Proposed changes to the provision of specialist inpatient haematology services at the County Hospital

Case for Change
Executive Summary

The Clinical Haematology department at County Hospital, University Hospitals of North Midlands (UHNM), consists of an eight bedded inpatient ward alongside an outpatient service and a day case chemotherapy unit.

The University Hospital of North Midlands (UHNM) NHS Trust proposes to move the inpatient services and relocate the services to both the Royal Stoke University Hospital and Royal Wolverhampton NHS Trust (RWT). These changes were triggered by the implementation of the Trust Special Administration recommendations, which included the move of specialist inpatient service provision from the County Hospital site to Royal Stoke University Hospital (RSUH) and RWT.

Work has been undertaken by both Trusts to model the impact of the proposed changes. The modelling demonstrates that the move of specialist inpatient provision to both RSUH and RWT would mean that UHNM’s requirement would change from eight beds to five, with the need for three additional beds at RWT. Two further beds would remain in the general medical pool at the County Hospital for patients to be stepped down from Royal Stoke University Hospital.

Analysis has shown that during 2014/15, the activity for this service (including inpatient, day case and outpatient) totalled 10,541 patient spells. Of this total, 83 patients used the Clinical Haematology ward, with 114 admissions between them and an average Length of Stay (LoS) of 11 days. Of these 83 patients, 50 were from Stafford and Surrounds, and 33 from Cannock Chase. This is a highly specialised service, caring for a small cohort of patients.

A recent review of services explored two options:-

- The first option is that there is no change and the inpatient services presently based at the County Hospital remain at that hospital.
- The second option is that inpatient services become integrated into the specialist haematology wards at Royal Stoke University Hospital and New Cross Hospital.

The Case for Change outlines significant benefits to patients through the enhancement of Haematology and Oncology day services particularly the increase in patient choice for Cannock residents to receive care in their local facility, namely Cannock Chase Hospital. In addition, it explains how such a change will allow the service to develop going forward, in order to deliver the predicted changes in diagnostic and treatment therapy.

The Case for Change sets out the recommendation that inpatient haematology services currently provided at the County Hospital are moved into the specialist haematology wards at Royal Stoke University Hospital and New Cross Hospital and that this is the only viable option to ensure clinical and financial sustainability.

1.0 Background

Strategic Context

In October 2014, the Mid Staffordshire NHS Foundation Trust was formally dissolved and services were transferred to University Hospitals of North Midlands NHS Trust and The Royal Wolverhampton NHS Trust.
As part of this dissolution, the Trust Special Administrators (TSA) detailed a number of service moves that needed to take place in order to ensure clinical and financial sustainability. All of the proposed changes were validated by local clinical groups (Commissioners and Providers) and national clinical bodies including the relevant Royal Colleges.

As these were major changes to service provision, the proposals were subject to extensive consultation with the Public, GPs and other stakeholders during the summer/autumn 2013 and a report and recommendations were delivered to the Secretary of State in December 2013 (Appendix 1).

The proposals were signed off by the Secretary of State in February 2014. Implementation of those recommendations followed from November 2014.

All of the proposed changes were tested against six principles and four key criteria (Appendix 2) developed within the TSA process.

The proposals for the changes to Haematology have been tested against these principles and their evaluation criteria.

The majority of the proposed service changes outlined by the TSA were identified explicitly in their final report. However, a small number of specialist services, including services for patients suffering from haematological conditions, such as myeloma, lymphoma and leukaemia, were not specifically highlighted. However, the TSA report confirmed the need to transfer specialist services out of what is now County Hospital because there is clear clinical evidence that patients would benefit from specialist treatment at a specialist centre.

As part of the dissolution and disaggregation process, the Royal Wolverhampton NHS Trust made it a strategic priority to develop clinical haematology services within the Cannock Chase area. The revised arrangements for the management of GP direct access pathology introduced in October 2014 have resulted in an increase in referrals to Wolverhampton. This change in patient flows will be better supported when the new chemotherapy unit opens at Cannock Chase Hospital in September 2015. This will consist of an outpatient service and a day case chemotherapy unit with inpatient facilities centralised at New Cross Hospital. Additional inpatient facilities have been available at the Trust since December 2014. This newly developed service will offer patient choice to new patient referrals from the Cannock Chase CCG population. This would provide a significant enhancement to service provision for the population.

