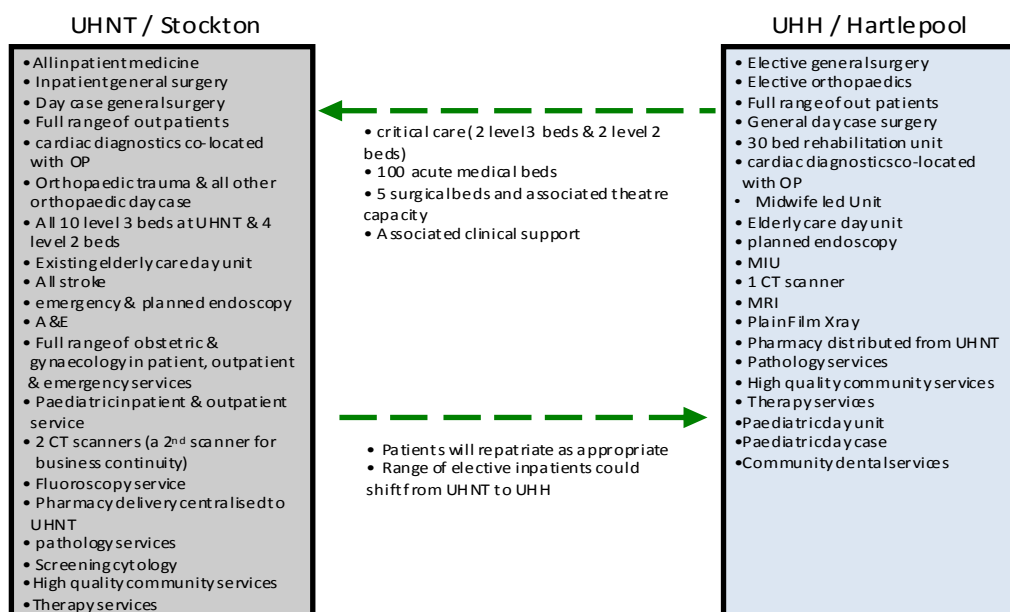
This process will ensure as wide a cascade of information as possible.

To-date in the region of 200 staff from the Medical Directorate have been identified as having a transfer of base from UHH to UHNT. Shift patterns and rotas are being mapped to ensure the shuttle provision for staff and the timing of its operation shall meet the full staff demand for all staff affected. This provision will not impinge upon the capacity set aside for the public. A scheme for car sharing shall be introduced for staff in August. Means to increase capacity on the North Tees car parks are also being explored.

## DEVELOPMENT OF SERVICES IN HARTLEPOOL AREA LEADING UP TO THE OPENING OF THE NEW HOSPITAL:

The following diagram illustrates the recommendations that have resulted from the options appraisal undertaken.

### Proposal resulting from options appraisal



After these changes have been implemented, the following table summarises the services that will continue to be provided from the University Hospital of Hartlepool:

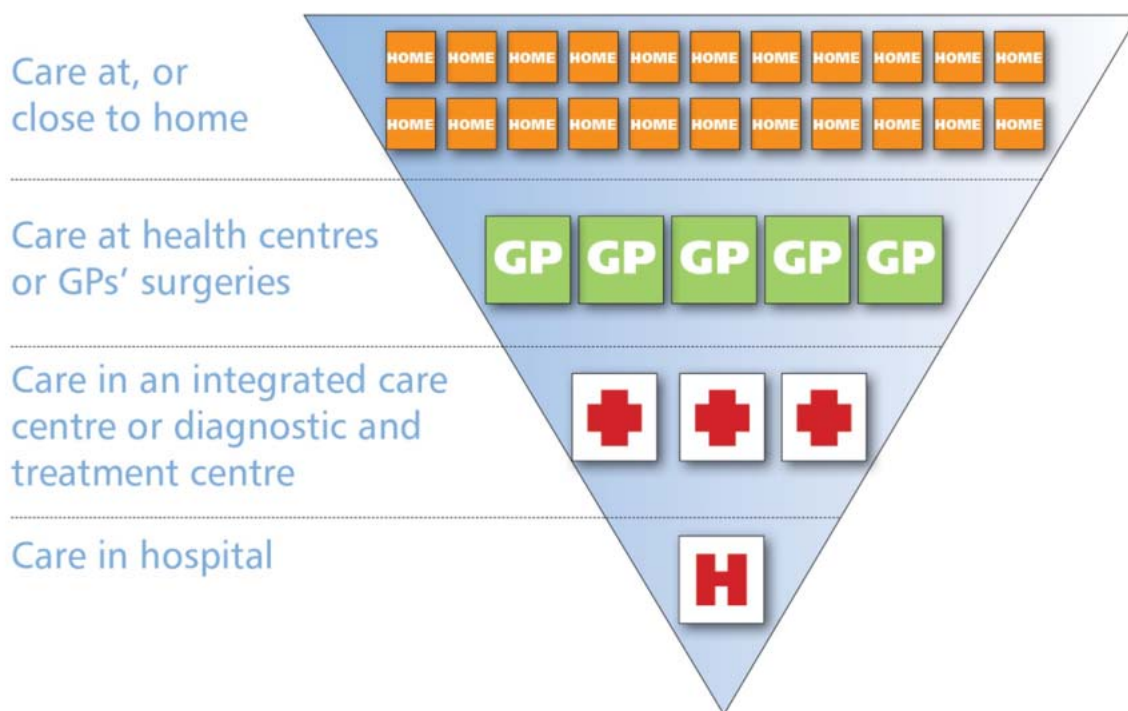
## Services provided in Hartlepool Hospital post proposed change

	Supported by
<ul style="list-style-type: none"> <li>• Inpatient elective orthopaedic surgery</li> <li>• Inpatient elective general surgery (low risk)</li> <li>• 30 bed rehabilitation unit</li> <li>• General surgery day case</li> <li>• Gynaecology day case</li> <li>• Paediatric day case surgery</li> <li>• Orthopaedic day case</li> <li>• Paediatric day unit</li> <li>• Midwife led unit</li> <li>• Planned endoscopy</li> <li>• Cardiac investigations unit</li> <li>• Chemotherapy day unit (non complex)</li> <li>• Rheumatology day unit</li> <li>• Elderly care day unit</li> <li>• MIU from One Life Hartlepool</li> </ul>	<ul style="list-style-type: none"> <li>• CT</li> <li>• MRI</li> <li>• Ultrasound scanning</li> <li>• Pharmacy</li> <li>• Pathology</li> <li>• Nuclear medicine</li> <li>• Plain film Xray</li> </ul>

**Note: (This is not an exhaustive list)**

## Future Developments

The long term strategy for service provision can be summarised in the following diagram:



The Trust has developed a Clinical Services Strategy to drive the objectives of the Momentum programme and which is in alignment with the Clear and Credible Plans developed by the CCGs and this is pictured above. The overriding philosophy is to ensure care is provided closer to home where possible and is of a high quality and safe standard with the aim to improve health outcomes for patients; as a result of which the 97% of patient contacts with healthcare services provided by the Trust which remain in Hartlepool will continue to expand, with acute hospital care provision being for the sickest patients who require the expertise contained within.

