

Future of Acute Hospital Services in Worcestershire

Patient, Public, Stakeholder Advisory Group

Monday 22 June 2015, 4:30pm – 6:30pm
Board Room, The Coach House, Worcester

1. Attendance	
<p>The following members were in attendance:</p> <p>Colin Beardwood, (CB) (Chair)</p> <p>Margaret Jackson, (MJ) (Vice Chair)</p> <p>Fran Oborski, (FO) – Wyre Forest District Council</p> <p>Judy Adams, (JA) – Redditch & Bromsgrove CCG</p> <p>Janette Adams (JAd) – Wyre Forest CCG</p> <p>Tom Grove (TG) – South Worcestershire CCG (On behalf of Sarah Harvey-Specke)</p> <p>Paul Crawford (PC) – Worcestershire Acute Hospitals NHS Trust</p> <p>Stephen Howarth (SH) – Worcestershire Acute Hospitals NHS Trust</p> <p>Neal Stote (NS) – Save the Alex</p> <p>Peter Pinfield (PP) – Healthwatch Worcestershire</p> <p>In Attendance:</p> <p>Simon Hairsnape (SH) – SRO (FoAHSW), and Chief Officer – Redditch & Bromsgrove CCG</p> <p>Claire Austin (CA) – Communications & Engagement Lead (FoAHSW)</p> <p>Lonnie Blankley (LB) – Programme Support (FoAHSW)</p> <p>Apologies were received from:</p> <p>Pat Witherspoon – Redditch Borough Council</p> <p>Marcus Hart – Worcestershire County Council</p> <p>Steven Brown – Independent Health Concern</p> <p>Sarah Harvey-Speck – South Worcestershire CCG</p>	
1. Welcome	
<p>CB thanked everyone for attending given the short notice. Introductions were made around the table and apologies as above noted.</p> <p>It was noted that ToR of the group will be reviewed at the next meeting due to some changes to membership.</p>	<p>Action: ToR to be reviewed at the next meeting (20 July)</p>
2. Notes of the previous meeting	
<p>CA apologies to members that she had circulated an incorrect copy of the notes and said she would ensure the latest version, dated January 2015 were circulated in due course. This item was deferred.</p>	<p>Action: CA to circulate notes of the previous meeting, January 2015</p>
3. Update of the FoAHSW Programme	
<p>CB introduced SH to provide an update on the programme since the last meeting; the following key points were noted:</p>	

In February 2014 Nigel Beasley led a panel of Clinicians in the first ICRP process to review options 1 & 2; their report was published in January 2014 outlining a broad model, entitled 'Modified Option 1'.

In September 2014 a reasonably worked up model based on the recommendations of ICRP 1 was put forward for consultation; before progression the model had to go through an assurance process via NHS England, including an external review. The West Midlands Clinical Senate (WMCS) was established following the inception of NHS England, and replaced the National Clinical Advisory Team.

An expert panel of clinicians was led by Dr Helen Carter (Chair) under the auspices of WMCS to review the proposed clinical model. The review was held between November 2014 – January 2015, with an expected report in February 2015. As time progressed closer to the General Election and Purdah period, NHS England took the decision to delay publication of the report until sometime after the outcome of the Election. The report was finally published in June 2015; though released to key members of Programme Board for factual accuracy checks 2 weeks prior to this. Broadly, the report confirms support for the overall clinical model as per the recommendations outlined by Nigel Beasley. It supports the detail of a number of service areas though also outlines concerns re details for Paediatric Emergencies presenting to AH, and the Emergency Care model in particular re staffing, clinical ownership, and retention of trainees at the AH site. Programme Board has noted that further work is required to develop this detail and in response has established an Emergency Care Redesign Group, the group will work at pace to deliver the detail as soon as possible and will be chaired by Dr Kiran Patel, Medical Director, NHS England (West Midlands), with Dr Gary Ward, Urgent Care Lead at WAHT as the Clinical Lead. There is a broad view that WMCS, working alongside this redesign group, will be able to approve the model in due course in order to progress to a further NHS England Assurance process and Public Consultation. Though the timeline for this is not confirmed, SH suggested this could be as early as late Autumn.