The changes in the wider health economy, whilst good for patient choice, provide challenges for the service at County Hospital. In particular, there are concerns regarding the ability of the hospital to maintain safe levels of consultants and substantive specialist nurses. The ward currently is operating at a 50% substantive consultant level, and at a reduced level of chemotherapy trained nurse staffing. Gaps are currently filled by agency or locum staff, at a premium cost as well as an unreliable method of maintaining rotas. This is likely to become more challenging in the future. Year-on-year recruitment trends for specialised staff within this department show, that it will become increasingly difficult to recruit and retain clinical and nursing staff in the long-term, alongside the national strategy for the provision of seven-day services. Table 1 details the planned and substantive number of clinical staff available to the ward from September 2015.
Table 1: Detailed staffing levels from September 2015

<table>
<thead>
<tr>
<th></th>
<th>Planned staffing levels Sept 2015</th>
<th>Substantive staff in post Sept 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haematology Consultant</td>
<td>4 wte</td>
<td>2 wte</td>
</tr>
<tr>
<td>Haematology medical</td>
<td>3 wte</td>
<td>3 wte</td>
</tr>
<tr>
<td>Haematology nursing (inc chemotherapy trained staff)</td>
<td>8.16 wte</td>
<td>6.31wte</td>
</tr>
</tbody>
</table>

The Clinical Commissioning Groups Sustaining Services Board will be reintroduced to ensure that the services remain safe before and during the public consultation period. The Board was originally introduced to oversee the identification and management of systemwide risks associated with the delivery of patient care, following the approval by the Secretary of State of the recommendations of the TSA.

Table 2 details the impact of the proposed service move on inpatients set in the context of the total CCG haematology activity. It is important to note that the data for Cannock Chase CCG has not been adjusted to take account of changes in patient flow to other providers e.g. New Cross and Cannock Chase Hospitals.

Table 2: CCG patient activity levels for Haematology services 2014/15

<table>
<thead>
<tr>
<th>CCG</th>
<th>Haematology activity per annum (2014 / 2015) County / UHNHM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inpatient spells</td>
</tr>
<tr>
<td>Cannock Chase CCG</td>
<td>48</td>
</tr>
<tr>
<td>Stafford &amp; Surrounds CCG</td>
<td>66</td>
</tr>
<tr>
<td>Other CCGs</td>
<td>4</td>
</tr>
<tr>
<td>Total CCG activity</td>
<td>118</td>
</tr>
</tbody>
</table>

LoS = Length of Stay  
New Op = New outpatient  
FU OP = Follow up outpatient
2.0 Case for Change

Clinical Case for Change

Trust Special Administrators’ Report

As part of the dissolution of Mid Staffordshire NHS Foundation Trust, the Trust Special Administrators (TSA) recommended that specialist services be transferred out of the County Hospital. This followed extensive engagement with local and national clinicians.

In the TSA consultation document, it states: “The TSA recommends that inpatient services for adults with medical problems, currently provided at Stafford Hospital, will continue to be provided, although depending on their medical condition they might be transferred to a more appropriate specialist unit (where they can be cared for more safely.)”

National Evidence and Guidelines

Consideration of national trends and best practice guidelines creates a compelling case for change that addresses the challenges of the current provision and supports the future development of clinical services, a summary of the guidance is set out below with a brief assessment of the current provision.

In order to reduce errors, every diagnosis of possible haematological cancers should be reviewed by specialists. Results of tests should be integrated and interpreted by experts who work with local haemato-oncology multi-disciplinary teams (MDTs) and provide a specialised service.

MDTs which manage patients with acute leukaemia should provide treatment intended to induce remission for sufficient new patients for the units concerned to develop and maintain staff expertise.

Treatment should be provided at a single facility within any one hospital site, in designated wards with continuous access to specialist nurses and haematologists.

The British Committee for Standards in Haematology also recommends the need for support services for seriously ill patients, including a high dependency unit/intensive care unit, haemodialysis or hemofiltration, bronchoscopy and leucapheresis. It also recommends that diagnostic services such as radiology, microbiology and other pathology services are located alongside haematology services.