Following the implementation of the proposed changes, the following additional service developments are planned to take place in the Hartlepool area:

#### **Long Term Conditions:**

- Facilitate patient empowerment through development of personal care plans working with the patient, with improved co-ordination of services based on the patient's preferences, enabling them to become experts in managing their own health conditions.
- Maximise the contribution of state of the art technology to the management of long term conditions.
- Consultant led teams focussed on long term conditions providing a comprehensive outreach and in-reach service based on patient needs.

#### **Planned Care:**

- Work with the patient to agree a mutually acceptable and transparent pathway.
- Utilise innovative technology and proven best practice.
- Provide services in an appropriate location and by the appropriate healthcare professional(s) to achieve the best quality outcomes this could include alternative facilities in Hartlepool.



**Women's and Children's Care:**

- To market services provided to encourage patient, midwife and GP choice.
- To meet aspirations around quality outcomes (to exceed national requirements and so to achieve local expectations) with regard to Midwifery (and Obstetric) led care.
- Implementation of team midwifery concept ensuring that teams of midwives centre care around women.

**Clinical Support Services:**

- To utilise developments in technology and telemedicine to provide services as close to the patient's home as practicable, minimising the need for patients to attend clinic and hospital appointments
- To provide services as a "one stop shop" whenever possible
- To implement services organised on a "hub and spoke" model

**Rehabilitation Services:**

- To develop and deliver a service which is part of a holistic, integrated, cross-sector care model
- To ensure the model is used for appropriate patients (i.e. those with the highest potential for recovery/reablement)
- To facilitate safe, timely discharge

**Screening:**

- As the Tees Bowel Screening provider the Trust will expand screening services locally, particularly in the area of the Bowel Scope programme

**Community Services:**

The Trust and CCG have been working together to deliver a new model for community care in the area. There are three main key areas to the model to commence in 2014.

- Single Point of Access (SPA) - A dedicated team responsible for dealing with all new referrals and patient queries. A single point of access based at Mandale house which operates 24 hours per day with a dedicated telephone number. New referrals received are logged and assigned within 30 minutes with feedback to the referrer delivered within 24 hours.
- Teams around Practices (TAPs) - Community nursing teams formed around and covering more than one practice. There are 7 teams in Stockton and 2 teams in Hartlepool. New posts within the service include a clinical care co-ordinator and a safe care lead. This team also operates 24 hours a day, 7 days a week with standardised ways of working.
- Community Integrated Assessment Team (CIAT) - A team comprising of therapy and nursing staff who work within community but also provide an in-reach service supporting a safe and timely discharge and supporting the patient to reach maximum independence. Discharge Liaison, Intermediate Care, Rapid Response, Falls Service and the Emergency Care Therapy Team are brought together as one team (CIAT) delivering a 7 day service

There are also plans to move outpatient services into the One Life Centre to improve access for patients. Specialties expected to move are Respiratory, Rheumatology, Diabetes, Pain Management and Anticoagulation.

*NB. This document should be read in conjunction with the NHS Hartlepool and Stockton-on-Tees CCG Commissioning Plans document, included in this pack.*

**Hartlepool and Stockton-on-Tees CCG  
Commissioning Plans**

The CCG has developed strategic plans 2012-2017 which are set out within our Clear and Credible Plan (CCP). We have a duty each financial year to prepare a commissioning plan which addresses our strategic objectives and has regard to guidance published by the Board. The CCG have shared and published our plan with key partners and stakeholders for 2013/14.

Whilst Joint Scrutiny requested information in relation to the development of services at Hartlepool hospital leading up to the development of the new hospital we have taken the opportunity to describe and provide an overview of our CCG plans within the following narrative.

NHS Hartlepool and Stockton-on-Tees CCG is committed to working with partners and the public to achieve our long term strategic vision that were detailed and set out in our Clear and Credible Plan 2012-17. Whilst this sets out our high level intentions, we on an annual basis are required to produce an annual plan detailed within the CCG Assurance Framework published May 2013 for this year.

Whilst therefore detailed commissioning intentions for the next 5 years are not yet complete, themes for the next year are set to deliver our priorities and to develop the community services and infrastructure critical to the delivery of the Momentum programme. These are set out in the narrative below :

A key driver for change is our ageing population and the numbers of people with long term conditions ensuring we are securing health services that are provided for all in a way that promotes the NHS Constitution.

The CCG has commissioned a number of providers to ensure that patients have the opportunity to access high quality care that is safe, effective and focused on patient experience and ensuring that we act with a view to enabling patients to make choices in respect of aspects of health services provided to them and location of service delivery. The CCG commissions all providers utilising the NHS Standard contract, this sets out the national expectations required in relation to quality and NHS constitutional requirements that all Providers are commissioned and expected to deliver.

The CCG aims to ensure patients are only treated in a hospital setting if clinically appropriate these changes will be driven and improved by working closely with our local authority partners, Trusts, Independent sector providers and patients from planning through to delivery.

We need to redirect our focus from the current emphasis on acute and episodic care in hospitals towards prevention, self-care and proactive management utilising and where appropriate integrating all relevant resources across the health and social care community.

