

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 15th 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 20th 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
Stage 1 - consultation planning			
Task and Finish Group	Establish membership, agree scope and schedule meetings	MB/CY	By 3 rd May
Finalise key messages and question areas	Develop: <ul style="list-style-type: none"> • Briefing paper • Presentation • Key messages and question areas 		
Plan access to existing communications mechanisms	<ul style="list-style-type: none"> • Ensure/schedule upload to CCG and FT websites • Gather all supporting documentation e.g. <ul style="list-style-type: none"> ➢ Consultation document ➢ Relevant background information e.g. Momentum, Tees Review ➢ Options appraisal evidence • Prepare briefing via My NHS • Distribution of information to GPs, pharmacists • Prepare information – based on above – for communications teams within neighbouring NHS Trusts, local authorities, key relevant charities and groups 	SJ/CY	By 10th May
Implement communications via mechanisms	<ul style="list-style-type: none"> • All consultation materials and supporting information available on CCG and FT websites • Briefings and distribution above 	SJ/CY	15th May By 17th May
Brief FT PALS team	<ul style="list-style-type: none"> • Provide information and timetable 	CY	By 10th May
Communications with staff	<ul style="list-style-type: none"> • FT mechanisms • NHS HAST CCG bulletin • NECS 	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"> • Agree consultation timelines for: <ul style="list-style-type: none"> - Planning - Response mechanisms and handling - Questionnaire and document design and print - Advertising - Full handling of consultation meetings - Response handling, analysis and reporting 	T&F Group	By 10th May
Prepare and finalise consultation document for agreement	<ul style="list-style-type: none"> • Ensure this meets four reconfiguration tests • Source case studies 	CY – lead T&F Group	By 17th May
Agree final consultation document	<ul style="list-style-type: none"> • Agree via extraordinary NHS HAST CCG Governing Body meeting 	AW	16th May
Further consultation materials	<ul style="list-style-type: none"> • Agree range of materials based on main consultation document • Draft and agree materials • Produce materials • Agree distribution 	T&F Group	By 17th May
Map/schedule all meetings with key stakeholders	<ul style="list-style-type: none"> • Health and Wellbeing Boards • Scrutiny meetings – formal and informal 		
Public meetings - preparation	<ul style="list-style-type: none"> • Set dates • Book venues • Confirm dates for attending representatives – well in advance for clinicians • Confirm lead/chair for each • Plan advertising • Plan media i.e. ongoing releases • Prepare presentation using available resources • Prepare facilitators' recording materials • Draft and issue press release with contact details 	T&F Group	By 17 th May

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

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

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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			

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

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

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

- 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.