The Royal College of Physicians follows the NICE guidance (Improving Outcomes in Haemato-Oncology Cancer) and the British Committee for Standards in Haematology levels of care as outlined above. It further states that the haematology team of a district general hospital should have the following members:-

- At least three whole-time equivalent (WTE) consultant haematologists; these should work as part of a team that may cover more than one site
- Either a nurse consultant or a number of clinical nurse specialists that may have subspecialist expertise in areas of blood transfusion, haemoglobinopathies, venous thromboembolic disease, haemophilia or bone-marrow transplantation
- The service should also include access to a pharmacist with a special interest in chemotherapy, data management, specialist palliative care, dietetics and physiotherapy
• A data manager, specialist palliative care, a dietician and a range of other clinical professionals

Therefore, against these criteria, the inpatient service at County Hospital is deemed to be inadequate against the following reasons:-

• County now has only two whole time equivalent consultants because of retirement and leavers, with no ability to recruit to County
• There is no nurse consultant at County and only one clinical nurse specialist in chemotherapy. All other listed specialist nurses are at Royal Stoke
• The specialist chemotherapy pharmacy service at County will be equipped for daycase and out-patient services only
• All of the specialist data management services and palliative care services are supported from Royal Stoke. In addition, expert dietetics and physiotherapy are only supported for Royal Stoke
• Other specialist support services, including renal support and level 3 critical care, are now provided only from Royal Stoke and are unable to be reinstated at the County Hospital site
• Interventional and surgical techniques will only be provided from Royal Stoke as the patients are high risk and not suitable for County daycase surgery

Quality

Commissioners must ensure that any changes in service provision deliver clear quality improvements. The following have been identified as the key quality drivers for the improvement of haematology services, by moving them to Royal Stoke University Hospital and Royal Wolverhampton NHS Trust:-

• Continue and improve inpatient experience.
• Continue and improve patient outcomes and lower mortality
• Creation of centres of excellence with specialist staff and facilities

There are multiple quality benefits arising from the proposed changes. The additional on-site support at Royal Stoke University Hospital includes imaging, intensive care unit, outreach radiotherapy, spinal cord compression pathways, haemodialysis and plasma exchange.

Haematology nurse training and staff development opportunities are greater within a larger team and the educational opportunities available at the Royal Stoke University Hospital will be easier to access with a bigger nursing roster. There is also greater availability of quality nurses and the Cancer Centre has a specialist leukaemia, lymphoma, myeloma, haemophilia and transfusion clinical nurse specialist team.

The Cancer Centre at Royal Stoke University Hospital is an approved Teen and Young Adult (TYA) designated Trust. These are small numbers of patients (less than 5 per year) however there are currently no age appropriate environments available at County Hospital. Consolidating with the Royal Stoke University Hospital brings the advantage of access to peer reviewed TYA facilities and professionals, as well as a better chance of peer group support and a dedicated TYA social worker.

The new Haematology service to be provided at Cannock Chase Hospital will operate as a satellite of the well-established Oncology and Haematology service in place at New Cross Hospital.
The new service and facilities have been designed to ensure that the environment is fit for purpose for the delivery of a range of chemotherapy and other day case interventions, and will be supported by a dedicated team of specialist nursing and medical staff appointed specifically for this unit.

Financial Challenge

As part of the Trust Special Administration process a financial package was agreed between the Department of Health / NHS England and the two Acute Trusts, which were the receivers of services and estates from the dissolution of Mid Staffordshire NHS Foundation Trust.

This package was made up of revenue and capital totalling £318m over 29 months (up to 31st March 2017), with revenue being the most substantial part of the financial package.

This was the sum total required to support all of the changes implicit in implementing the TSA model. The costs of transfer, both revenue and capital, of Haematology and Oncology inpatient services were contained within the overall support package, however this was not separately identified in any of the documentation.

The financial implications of not transferring the inpatient service are set out in the following.