There are a number of key areas of work being undertaken to meet our strategic outcomes and priorities, all projects identified will be further developed in relation to ensuring we are able to deliver our strategic outcomes set out in the CCP 5 year plan. Our work is therefore being progressed to determine short/medium and long term objectives to be delivered for the priority areas including but not limited to;

**Dementia** – Work is being undertaken with our commissioned partners and member practices to ensure we are able to identify all resident patients of Hartlepool and Stockton-on-Tees with dementia ensuring robust and accurate registers are maintained to ensure individuals are able to receive earlier diagnosis and improve future service delivery.

We are working with partners to improvements in the quality of services to ensure delivery of the national dementia strategy, working across health and social care to ensure people are able to remain independent as long as possible.

**Urgent Care** - Our draft vision for urgent care is *'to commission a simple, accessible high quality service managing patients at the point they present in a robust and resilient way'*, to take this vision forward and develop an urgent care strategy we have established an urgent care project group. This group includes a number of stakeholders including but not limited to providers of OOH/WIC/Acute & Community Services/Local Authorities/NEAS/Public Health services/MH/Healthwatch.

To further support our vision and strategy we are working to redesign urgent care to ensure services are easier to navigate for patients. We are reviewing existing contract arrangements across a number of providers with a vision to provide care at locations which make it seamless for patient access and to better integrate services.

We have commissioned and will monitor usage and delivery of the 111 service to ensure patients are able to better navigate accessing the right services first time to make it easier for them to look after themselves and have the necessary education and information to support this as a choice.

**Care Homes** - The CCG is working with neighbouring commissioning groups/Area Team/Acute and community services and Social Care to identify best practice in care home management and develop an approach that:

- Reduces inappropriate unplanned admissions and use of A&E
- Reduces the number of people admitted and then dying shortly afterwards
- Improves the health care and safeguarding of care home residents
- Improves educational support and training for staff working within care homes
- Establishes more integrated working across partner organisations

We have recently carried out a review of a pilot project undertaken in primary care to develop Health Care Plans (HCP) for those individuals within a nursing home to prevent emergency admissions. The initial review of the pilot has shown to be effective and is expected to be rolled out further across nursing and care homes. A Care Home project

group is now under development to progress the approach and to further develop evidence of the effectiveness of this. It is expected the project will develop to be delivered as it progresses with focussed task and finish groups, it is expected this project will continue over a number of years due to the scale of the project and dependant on the outcomes as we progress the actions therefore timescales are yet to be defined. The project group membership is also yet to be determined but is expected to include Acute & Community Services/Local Authorities/Healthwatch/Hospices/Care Home representatives.

**Reablement** - We have been working with our health and social care partners to agree better plans for people leaving hospital to prevent avoidable admissions and readmissions ensuring that services are commissioned which focus on prevention, early intervention and reablement. We have aligned reablement and social care support to ensure we are able to work in partnership effectively. Some examples of the projects we have supported are; the expansion of bed capacity within community settings for rehabilitation, telecare support to enhance and extend community alarm networks, to provide focussed support for carers and patients to enable people to stay at home. We have supported the extension of the Care Navigation and SAILS programme enabling individuals to navigate and appropriately access local services providing low level interventions that support people to retain their independence. All reablement services will be reviewed in partnership with our partners in order to inform intent for future years and further develop reablement services in the future.

**Community Services** - We have re-organised the way in which district nurses and community matrons work so they form teams around practices, working with GPs to ensure that people with long term conditions are better managed and are specially catered for to ensure better health outcomes. A review of the new model of care is currently being undertaken across all stakeholder and patients in order to inform the future development of the model of care commissioned.

We are also working with our member practices and community services to identify those patients who are most at risk and are likely to need urgent care in the future to make sure they receive high quality and appropriate care in the community, with the aim of keeping them well to prevent them having to be admitted to hospital and to improve patient experience and clinical outcomes.

**Health & Wellbeing** – we have been working with our Health & Wellbeing partners to align our strategic intent and work plans. This will ensure that local issues and solutions can be found where possible. Developing our strategies in conjunction with and alongside the JHWS is a key part of our first years' work and is continuing to be developed with our local authority partners.

As the CCG leads the commissioning process we will ensure that we undertake consultation for the services we commission and in relation to our future plans.

**Securing Health Quality in Health Services** – Further to the aforementioned; we are also part of the Securing Health Quality in Health Services project (SeQHIS). The overall aim of the project is to reach a consensus on the clinical quality standards in acute services we want to achieve, using levels of national best practice as a starting point and to identify opportunities for meeting these standards and assess the financial environment and

workforce constraints in which such improvements may take place. The five service areas covered by the project are:

1. Acute Paediatrics, Maternity and Neonatology
2. Acute Medicine, Surgery and Intensive Care
3. Long Term Conditions
4. End of Life
5. Planned Care

**In Summary** – On an annual basis we will be discussing with stakeholders and public representatives our commissioning priorities. Clearly, as a result of the recent spending review the CCG will need to consider whether plans will need to be modified in light of the new financial challenges. This paper provides an overview of our key themes being progressed this year and an indication of the areas for further development in future years.



## **Update on Consultation Plan - July 2013 v1**

### **Re configuration proposals for emergency medical and critical care services in Hartlepool and North Tees**

#### **Introduction**

The formal consultation period is running for a 12 week period from 20th May 2013 until 11th August 2013. This report provides an update on activity against the Consultation Plan from 20th May 2013 until 30th June 2013.

The Consultation Plan is jointly led by NHS Hartlepool and Stockton on Tees CCG and NHS Durham Dales, Easington and Sedgefield (DDES) CCG (the commissioners) and North Tees and Hartlepool NHS Foundation Trust (NTHFT).

The Consultation Plan was developed to ensure that the formal consultation process is as fair, robust and inclusive as possible in its planning, delivery and follow-up. The plan has received input from Hartlepool HealthWatch, Stockton HealthWatch and Durham HealthWatch who attend a Steering Group meeting which meets fortnightly with CCG and NTHFT representatives to take forward and monitor the consultation plan.

#### **Consultation document and supporting information**

The formal consultation document presents the detailed case for change and outlines the background to the proposals. It is available on the NHS Hartlepool and Stockton on Tees CCG website. Consultation documents and questionnaires were delivered to all GP practices, community based health facilities and libraries in Hartlepool, Stockton on Tees and East Durham.

Supporting information made available on the NHS Hartlepool and Stockton on Tees CCG website includes the National Clinical Advisory Team Report, clinical evidence and previous related reviews and consultations providing relevant background in the interests of transparency.

