

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 5 March 2020

NHS Service Fragility and Sustainability in Cheshire East

To consider an update on the recent changes/issues associated with changes to, and fragility of, health services in Cheshire East, as well as the longer-term plans of commissioners and providers to ensure a sustainable provision of good quality services

Sustainability of Health and Care in Cheshire East

1. Background

1.1 The Committee received a report at its February meeting about the challenges facing the sustainability of health and care services across Cheshire East

1.2 East Cheshire NHS Trust (ECT) is working with partners to deliver the Cheshire East Partnership (CEP) Five Year Plan, which sets out the vision of the Partnership; to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives.

1.3 The Plan discusses the need for change, driven in Cheshire East by:

- The ageing population
- Unmet health need such as young people's mental health
- Inequalities in health and care outcomes
- Challenges around the recruitment and retention of key staff
- The need for early prevention of avoidable ill health and the promotion of healthy lifestyles
- The fragility of some hospital services
- The opportunities to provide new services of higher quality coming from new medicines, new treatments and developments in science and technology

1.4 Partners will deliver the plan by creating and delivering safe, integrated and sustainable services that meet people's needs by the best use of all the assets and resources available.

1.5 Fundamental to delivering this change is:

- Transforming health and care services in the community
- Delivering care nearer to home through Primary Care Networks and Care Communities and the
- Development of an Integrated Care Partnership (ICP) to facilitate the integration of health and social care

1.6 Acute hospital services will continue to play a key role in delivering the Five-Year Place Plan locally and therefore part of the transformation plan will need to critically address the sustainability of acute services delivered by both East Cheshire NHS Trust (ECT) and Mid Cheshire NHS Hospitals Foundation Trust (MCFT).

1.7 The Committee has received a number of reports in recent months regarding service changes at ECT and whilst this paper focuses on ECT as requested by the Committee, the issue of acute sustainability is one for the wider NHS and is both the subject of the Cheshire and Merseyside Health and Care Partnership as well as the subject of national discussion through organisations such as the Nuffield Trust and their work regarding "the future of the district general hospital".

1.8 Both ECT and MCFT benefit from and contribute to partnerships outside of Cheshire with MCFT working closely with University Hospital of North Midlands and ECT with trusts in Greater Manchester.

- 1.9 ECT provides good quality care for patients and was rated “Good” overall by the Care Quality Commission in its review in 2019. The recently published 2019 staff survey also compares well to local partners and the national position.
- 1.10 The recent service issues at ECT have been brought into sharp focus due to the small size of the organisation—meaning that a number of the services provided from the Macclesfield site are **sub-scale but not sub-standard**. For instance, ECT operates one of the smallest obstetric units and emergency departments in the country.
- 1.11 The limited size of ECT means that the clinical model will have to adapt to secure the longer term sustainability of services and guarantee a vibrant service offer to meet the needs of the population. Particular challenges of a small non-specialist trust include:
- Difficulties with recruitment of certain highly skilled medical and nursing staff
 - Attainment of the clinical standards as set by the Medical, Surgical and Nursing Colleges which require specific workforce numbers
 - Having sufficient exposure to enough treatments, conditions and procedures for clinical staff to achieve national standards and maintain their professional expertise. This is particularly pertinent to acute surgical services, which need to operate over a larger population size
 - Ability to invest in the increasingly sophisticated and expensive medical equipment required to deliver first class care
- 1.12 The underpinning principle for any future model will be a requirement to network ECT with larger organisations to enable rotation of staff and thus a greater ability for providing peer review, updating skills, professional development, sub-specialisation, multi-disciplinary teams, clinical audit, research and teaching. This is likely to result in some service reconfiguration to optimise patient care and outcomes and the public will be included in the development of any such changes.
- 1.13 A brief comparison of the two acute trusts in Cheshire East is set out overleaf to demonstrate the difference in size of the two acute/community providers in Cheshire East.

Table 1: Comparison of ECT and MCFT scale:

ECT	2018 - 2019	MCFT
49,549	ED Attendances	92,292
18,673	Non-elective Admissions	38,761
1,464	Births	2,901
318	Number of General and Acute Beds	462
2,595	Number of Staff	4,500
110,084	Annual expenditure	258,642

2. Service sustainability at East Cheshire NHS Trust

2.1 East Cheshire Trust aims to provide “the best care in the right place” and has worked in partnership with other trusts for many years to deliver this; examples of where care is currently provided locally by a partner are listed below:

- Urology day case and outpatient services (Stockport FT)
- ENT services (Manchester FT)
- Chemotherapy (Christie)
- Pathology Services (Mid Cheshire FT)

2.2 The recent announcement of a £24m investment on the Macclesfield site for linear accelerators by Christie is the latest development in partnerships and this will allow radiotherapy treatment to be provided locally for Cheshire residents preventing regular journeys into Manchester. In addition ECT has worked to support the Breast Screening service provided from MCFT combining it to the service ECT provides for Stockport residents already.