Table 3: Financial cost analysis

<table>
<thead>
<tr>
<th>Medical Staff costs</th>
<th>Status</th>
<th>Implications</th>
<th>Cost £ per annum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultants</td>
<td>Need to keep 4 consultants to maintain the County rota</td>
<td>2 of these will be premium rate locums as we cannot recruit substantive posts. Cost including on-call</td>
<td>£400,000</td>
</tr>
<tr>
<td>Middle grade doctors</td>
<td>Need to keep the 3 middle grade staff at County</td>
<td>Add 3 middle grades to complete a 24/7 rota</td>
<td>£198,000</td>
</tr>
<tr>
<td>Junior doctors</td>
<td>Have had a bank person in place at County</td>
<td>Would need to retain</td>
<td>£60,000</td>
</tr>
<tr>
<td>Nursing staff</td>
<td>Nursing posts would not transfer to Royal Stoke</td>
<td>No implication</td>
<td>Nil</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Capital Costs</th>
<th>Issue</th>
<th>Implications</th>
<th>Cost £</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Site</td>
<td>The pressured/air filtered rooms these patients use at County are to be demolished as there is a backlog of maintenance requirements and they are on the ward space in the first stage of the site re-development programme</td>
<td>There are no other appropriately equipped rooms in County so they would have to be built. This would both: - add to the capital cost for the replacement rooms if we keep the service in County - estimated cost</td>
<td>£900,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- delay the full site re-development programme as it would have to be held (or be re-configured) to enable replacement rooms to be built which would incur additional cost in re-planning the County re-development programme - estimated cost</td>
<td>£2,500,000</td>
</tr>
<tr>
<td>Royal Stoke Site</td>
<td>The 5 new beds that these patients will transfer to have been built and will be ready for patients</td>
<td>The capital cost of £922,000 has already been incurred. These beds would be used for other patients.</td>
<td>Nil</td>
</tr>
</tbody>
</table>

Analysis of the above information has allowed the following conclusions to be made:
• Not moving the service would require significant additional investment, in particular, the capital cost of providing suitable patient accommodation, and the subsequent impact this would have upon the plans for the general re-development of the County Hospital site. The capital cost of replacing the beds on the County Hospital site is predicted to be £900,000.
• There would be additional revenue costs for the ongoing staffing requirement, of approx. £660,000 which would fall to Commissioners as a revenue cost pressure (outside of PbR tariff).
• No additional funding is required to move the service as set out in Option 2.
• Patient flows to New Cross Hospital will mean a slight increase in the PbR tariff market forces factor (MFF), this equates to an increase of 77p for every £100 spent. This would mean a total additional cost of £600 for the inpatient activity moving to New Cross Hospital.

Operational Performance

The NHS is facing a number of operational challenges including the difficulty in recruiting enough specialist staff, at the right levels and for the long term. It is also expensive to operate one service in different locations to a high quality if only a small number of patients require that service. This can lead to:-

• Significant difficulties being experienced at times with aspects of current operational practices
• Greater risks in the future, as the service becomes even more established locally, whilst managing challenges to recruit and retain long term clinical staff.

Providing the best health services for patients

Clinical commissioning groups have a duty to offer the best services that they can to their local populations. The national and local clinical leaders involved in putting together the TSA report recommend/appreciate the importance for things to change, in order to develop services, so that they continue to be the best they can for those who need them most. This is particularly important to the Staffordshire system following the Mid Staffordshire failings.

3.0 Configuration of Services (current and proposed)

Under the proposals to move the specialist inpatient services, the majority of haematology services for patients would stay and would continue to be delivered in the same locations. In addition, haematology and oncology day case and outpatients services will be enhanced by the introduction of services at Cannock Chase Hospital.

There are no changes proposed to the services for patients with other types of cancer. All of these patients with haematological cancers who need outpatient or day-case services would not be affected.

The proposals to move specialist services, only affect the small number of patients with haematological cancers like myeloma, lymphoma and leukaemia and patients with general haematological disorders such as anaemia and thrombosis who currently access inpatient services/treatment. The proposal is to enhance services, across a wider number of hospital trusts, in the following ways:
Table 4: Summary of proposed service change for UHNM services