Members were invited to ask questions, the following was noted:

NS said he had concerns relating to the Redditch and Bromsgrove point of view, and getting the model 'over the line', following recent media, GP and LMC statements there was some conflicting information. SH responded that the CCG position was clear. The model needed to be tested via WMCS sign off followed by NHS England Assurance Process and then consulted on. This would test that the model and tackle all concerns raised. Without this he programme would be unable to progress. It was noted that the WMCS had outlined specific questions for the redesign group to answer, relating to Paediatrics, staffing, and management of risk, SH said the broad view was that these questions could be addressed.

NS added that the resignation of 4 consultants at AH in February 2015 was because of their view about risk management. In response it was

suggested this is now an historical factor and new consultants have, and will be continuing to start in post as arranged. Work will continue to engage with clinicians to gain support for the model.

JA asked that the FAQs as developed last year are re-visited at the next meeting to ensure that the content is still relevant, and to ensure any additions are made accordingly, including the work on Transport. This would also help new members and prepare for progress beyond the next 8 weeks, and ensure there is robustness in preparation for Public Consultation.

CB suggested this should be an agenda item at the next meeting.

PP asked whether the CQC report would be used to inform the redesign group, and in the future. In response this was noted as a provider based issue.

PP added that the timeline to consultation is important and should be made available as soon as possible. SH responded to say that the timeline was dependent on the Clinical Senate sign off, and their senate council meeting dates, plus the NHS England Assurance Process that would sign off the work of the programme to proceed to Public Consultation.

It was noted that Communications and PR will be challenging but could be used to influence the outcome; there should also be standard controlled messages to mitigate the potential lack of public confidence. Members were assured that Programme Board has, and will continue to address the communications that are shared.

NS added that individual comments and statements had somewhat confused the public. SH assured NS that the Programme was specifically looking at the Clinical Model and what was right for Worcestershire and deliverable by the provider in the county, this is what Programme Board is working through. NS comments re the financial status of the WAHT and involvement of surrounding providers were noted, in response it was made clear that many Provider Trusts currently have very similar issues to WAHT.

CA added that Patients are at the centre of the reconfiguration of services at WAHT and Programme Board will continue to focus on the Clinical Model that will provide the best service provision for the county of Worcestershire.

FO said that the messages have become 'muddled' recently; it was noted that the CQC issues will be an agenda item at the next HOSC meeting to be

Action: FAQs to be added to the next agenda for review

<p>held on 6 July. FO added that it would be helpful for the public to receive clarity of message before any progress to Public Consultation; specifically the 3 or 4 issues raised in the media recently. In response it was confirmed the Programme Board will answer questions specifically related to the Clinical Model only, other issues should be addressed by other NHS Organisations appropriately.</p> <p>JAd said that there should be a clear message made about consultation and clear about the mechanisms to answer. In response it was confirmed that Programme Board will continue to maintain the current timescales and progression through assurance of the Clinical Model.</p> <p>MJ added the importance of the QSS Sub-Committee established by Programme Board in September 2014. In response to the time delay, and wavering patient safety in some areas the group which consists of clinicians was formed to address immediate concerns relating to capacity etc. This group will continue to monitor all risk and safety through progression of the programme and during any future implementation. The group ensures there is safe service provision today, tomorrow and for the next month and is attended by NHS. There is lots of mitigation taking place to protect patients and the fragility to services.</p> <p>NS asked about the current financial status of WAHT and the affordability of implementation. SH responded that consultation will include the financial implication of the model. The draft Business Case produced last year does confirm that it is 'doable' however this will need a refresh based on the recent delays. Capital investment will be required however this is a matter for address by the Trust and TDA.</p>	
<p>4. Pre-Consultation Engagement</p>	
<p>CA said that the work carried out to pre-consultation engagement was very interesting and has provided many new contacts to utilise approaching consultation. Groups visited were those most affected, including the 9 protected characteristics.</p> <p>A report was circulated to members prior to the meeting.</p>	
<p>5. Transport</p>	
<p>NS asked that the Report of the Transport group be added to the next agenda to review. CB agreed.</p> <p>MJ talked briefly through the report, and outlined the recommendations made. It was noted this would require some costing work, and review by</p>	<p>Action: Transport Report to be added to the next agenda.</p>

Programme Board to agree what recommendations, should be taken forward accordingly. However, the Clinical Model will require agreement and sign off before the next stage of work can be carried out.	
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