This supporting data is provided in order to enable as much informed engagement in the consultation process as possible.

#### **Activity and mechanisms**

A schedule of consultation opportunities and feedback mechanisms is being publicised through local networks and advertised in local media.

## **Consultation events**

A number of public consultation events are being held at a variety of locations and times which are selected to ensure equitable opportunities across Hartlepool, Stockton on Tees and East Durham. Venues have been selected based on accessibility.

To date there have been a total of four events held across Hartlepool, Stockton on Tees and East Durham as follows:

- Wednesday 12th June, Hartlepool's Maritime Experience -48 people
- Wednesday 19th June, Norton Education Centre, Stockton-on-Tees,
- Wednesday 3rd July, Shotton Hall, Peterlee, County Durham,
- Tuesday 9th July, Sedgefield Parish Hall, Sedgefield, County Durham,

The content of the events included a rolling presentation based on key messages and 'market place' style sessions for discussion for those attending who wish to participate. This includes open forum question and answer sessions. A core team of clinicians, NTHFT managers and CCG commissioners are present at each event.

*NB. An updated consultation plan is provided to include the meetings and engagement activity so far.*

## **Access to information and response mechanisms**

People can download relevant information, including the consultation document and a questionnaire. People without internet access are able to write to NHS Hartlepool and Stockton-on-Tees CCG to have their views noted via a freepost address and can also telephone via a dedicated line.

## **Media**

A series of press releases giving details of the consultation and event dates has been issued to print and broadcast media. The consultation and details of the event in Hartlepool were publicised in Hartlepool Borough Council's Hartbeat magazine which goes to all households in Hartlepool.

A feature in the Hartlepool Mail on 12th June included an open letter from NTHFT's chairman to Hartlepool Mail readers; there was further coverage on 14th June. The consultation was also covered in the CCG Chair's regular column in the Hartlepool Mail. Dr Paul Williams gave an interview with BBC Radio Tees on 6th June.

## **Briefing and general awareness raising**

Fliers publicising events were also sent to GP practices in Hartlepool, Stockton and East Durham, and paid adverts were placed in relevant local press.

A dedicated e-briefing has been sent to approximately 600 stakeholders including MPs, ward councillors, HealthWatch, Directors of Public Health, council leaders, Scrutiny functions, and voluntary sector organisations.

A further letter was sent to hard to reach groups about with information about the consultation and the offer of a meeting. A follow up phone call has been made to ask whether further information is required or face to face meetings would be helpful. To date the Hartlepool LD Partnership and the Over 50's Forum have requested attendance at meetings.

### **Attendance at formal meetings**

Representatives from NHS Hartlepool and Stockton on Tees CCG and NHS Durham Dales, Easington and Sedgefield (DDES) CCG North Tees and Hartlepool NHS Foundation Trust (NTHFT) attended the Hartlepool Audit and Governance Committee on 31st May, after the Tees Valley Joint Scrutiny Forum on 17th June. Information has also been provided to the relevant Health and Wellbeing Boards.

### **Other**

CCG, NTHFT and North East Commissioning Support staff were briefed at the start of the consultation through internal communications mechanisms. A number of staff forums are taking place for those affected specifically by the change.

Display banners and information have been placed in both main hospital sites and in the One Life Centre in Hartlepool and the main library. Asda supermarket has also agreed to space for a stall in the Hartlepool supermarket for a one day period.

An Equality Impact Assessment is commencing on the proposed changes.

### **Ongoing activity**

During the next two weeks a further communication will be made with MyNHS members, hard to reach groups, voluntary organisations, charities, and the Citizens Advice Bureau. NTHFT's Nursing Director is also writing to key stakeholders offering dedicated meetings. Supermarket and town centre stalls are also being planned.

It has also been agreed to explore the possibility of household leaflet drops as discussed with respective Healthwatch's.

Representatives will attend the first formal joint scrutiny meeting to discuss the proposals for change on 11th July.

Attendance has also been agreed at the following during July:

- Stockton Over 50s Assembly – 8<sup>th</sup> July
- Hartlepool - Stockton Road Residents Event - 2nd July
- Hartlepool Learning and Disabilities Partnership Forum – 12th July

Both CCGs and NTHFT aim to be responsive to ongoing requests for information, presentations, and consultation sessions throughout the consultation.

## **Re configuration proposals for emergency medical and critical care services in Hartlepool and North Tees**

### **Draft Consultation Plan – 18<sup>th</sup> June 2013 v5**

***'Providing safe and high quality emergency medical and critical care.'***

#### **Introduction**

This document outlines the plan for a consultation by NHS Hartlepool and Stockton on Tees (HAST) Clinical Commissioning Group (CCG), Durham Dales, Easington and Sedgefield (DDES) CCG (the commissioners) and North Tees and Hartlepool NHS Foundation Trust on how best to ensure people have access to the safe, high quality emergency medical and critical care they need.

Emergency medical services and critical care services work together closely to support patients who become critically ill.

The consultation will ask for views on our proposal to move emergency medical and critical care services from the University Hospital of Hartlepool to the University Hospital of North Tees and seek to understand concerns about the proposed changes so as to inform next steps.

Durham Dales, Easington and Sedgefield (DDES) CCG will be involved as a partner commissioner as their population will also be affected by these proposals.

This plan follows good communications and engagement practice and focuses on what will be meaningful to stakeholders. High quality communications and engagement must underpin any formal consultation to ensure it is as fair, robust and inclusive as possible. Adherence to Public Sector Equality Duties must also be demonstrated.

The approach will take into account the need for reconfiguration proposals to meet the four Tests for reconfiguration proposals to demonstrate:

- support from commissioners;
- strengthened public and patient engagement;
- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice.

Section 244 of the consolidated NHS Act 2006 (which replaced Section 7 of the Health and Social Care Act 2001) requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

A substantial variation is not defined in Regulations – Section 244 applies to any proposal where there is a major change to services experienced by patients.

It is important to understand the new legal framework for making service changes and the obligations both in statute and guidance over consultation. That is because the previous statutory obligations under s.242 of the Act will continue to apply to FTs and other NHS bodies, even though for commissioners they have changed to some degree, see below.