<table>
<thead>
<tr>
<th>Hospital Site</th>
<th>Current Provision</th>
<th>Proposed Configuration</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Hospital, Stafford</td>
<td>Level 2b</td>
<td>Level 2a</td>
</tr>
<tr>
<td></td>
<td>8 inpatient beds</td>
<td>Day case chemotherapy</td>
</tr>
<tr>
<td></td>
<td>Split ward</td>
<td>suite 2 step down beds</td>
</tr>
<tr>
<td></td>
<td>4 x chemotherapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>beds</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 x haematology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>beds</td>
<td></td>
</tr>
<tr>
<td>Royal Stoke Hospital, Stoke</td>
<td>Level 3</td>
<td>Level 3</td>
</tr>
<tr>
<td></td>
<td>33 inpatient beds</td>
<td>38 inpatient beds</td>
</tr>
<tr>
<td></td>
<td>28 day case chairs</td>
<td>Day case and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>outpatients</td>
</tr>
<tr>
<td></td>
<td>4 trolleys in</td>
<td>5 trolleys in</td>
</tr>
<tr>
<td></td>
<td>assessment unit</td>
<td>assessment unit</td>
</tr>
<tr>
<td></td>
<td>2 iodine rooms</td>
<td>2 iodine rooms</td>
</tr>
</tbody>
</table>

Table 5: Summary of proposed service change for RWHT services

<table>
<thead>
<tr>
<th>Hospital Site</th>
<th>Current Provision</th>
<th>Proposed Configuration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannock Chase Hospital, Cannock</td>
<td>No service</td>
<td>Level 2a</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>Chemotherapy suite</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20 day case chairs</td>
</tr>
<tr>
<td>New Cross Hospital, Wolverhampton</td>
<td>Level 2b</td>
<td>Level 2b</td>
</tr>
<tr>
<td></td>
<td>27 inpatient beds</td>
<td>27 inpatient beds</td>
</tr>
<tr>
<td></td>
<td>(including 6</td>
<td>(including 6 isolation</td>
</tr>
<tr>
<td></td>
<td>isolation rooms)</td>
<td>rooms)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 flex beds switched</td>
</tr>
<tr>
<td></td>
<td></td>
<td>to haematological use</td>
</tr>
</tbody>
</table>

4.0 Stakeholder Engagement

Stakeholder engagement is important to any service redesign programme including internal and external stakeholders.

Engagement to Date

Extensive consultation was undertaken with staff, clinicians, public and patients, MPs and other key stakeholders about the dissolution of Mid Staffordshire NHS Foundation Trust between August and October 2013, by the Trust Special Administrators. This consultation covered all of the services provided by the Trust at that time and included specialist services. The report by the TSA supported the move of specialist services, but it was not specific about inpatient Haematology services. To ensure that commissioners and providers can evidence that a full debate has taken place about the proposed moves relating to these services, an additional consultation exercise is needed with patients, families and carers who currently access these services or who have accessed them in the past.
The consultation was advertised extensively with circa 115,000 postcards delivered to all households in the Trust’s catchment area and the dates of public meetings were also advertised in the local media. Approximately 50,000 documents were distributed to over 700 organisations in Staffordshire, including GP practices, libraries, charities and schools. 110 meetings were organised with the public, staff and stakeholder groups during the consultation period. Over 2,800 responses were received to the consultation and the feedback received was considered in the drafting of the TSA’s recommendations.

As part of the Trust Special Administrators’ report and recommendations, an independent Health Equality Impact Assessment was commissioned, which considered all aspects of the Public Sector Equality Duty. This will be used as the basis for the next stage of public consultation in this area.

**External Engagement**

Eight public meetings were organised, which were attended by over 2,600 people. Three additional public meetings were attended at the invitation of various stakeholders, in addition to over 80 meetings with key stakeholder groups.

The public was also engaged with via the TSA website and it received over 14,900 hits from when it was set up, with more than a third (5,800) received during the consultation period. 122 formal responses to the consultation were received from organisational stakeholders.

Informed through its external engagement with national clinical reference groups, local clinicians, patients and the public, the Trust Special Administrator established a series of guiding principles and evaluation criteria which were used to develop the post dissolution clinical model, Appendix 2 provides a summary of these.

**Internal Engagement**

As part of the TSA consultation process, over 20 staff meetings took place at both Stafford and Cannock Chase hospitals, including open meetings for all members of staff and specific meetings for members of staff working in services directly impacted on by the proposals. More recently, both one-to-one and group meetings have been offered to staff as part of the Trust’s management of change process for clinical haematology at County Hospital.

**Consultation Engagement and Communications Planned**

A comprehensive communications and engagement plan focusing specifically on haematology services has been drafted by the CCG’s communications and engagement team, outlining plans to engage with staff, stakeholders, patients, the public, specialist interest groups, MPs and GPs.