2.3 The trust aims to provide care as close to home as possible providing it can meet the right clinical standards and deliver this within the resources it has available.

2.4 Within the principle of meeting the right clinical standards the trust has a strategy to:

- Deliver care locally as an independent organisation where possible
- Where it cannot then to work with partners to provide services locally
- Where this is not possible to move services to the locations of other providers

2.5 In addition the trust has worked to cease the provision of services run by single handed clinicians given that this meant that for c.10 weeks of the year services were being provided without senior medical leadership.

- 2.6 An example of this was in October 2016 when ECT took the decision to cease the provision of stroke services at Macclesfield. The service was being run by a single handed consultant and the sentinel national audit results showed the quality being provided was not to the level that patients should expect. Further, centralisation of stroke care has consistently been shown to save lives and reduce the length of time spent in hospital.
- 2.7 This change of service provision was not due to lack of commitment or capability of the staff involved but recognition that the best way to provide optimal care for stroke patients in East Cheshire was to consolidate provision on one site with sufficient scale to meet the exacting standards these patients deserve.
- 2.8 Stroke patients are now treated by Stockport FT at Stepping Hill hospital and the service has recently been rated as the best stroke service in England for the third time in the last five years by the independent quarterly report from the Sentinel Stroke National Audit Programme. This is an example of best care in the right place even when the right place is not at Macclesfield.
- 2.9 From a financial perspective the trust has been in deficit for a number of years and yet has achieved the financial control totals set by regulators which have allowed it to continue to allocate resources to services it provides. The Trust Board set out to regulators in 2015 that ECT was not sustainable as a stand-alone entity and needed to work with partners to sustain care. It is recognised that there is a structural deficit driven by the size of the organisation which cannot be resolved through productivity improvements alone.

3. Service Sustainability

- 3.1 ECT uses the following as its working definition of a service which is sustainable; a service which:
- Sees and treats **enough patients** to operate a safe and efficient service maintaining the skills of staff
 - Has an **appropriate workforce** to meet service needs
 - Has **interdependent clinical services** in place and in reach to operate core services safely and effectively
 - Is deliverable within the **resource envelope** that is likely to be available
- 3.2 The approach to service delivery at a strategic level will take these factors into account however recently operational delivery issues have meant that decisions have had to be taken urgently to ensure safe and consistent service delivery. It is clear that if strategic decisions are not made in a timely way they may become operational necessities.
- 3.3 The workforce issues faced by ECT are often not about the ability to recruit per se but more about the size of teams providing the service. Staff turnover at the trust is broadly in line with neighbours and vacancy levels are also similar.

3.4 Recent changes to service at ECT are partly related to operational issues whilst some are more strategic in nature. In addition some of the changes relate to a change of organisation providing the service with no impact on service specification or location and others where the location of service has been affected.

3.5 A summary of the recent changes at ECT are set out in the following paragraphs:

3.6 Strategic changes due to single handed clinical staff

3.6.1 Oral Surgery and Orthodontics

The committee received several papers on this issue and the detail will not be repeated in this paper save to say that the trust believed that more robust service delivery would be likely if the service were run by an organisation with a bigger clinical team. The trust remains open to discussions with any new provider about using its facilities to provide a local service for patients.

3.6.2 Clinical Haematology

The committee will not be aware of discussions within the Clinical Haematology service where a single handed consultant is due to retire. Multiple attempts to recruit a replacement were all unsuccessful. This was not brought to the attention of the committee as discussions with the Christie hospital have brought about the transfer of the service to that organisation but the current service will be delivered from the same location. The benefit of this is that the service will be provided by a team of consultants enabling consistent cover for patients.

3.7 Strategic change linked to low volume of patients

3.7.1 Neo Natal

The committee again have received papers on this which set out the aim of ECT to re-designate the service to transfer babies of less than 31 weeks gestation given that the trust was treating fewer than 5 babies a year of this gestation and the consequent concerns about eroding staff skills.

3.8 Operational change linked to workforce

Rheumatology

3.8.1 The Rheumatology service has been provided by a team of two consultants at Macclesfield for many years. In the summer of 2019 one consultant emigrated and more recently the second consultant has made the decision to retire.