#### Obligations under the NHS Act 2006 (as amended) for CCGs and FTs

The duty placed on CCGs to promote public involvement and consultation is set out in section 14Z2, which states:

##### 14Z2 Public involvement and consultation by clinical commissioning groups

- (1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).
- (2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—
  - (a) in the planning of the commissioning arrangements by the group,
  - (b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
  - (c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
- (3) The clinical commissioning group must include in its constitution—
  - (a) a description of the arrangements made by it under subsection (2), and
  - (b) a statement of the principles which it will follow in implementing those arrangements.
- (4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.
- (5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).
- (6) The reference in subsection (2)(b) to the delivery of services is a reference to their delivery at the point when they are received by users.



## Context

North Tees and Hartlepool NHS Foundation Trust raised concerns with NHS HAST CCG that they could not sustain required quality and safety standards of emergency medical and critical care services at the University Hospital of Hartlepool, in either the medium or long term. The trust put forward proposals to move emergency medical and critical care services from the University Hospital of Hartlepool to the University Hospital of North Tees.

NHS HAST CCG requested a review from the National Clinical Advisory Team (NCAT) in order to test the case for change and to provide clinical assurance for proposals. A review visit was undertaken on 29th January 2013 and the formal report launched on 15<sup>th</sup> May 2013.

The independent report from NCAT supported the trust's proposals and agreed with their concerns regarding sustainability and safety. Whilst NCAT are not recommending an emergency closure in their report, they acknowledge that the changes should be made as quickly as possible to ensure that local services are safe and of the required standard.

North Tees and Hartlepool NHS Foundation Trust have appraised potential options and concluded that the proposals to move these services to the North Tees site are the only viable option. The safety issues include isolation of working and access to appropriately trained staff, and therefore cannot be resolved through a financial solution.

Therefore, the scope of the formal consultation will ask for views and concerns about the proposal and how the impact of the proposed changes could be managed and implemented. It will be critical to explain the reasons for this option, and to make available supporting information which outlines how all options were appraised and evaluated. It will also be important to explain that the point of access for patients would not change as a result of these changes.

It should be noted that that approach and methodology for the consultation is proportionate to this scope. (See Appendix 1 – Communications and Engagement Implementation Plan.)

This proposal is set against the backdrop of the momentum: pathways to healthcare programme which was established in 2008 by North Tees and Hartlepool NHS Foundation Trust and the former PCT commissioners to transform the local healthcare system. (See Appendix 3)

A significant element of this programme is the capital project to build a new hospital to serve the people of Hartlepool, Stockton and parts of Easington and Sedgefield. Whilst some interim changes to services across the two existing sites are planned via the Momentum programme, this proposed change is not one of these as it has arisen due to concerns over quality and safety which are outwith the scope of Momentum.

## Formal consultation

The formal consultation period will run for a 12 week period, beginning on Monday 20<sup>th</sup> May 2013.

In terms of governance and accountability, North of England Commissioning Support (NECS) will lead the formal consultation for the commissioners and North Tees and Hartlepool NHS Foundation Trust, and is therefore responsible for its successful delivery.

Support from the provider North Tees and Hartlepool NHS Foundation Trust will be essential in ensuring that the knowledgeable clinicians on the subject are able to both support and participate in the consultation process.

NHS Hartlepool and Stockton on Tees CCG and NHS Durham Dales, Easington and Sedgefield (DDES) CCG (the commissioners) and North Tees and Hartlepool NHS Foundation Trust (the provider) will jointly lead this plan.

Affected NHS provider organisations will take responsibility for consulting with their own staff.

A Task and Finish Group will be set up to plan and monitor the delivery of the consultation process.

The commissioners and Hartlepool NHS Foundation Trust will be accountable to Health Scrutiny Committees for Stockton-on-Tees, Hartlepool and County Durham on the consultation process. Local HealthWatch organisations will contribute to this consultation by representing the interests of patients and the public and will advise on consultation materials and contribute to discussion on the consultation proposals.

Key messages have been developed to communicate the scope of the consultation and case for change effectively to patients, the public, political and wider stakeholders and the media. A range of communications and consultation mechanisms will be utilised to ensure sufficient information and involvement opportunities are available to identified stakeholders.

Mapping of and planned engagement with hard to reach and protected groups is also underway as part of the commissioners' ongoing engagement plans.

NECS will commission independent specialist consultants to receive and independently analyse the responses. Respondents to the consultation will be able to feed back by email, freepost address, telephone or via the website.

NECS will produce a report on the consultation which will cover:

- stakeholders who have been consulted;
- what information was provided to those stakeholders;
- what matters those stakeholders were consulted about;
- the result of the consultation, including a summary of the differences expressed by those consulted; and

- details of the decisions or changes made following the consultation and the influence the results of the consultation had on that decision / change.

A Communications and Engagement Implementation Plan has been developed. (Appendix1).

## **Stakeholders**

A list of stakeholders is attached at Appendix2.

## **Objectives**

A programme of activity will:

- Encourage responses to and involvement in the formal consultation
- Promote the consultation via all appropriate communications channels.
- Effectively manage and co-ordinate stakeholder engagement

## **Channels**

The following communications channels will be utilised:

- A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request.
- Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences.
- Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc.
- Staff briefings and meetings as required.
- Information in prime community and health settings.
- The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites.
- Media – press release and paid-for advertorials and adverts.

- Posters in a range of community venues throughout the health economy including health settings, libraries etc.
- Information distributed and shared through public partners' publications and information points.
- Feedback forms and questionnaires.
- Local foundation trust members.
- Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media.
- Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses.
- Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups.
- Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats.
- Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines.
- Consultations documents will meet accessibility guidelines.
- Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines.

## **Key messages**

- Proposals to move emergency medical and critical care services from the University Hospital of Hartlepool to the University Hospital of North Tees have been validated for by national clinical advisors and are fully supported by the commissioners.
- The point of access for patients will not change i.e. people will not have to do anything different once the changes are put into place because the initial call will still be to 999 or the GP.

