

NORTH STAFFORDSHIRE AND STOKE-ON-TRENT CLINICAL COMMISSIONING GROUPS (CCGS) PATIENT CONGRESS MEETING IN COMMON

Summary of meeting on Tuesday 12th June 2018

Future of Local Health Services update

Congress members heard that 1) the CCGs are currently developing a Pre-Consultation Business Case for the Future of Local Health Services in Northern Staffordshire, which involves the five Community Hospitals and Integrated Care Hubs; 2) the feedback provided via the public survey and Listening Events has been independently analysed by the Centre for Health and Development; 3) the above feedback along with other sources of information about the services currently provided at each of the five Community Hospitals and an analysis of local needs at the Options Development Events, has been used to develop a set of proposals; 4) the first proposal is around the future provision of community beds in the Community Hospitals. The second proposal is to create Integrated Care Hubs that will provide a number of services to meet local health needs; 5) a group of technical experts have undertaken an assessment of the proposals against the following set of hurdle criteria: clinical sustainability, meet national and local strategy and affordability; 6) Reference Groups attended by representatives of patients, local authorities, providers and hospital support groups have assessed the acceptability of the shortlisted proposals against the hurdle criteria; 7) the Technical Expert Group met again recently to conduct a further analysis of each of the options against the criteria and to identify the most preferred option through to the least preferred option; 8) the shortlist of proposals will be further analysed in detail and tested to ensure conclusions are robust and the potential options will be considered by the CCGs Extraordinary Governing Body meeting on the 26th June 2018, before being submitted with the shortlist in the Pre-Consultation Business Case (PCBC) to NHS England for consideration and to go through the NHS England assurance process; 9) the Consultation Institute have been advising the CCGs on the Pre-Consultation, ensuring that the CCGs are meeting both legal and statutory obligations; 10) clinical, estates and financial challenges have been highlighted within the case for change; 11) the Model of Care aimed to develop more community centred services where the teams which look after patients are based within Hubs in the local community, 12) the Reference Groups have discussed the proposals and have been taken through proposals for the number of community hospital beds that will be needed in the future and following detailed modelling and taking into account that increased bed capacity will be needed during un-predicted surges in demand e.g. winter pressure it is confirmed that approximately 132 rehabilitation beds will be required; 13) comprehensive feedback has been collated from the Reference Groups, from which a list of options have been drawn up around what services could be provided; 14) the Technical Expert Group have drawn the conclusion that the Haywood Hospital will require seventy seven community beds and as there is a fixed cost for the building and provision, it would make sense to use this facility as it offered a safe environment; 15) the Technical Expert Group evaluated the long list of options for community beds, of which sixty options went through assessment. Workforce criteria to modelling has been applied whereby the Technical Expert Group looked at clinically sustainable staffing on wards per Community Hospital; 16) the Reference Groups have looked at the remaining fifty five community beds and Community Hospitals; 17) the Reference Groups have scored the following options based on the acceptability of the proposals against publicly defined 'desirable criteria' of accessibility, quality of care and meets local need. Option one – Haywood Hospital, option two – Haywood Hospital and Leek Hospital; option three – Haywood Hospital and Longton Hospital; option four – Haywood Hospital and Cheadle Hospital, option five – Haywood Hospital and Bradwell Hospital, option 6 – Haywood Hospital and Care Homes and; 18) the Reference Groups also looked at the acceptability of the proposals for where the Integrated Care Hubs could be located and the wider community services delivered across localities via the Hubs. The Reference Groups have reviewed and scored a number of options under the following localities: Stoke South (Longton Estates and Technology Transformation Fund ETTF or Meir), Moorlands (Leek, Cheadle or Knivedon) and Newcastle (Bradwell or Milehouse.) The Stoke North Locality only had one option (Haywood Hospital) put forward from the Expert Panel as the only viable option for that locality. The group scored these options based on the three desirable criteria (quality, meets need and accessibility.)

Congress members worked in groups and reviewed 1) the shortlist of options for community beds and were asked to feedback what they felt was the most acceptable option, least acceptable option and what else the CCGs should consider and; 2) the shortlist of options for wider community services and were asked to feedback what they felt was the most acceptable option, least acceptable option and what else the CCGs should consider.

Congress members were sincerely thanked for their feedback which will be used to inform the CCG Governing Body decision on the 26th June 2018.