3.8.2 There is a national shortage of Consultant Rheumatologists and the ability to recruit new consultants into a team of two would be difficult to achieve.

3.8.3 ECT have been working with primary care colleagues and Stockport FT (who have a larger medical and nursing resource) during the last 6 months to maintain safe care for patients whilst the commissioners have been in dialogue with Stockport FT about that organisation being commissioned to provide the service from April 2020 onwards.

3.9 Congleton Minor Injury Unit (MIU)

3.9.1 The committee have received a number of reports about regular closure of the Congleton MIU during the week to enable staff to be transferred to the main Emergency Department (ED) in Macclesfield.

3.9.2 The level of nurse vacancies in the Macclesfield ED is 32%. The clinical advice received from the consultants within the department is that patient safety is better protected with the most qualified nursing staff being employed where the most clinically challenging cases will present.

3.9.3 Continual recruitment of ED nurses is underway however whilst these gaps remain this situation will not change.

3.9.4 It should also be noted that Congleton MIU does not meet the national standards required of an Urgent Treatment Centre which are GP led and open 12 hours per day every day of the week.

3.10 Epilepsy

3.10.1 This service comprised a part-time single-handed specialist nurse working alongside consultants who are employed by Salford FT. The clinical view is that the service model is vulnerable given the single nurse in post and given the close working between the nurse and consultants from the specialist centre a decision was taken to ask Salford FT to provide the whole service.

3.10.2 This service will be provided by a bigger team from this specialist provider on the Macclesfield site from April 2020

3.11 Parkinsons

3.11.1 Similar to the epilepsy service, ECT provided a nurse to run the service who was linked to medical staff from Salford FT. When the last postholder resigned it was agreed to discuss with Salford FT them providing the service in totality.

3.11.2 Salford commenced the service on the 15th January 2020, and clinics are currently being held at:

- Knutsford District Community Hospital
- Macclesfield Waters Green Medical Centre
- Congleton War Memorial Hospital

4. Other Operational issues

4.1 Services provided from Wilmslow Health Centre

4.1.1 There was the potential for services to be relocated from Wilmslow to Handforth due to reallocation of space at the health centre.

4.1.2 Following discussions with the owners, ECT has renegotiated the lease and there is no significant change of service although the physiotherapy service is now provided over two days rather than three.

4.2 Knutsford Radiology

4.2.1 The x-ray machine at Knutsford Community Hospital has recently been replaced due to the previous equipment being unable to meet current radiological standards for certain types of x-ray. Whilst the replacement equipment has been installed a number of the examinations will no longer be performed at Knutsford given the capabilities of the machine and that CT scanning is better for certain examinations with the CT scanner based at Macclesfield.

5. Future Service Sustainability across Cheshire East

5.1 A fundamental basis of our planning is to ensure that the full range of NHS and social care services are provided for East Cheshire residents. It is anticipated that in five years' time, care will be provided to more people than ever before and it is clear the way services are delivered will need to change to meet this increasing demand.

5.2 CEP plans need to better anticipate people's needs in the future and be ready to meet them meaning transforming the way we work and the services we offer. To take forward this transformation, the CEP have commissioned the NHS Transformation Unit (TU) to assist in engaging the public and developing plans for the transformation of service delivery to meet the needs of the population within the resources available.

5.3 Cheshire East Partnership is working together to produce a plan which will ensure there is a whole system approach to delivering health and social care services in the district. This will mean more people are seen in the communities where they live through the Care Communities and Integrated Care Partnership and that hospital services will change to help accommodate this.

6. Conclusion

6.1 The recent changes required in service delivery have often been about a change in provider and not the service specification or change of location. ECT continues to seek to provide the best for residents care locally either in its own right or with other NHS partners. Where however this is not possible it will put the care of patients as the priority over organisational benefit.

6.2 The Cheshire East Place has a significant challenge with rising demand and finite resources. In particular, East Cheshire NHS Trust faces a substantial sustainability challenge given its size, growing and sustained financial deficit and the fragility of some of its clinical services.

- 6.3 The provision of safe effective and efficient health and care services in the future is key for the population and the Cheshire East Partners are committed to working together to identify how best to meet the needs of the population in the future given the changes in demand, demographics and the resources available.
- 6.4 If these issues are not addressed then operational issues will develop in the provision of services as being seen within ECT at present thought these are largely driven at the current time by the size of the organisation.
- 6.5 The Cheshire East Partnership Board are developing plans to enter in to discussion with the local population to shape service delivery in the future.