- The proposed changes are necessary and appropriate to support improvements in clinical quality and safety. An independent report has provided independent clinical assurance that these changes will result in better services for local people.
- Transferring services from the University Hospital of Hartlepool (UHH) to the University Hospital of North Tees (UHNT) is hoped to be an interim solution. In the longer term, both hospitals will close and until the new purpose-built hospital development receives final approvals.
- Investment has already been made in community services and intermediate care and towards reducing emergency admissions, and that this remains a priority.
- Commissioners and the trust are still all committed to moving to the new hospital because this will mean we can provide services in a more convenient geographical location. However, we need to take this interim step now to preserve and improve quality and safety.
- Acknowledging any short-term recommendations made and that proposals will be agreed across the health economy to address these and key stakeholders, including Overview and Scrutiny Committees, will be fully involved in this.
- As a result of the changes, 97 per cent of healthcare contacts will remain in Hartlepool. In the lead up to the opening of a new Hospital at Wynyard Business Park in 2017, the University Hospital of Hartlepool will become a centre for diagnostic tests, daycase and low risk operations. There will also be an increase in the number of medical rehabilitation beds at the hospital.

## **Managing issues and risks**

A rolling handling plan will be established at the start of the consultation and maintained by the NECS Communications and Engagement Team. This will include key lines and actions, and provide a core script with key messages, process detail, organisations' corporate lines and rebuttal messages to support all actions outlined.

It is vital that all the major partners are highly visible through this process, including clinicians from the trust. It will be important to provide adequate notice of meetings for clinicians in particular.



## Appendix 1.1

### Communications and engagement Implementation Plan

Area	Task	Who's responsible	Timescale
<b>Stage 1 - consultation planning</b>			
Task and Finish Group	Establish membership, agree scope and schedule meetings	MB/CY	By 3 <sup>rd</sup> May
Finalise key messages and question areas	Develop: <ul style="list-style-type: none"> <li>Briefing paper</li> <li>Presentation</li> <li>Key messages and question areas</li> </ul>		
Plan access to existing communications mechanisms	<ul style="list-style-type: none"> <li>Ensure/schedule upload to CCG and FT websites</li> <li>Gather all supporting documentation e.g. <ul style="list-style-type: none"> <li>➤ Consultation document</li> <li>➤ Relevant background information e.g. Momentum, Tees Review</li> <li>➤ Options appraisal evidence</li> </ul> </li> <li>Prepare briefing via My NHS</li> <li>Distribution of information to GPs, pharmacists</li> <li>Prepare information – based on above – for communications teams within neighbouring NHS Trusts, local authorities, key relevant charities and groups</li> </ul>	SJ/CY	By 10th May
<b>Implement communications via mechanisms</b>	<ul style="list-style-type: none"> <li><b>All consultation materials and supporting information available on CCG and FT websites</b></li> <li><b>Briefings and distribution above</b></li> </ul>	<b>SJ/CY</b>	<b>15<sup>th</sup> May</b>
Brief FT PALS team	<ul style="list-style-type: none"> <li>Provide information and timetable</li> </ul>	CY	<b>By 17th May</b>
Communications with staff	<ul style="list-style-type: none"> <li>FT mechanisms</li> <li>NHS HAST CCG bulletin</li> <li>NECS</li> </ul>	CY SJ MB	By 10th May
Plan attendance at existing	Agree schedule and attendance	T&F Group	By 10th May

meetings and events			
Consultation planning	<ul style="list-style-type: none"> <li>• Agree consultation timelines for: <ul style="list-style-type: none"> <li>- Planning</li> <li>- Response mechanisms and handling</li> <li>- Questionnaire and document design and print</li> <li>- Advertising</li> <li>- Full handling of consultation meetings</li> <li>- Response handling, analysis and reporting</li> </ul> </li> </ul>	T&F Group	By 10th May
Prepare and finalise consultation document for agreement	<ul style="list-style-type: none"> <li>• Ensure this meets four reconfiguration tests</li> <li>• Source case studies</li> </ul>	CY – lead T&F Group	By 17th May
<b>Agree final consultation document</b>	<ul style="list-style-type: none"> <li>• <b>Agree via extraordinary NHS HAST CCG Governing Body meeting</b></li> </ul>	<b>AW</b>	<b>16th May</b>
Further consultation materials	<ul style="list-style-type: none"> <li>• Agree range of materials based on main consultation document</li> <li>• Draft and agree materials</li> <li>• Produce materials</li> <li>• Agree distribution</li> </ul>	T&F Group	By 17th May
Map/schedule all meetings with key stakeholders	<ul style="list-style-type: none"> <li>• Health and Wellbeing Boards</li> <li>• Scrutiny meetings – formal and informal</li> </ul>		
Public meetings - preparation	<ul style="list-style-type: none"> <li>• Set dates</li> <li>• Book venues</li> <li>• Confirm dates for attending representatives – well in advance for clinicians</li> <li>• Confirm lead/chair for each</li> <li>• Plan advertising</li> <li>• Plan media i.e. ongoing releases</li> <li>• Prepare presentation using available resources</li> <li>• Prepare facilitators' recording materials</li> <li>• Draft and issue press release with contact details</li> </ul>	T&F Group	By 17 <sup>th</sup> May

Prepare access and response mechanisms	<ul style="list-style-type: none"> <li>• Source supplier of analysis</li> <li>• Freepost</li> <li>• Addresses</li> </ul>	T&F Group	By 17th May
Liaison with Scrutiny	<ul style="list-style-type: none"> <li>• Informal discussion with officers to determine formal presentation of plans</li> <li>• Determine presentation of Consultation Plan</li> </ul>	SJ/CY	By 17th May
Media	<ul style="list-style-type: none"> <li>• Arrange meetings with Hartlepool Mail and Evening Gazette (re NCAT report)</li> <li>• Issue NCAT media release to include consultation dates</li> <li>• Draft, agree and issue consultation launch release</li> </ul>	SJ/CY	For 15 <sup>th</sup> May 16 <sup>th</sup> May By 17 <sup>th</sup> May
Advertising	Schedule and organise paid advertisements in local print and broadcast media	SJ	By 17th May
<b>Stage 2 - 12 week formal consultation – from Monday 20<sup>th</sup> May to Friday 16<sup>th</sup> August 2013</b>			
Materials	<ul style="list-style-type: none"> <li>• Commissioning production of consultation materials in alternative formats as required</li> </ul>	T&F Group	Ongoing – as required
Consultation document available	<ul style="list-style-type: none"> <li>• Upload document to CCG and NTHFT websites</li> </ul>	SJ/CY	For 9am Monday 20 <sup>th</sup> May
Send out consultation document to key stakeholders	<ul style="list-style-type: none"> <li>• Prepare covering letter and response form</li> <li>• Identify list of stakeholders as key consultees</li> <li>• Indicate deadline for responses</li> <li>• Provide full list of consultees, stakeholders and contacts</li> </ul>	T&F Group	By 24 <sup>th</sup> May
Distribution	<ul style="list-style-type: none"> <li>• Co-ordinate distribution of consultation materials e.g. to independent contractors and community based health locations</li> </ul>	T&F Group	From 20th May
Media handling	<ul style="list-style-type: none"> <li>• Production and distribution of press releases</li> <li>• Set up and maintain media handling plan</li> </ul>	T&F Group	From 20 <sup>th</sup> May
Public meetings	<ul style="list-style-type: none"> <li>• Organise and manage consultation meetings,</li> </ul>	SJ	By 17 <sup>th</sup> May

	<ul style="list-style-type: none"> <li>Commission recording and transcribing</li> <li>Arrange BSL interpreting services</li> </ul>	T&F Group	h sufficient time h sufficient time
Other meetings	<ul style="list-style-type: none"> <li>Manage and record outcomes from targeted meetings/focus groups with key stakeholder groups with a vested interest in consultation</li> </ul>	T&F Group	Ongoing
Analysis, response handling and reporting	<ul style="list-style-type: none"> <li>Arrange and manage ongoing handling of postal responses</li> <li>Log, collect and collate responses from web, mail, email letter and meetings (meeting summaries and notes) including a breakdown to show organisational and public responses.</li> <li>Summarise and provide analysis of all of the responses received</li> <li>Prepare final report - presentations, printed report in hard copy</li> </ul>	T&F Group / external supplier	By 17 <sup>th</sup> May
<b>Post consultation – from 16<sup>th</sup> August 2013</b>			
<b>Collation of responses</b>	<b>• Liaison with supplier re completion of report</b>	<b>T&amp;F Group</b>	<b>19<sup>th</sup> August</b>
Reporting	<ul style="list-style-type: none"> <li>Make report available on CCG website</li> <li>Identify stakeholders who should receive a copy of the report directly</li> </ul>	T&F Group	By 30 <sup>th</sup> August
Awareness-raising of the consultation outcomes through local media	<ul style="list-style-type: none"> <li>Issue press release reporting on outcomes and when final report will be available</li> </ul>	T&F Group	By 30 <sup>th</sup> August
Communications with staff	<ul style="list-style-type: none"> <li>NECS</li> <li>CCG</li> <li>NHFT</li> </ul>	MB AW CY	By 30 <sup>th</sup> August
Feedback to stakeholders	<ul style="list-style-type: none"> <li>Provide feedback on outcomes of consultation and related involvement and how these have been used to inform the decision</li> </ul>	MB – lead T&F Group	By 30 <sup>th</sup> August
Decision making	<ul style="list-style-type: none"> <li>Prepare full paper (with report) for Board / Governing Body</li> <li>Prepare messages re implementation</li> </ul>	AW/MB/CY	By 30 <sup>th</sup> August

## Monitoring and evaluation

The evaluation process should ensure sufficient feedback is received to:

- Help steer the content of future communications by capturing the needs of the internal and external audiences
- Ensure that information being communicated is understood by the intended audience/s
- Gauge any misunderstanding or confusion about the project.

### Events/Discussions/Information Distribution

Date	Meeting
<b>May 2013</b>	
30/04/13	NCAT Report discussion - D Emerton/Dr Pos myk/Ali Wilson
15/05/13	NCAT Report launch
15/05/13	NCAT Report staff consultation – HaST CCG Staff
16/05/13	Extra Ordinary Board Meeting
16/05/13	NCAT Press release
20/05/13	Centralising Care consultation press release
22/05/13	NCAT Next Steps Meeting – Ali Wilson/Mary Bew ley/Siobhan Jones/Lesley Hudson
24/05/13	Consultation Press Release
21/05/13	Dr Pos myks column – Hartlepool Mail
22/05/13	Email to stakeholders regarding consultation
24/05/13	Background information uploaded onto w ebsites
31/05/13	Attendance at Hartlepool Audit & Governance meeting
<b>June 2013</b>	
03/06/13	Consultation document and questionnaire delivered to GP Practices/Libraries
05/06/13	NCAT/Consultation Steering Group
06/06/13	Radio Interview – BBC Radio Tees
06/06/13	Email to stakeholders/hard to reach/MY NHS members
07/06/13	Email and consultation event poster sent to GP practices
12/06/13	Article in Hartlepool Mail
12/06/13	Hartlepool Public Consultation Event
13/06/13	Consultation documents/questionnaires to Westfield Advice Centre
14/06/13	Press release sent out
14/06/13	Email/post to stakeholders regarding consultation
19/06/13	Consultation Plan/Questionnaire issued in Billingham Health Centre Public w aiting area
19/06/13	Stockton Public Consultation Event
20/06/13	Easington Clinical Commissioning Board – NCAT Update
21/06/13	Telephone Discussion with Cllr K Daw kins
21/06/13	NCAT/Consultation Steering Group
24/06/13	Flyers sent to stakeholders & GP Practices re DDES Events
24/06/13	BHC public Open evening/Consultation Information available
25/06/13	Stockton – Hardw ick Residents Association
27/06/13	Adverts re Peterlee/Sedgefield events published
<b>July 2013</b>	
02/07/13	Confirmation by phone with Evelyn Leck of Stockton Road residents

	Group
02/07/13	Durham Scrutiny Committee
02/07/13	Hartlepool - Stockton Road Residents Group
02/07/13	Letter going out to Hard to Reach group
03/07/13	Peterlee Public Consultation Event
05/07/13	NCA/Consultation Steering Group
08/07/13	Stockton Over 50's Assembly
09/07/13	Sedgefield Public Consultation Event
11/07/13	Joint Health Scrutiny Committee Meeting
12/07/13	Learning Disabilities Partnership Board
23/07/13	Durham Scrutiny Committee additional meeting



## Appendix 1.2

### Appendix A: Draft Stakeholder Map

Stakeholder Group	Stakeholder	Stakeholder Prioritisation Category	Communication Method(s)	Lead contact/spokes people
Internal	Boards – North Tees and Hartlepool NHS Foundation Trust, South Tees Acute NHS Foundation Trust, North East Ambulance NHS Foundation Trust	Key Player	Face to face meetings	
Internal	Heads of Clinical Service	Key Player	Face to face meetings and briefings	
Internal	Senior clinical staff	Key Player	Face to face meetings and briefings	
Internal	Staff-side representatives	Active Engagement and Consultation	Face to face meetings/briefings	
Internal	Medical Staffing Committee	Active Engagement and Consultation	Meetings/briefings	
Internal	Staff affected by changes	Active Engagement and Consultation	Team and individual briefings/meetings with line managers/ Q&As/ existing internal comms tools	
Internal	All staff (including hospital volunteers)	Active Engagement and Consultation	Open staff meetings/Q&As/ existing internal comms tools	
Internal	NTH Governors			

<b>Patients &amp; Public (charities)</b>	Charitable organisations and highly interested groups	<b>Active Engagement and Consultation</b>	Face to face meetings and briefings/engagement events and activities	
<b>Patients &amp; Public</b>	General Public	<b>Keep Informed and Consult</b>	Public Meetings/ Media Releases/ Website/information stands/ posters/info distributed at prime settings/consultation documents	
<b>Patients &amp; Public</b>	Affected Service User Groups	<b>Active Engagement and Consultation</b>	Meetings with identified service user groups/ Engagement events/ Focus groups/ Consultation events	
<b>Patients &amp; Public</b>	GP Patient Participation Groups	<b>Keep Informed and engaged via practices</b>	Meetings/briefings	
<b>Patients &amp; Public</b>	HealthWatch	<b>Active Engagement and Consultation</b>	Meetings and presentations/ongoing briefings and updates/ Consultation documents	
<b>Patients &amp; Public</b>	Protected groups, voluntary and community groups, hard to reach groups, third sector	<b>Active Engagement and Consultation</b>	Meetings with identified groups/ Engagement events/ Focus groups/ Consultation events	
<b>Patients &amp; Public</b>	Foundation Trust members	<b>Keep Informed and Consult</b>	Briefings	
<b>Patients &amp; Public</b>	MY NHS members	<b>Keep Informed and Consult</b>	Briefings	

<b>Political Audiences</b>	Ministers	<b>Keep Informed</b>	Briefings through Ministerial Briefing Unit (via SHA)	NHS England
<b>Political Audiences</b>	Local MPs	<b>Key Player</b>	Regular briefings/letters/ meetings / phone calls on urgent issues/ Consultation Documents	
<b>Political Audiences</b>	Area Committees	<b>Active Engagement and Consultation</b>	Meetings & presentations/ regular briefings	
<b>Political Audiences</b>	Local Councillors	<b>Active Engagement and Consultation</b>	Regular correspondence updating on progress /rep to attend meeting if necessary/ Consultation Documents	
<b>Political Audiences</b>	Overview and Scrutiny Panels and Joint Health Scrutiny Committee	<b>Key Player</b>	Meetings & presentations/ regular briefings	
<b>Media</b>	Local and regional media	<b>Keep Informed</b>	Pro-active and re-active press releases and statements/ interviews / briefings/ paid-for advertorials and supplements	
<b>Partners</b>	Clinical Commissioning Groups	<b>Key Player</b>	Meetings/ Regular briefings/ Consultation Documents/ Website	
<b>Partners</b>	Local Medical Committee	<b>Active Engagement and Consultation</b>	Meetings & presentations/ regular briefings	

<b>GPs</b>	GPs	<b>Active Engagement and Consultation</b>	Meetings & presentations/ regular briefings	
<b>Partners</b>	Surrounding trusts -	<b>Keep Informed/ Active engagement where necessary</b>	Briefings as required/ Consultation Documents	
<b>Partners</b>	Health Education England	<b>Keep Informed and Consult</b>	Briefing when required	
<b>Partners</b>	PFI partners	<b>Keep Informed</b>	Briefing when required/consultation document	
<b>Partners</b>	LHWP Boards	<b>Keep Informed</b>		
<b>Governance &amp; regulators</b>	Department of Health	<b>Keep Informed</b>	Briefings via NHS England (reconfiguration grid)	
<b>Governance &amp; regulators</b>	NHS England	<b>Key Player</b>	Meeting	
<b>Governance &amp; regulators</b>	Care Quality Commission	<b>Keep Informed</b>	Regular Briefings/ Consultation Documents	
<b>Governance &amp; regulators</b>	NCAT	<b>Key Player</b>	Visit	
<b>Governance &amp; regulators</b>	National Reconfiguration Team	<b>Keep Informed</b>	Briefings	
<b>Governance &amp; regulators</b>	Health Gateway Team	<b>Key Player</b>	Meetings/briefings	
<b>Governance &amp; regulators</b>	Local health and Wellbeing Boards	<b>Key Player</b>	Meetings/briefings	

## Appendix 1.3

### **momentum: pathways to healthcare**

The programme was established by North Tees and Hartlepool NHS Foundation Trust and the former commissioners Stockton Teaching Primary Care Trust and Hartlepool Primary Care Trust.

The *momentum* programme has three elements:

*Element one*            Transforming services – came as a result of the White Paper *our health, our care, our say*

*Element two*            Primary and community care capital planning project designed to create a network of enhanced and improved community facilities to support the above changes

*Element three*           The hospital capital planning project – building a new hospital to serve the people of Hartlepool, Stockton and parts of Easington and Sedgefield.

A condition of the outline planning permission granted by Hartlepool Borough Council was that the community facilities and services had to be in place by the time the new hospital opens. This is to ensure that all three elements of the programme fit together and are right for the future needs of the changing population while also allowing for advances in medical and surgical care. It follows that services would be moving and transforming into the lead up to the new hospital opening to enable this condition to be met.

The hospital programme is also supported by a £10.5m transport plan to ensure the hospital is accessible to patients, visitors and staff. An accessible transport system – a section 106 agreement - was also a condition of the outline planning permission for the new hospital.

However the hospital programme has been delayed until 2017 due to the withdrawal of capital project funding approval in 2010.