The plan aims to provide a rationale for the moves, explaining clearly which services are likely to be impacted and where people will be able to access services in the future. It aims to encourage staff and public understanding and feedback on the proposals, particularly from patients who are already accessing haematology services, their families, carers and those from the protected characteristics groups.

The consultation will include staff in the haematology departments at both Trusts (bi-weekly meetings are already taking place between senior clinicians) and with GPs, through the CCGs’ membership boards and governing bodies.
The consultation will build on the previous work completed by the TSA in 2013. Following consultation with the Staffordshire County Overview and Scrutiny Committee an agreed consultation process will take place for six weeks, starting in September 2015, the actual date to be finalised following NHSE confirmation. The draft consultation document is at Appendix 3.

**Health Equality Impact Assessment**

An extensive Health Equality Impact Assessment (HEIA) was undertaken and reported as part of the Mid Staffordshire TSA process. This assessment considered the impact of service changes on patients within the hospital catchment areas and secondly the impact of specific changes on the related patient groups.

Many of the report’s findings, mitigating actions and recommendations demonstrate the commonality of the impact on patients, staff and visitors, eg, access, transport, travel and visitor access.

The CCG do consider that the patient group affected by this proposal has been accounted for within the original HEIA as patients with haematological conditions are, broadly speaking, a subset of the hospital catchment population.

The CCG will follow the Department of Health five stage approach to the HEIA, this is summarised in Table 6 below. This approach builds on the findings and recommendations of the initial HEIA and will be used to identify any additional considerations and mitigating actions for this small patient group.

**Table 6: Summary HEIA approach**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Informed from the original HEIA</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Screening</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>Identify health impacts</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>Identify impacts on important health outcomes</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Quantify / describe health impacts</td>
<td>No</td>
</tr>
<tr>
<td>5</td>
<td>Recommendation to achieve most health gains (mitigation)</td>
<td>No</td>
</tr>
</tbody>
</table>
The outcomes of the HEIA process will be fed into the CCGs' decision-making process to ensure that they have paid due regard to the Public Sector Equality Duty. (See Appendix 4 for more information).

A variety of communications and engagement tools will be used, which are suited to the needs of the target audiences, including circulation of consultation materials, MP briefings, public events and information on websites.

Due to the small number of patients likely to be directly affected, an individual approach will be undertaken and plans will be agreed with patients. It is recognised that there would also be a potential impact on visitors of patients staying in hospital overnight as they may have to travel further if they live in the Stafford area than they do currently. The CCG will be working with both acute provides to set out the mitigating actions to support these visitors, this will include the provision of overnight accommodation on the hospital site.

A Health Equality Impact Assessment will be completed as part of the communications and engagement process and the details of the approach to be adopted is set out in Appendix 4.

**Travel Time Analysis**

The Health Equality Impact Assessment (HEIA) Scoping for this consultation has been included within the Communications and Engagement Plan (Appendix 4) and evaluates the impact of the proposals on travel times, impact on visitors, car parking and possible mitigations.

As part of the TSAs' report and recommendations, a Health Equality Impact Assessment suggested that current transport options needed to be better utilised and promoted rather than transport arrangements being improved. These assumptions will be tested and validated through the HEIA process.

**Staff Impact**

There are a number of benefits to staff operating on a health economy wide level including the opportunity for staff to specialise and to maintain and update their skills. Staff would be able to share best practice and be involved in working in a leading specialist unit with the latest facilities and equipment, supported by other specialist services.

Recruitment and retention of staff would also be improved and there would be less pressure on staff to cover on call rotas more often than the norm if there were more staff available on rotas Holiday and sickness cover would pose less of a challenge and staff would also benefit from the knowledge that they are able to provide the best possible care to their patients.

It is acknowledged that the proposed service move may have a negative impact on a small number of staff with regard to factors such as change of base, travel, car parking etc. The impact assessment for staff will be identified by engaging with each member of staff through 1:1 interviews and staff group meetings.

**Key Messages**

A number of important messages have been identified to be used with the public and other key stakeholders that are consistent and clear. The key messages identified which will be used in all communications as part of the consultation include:-
• New patient referrals from Cannock Chase CCG will be given the choice to receive treatment including access to services at The Royal Wolverhampton NHS Trust or University Hospitals of North Midlands

• Haematology patients from Cannock Chase would have access to a more locally provided service

• Patients receiving outpatient treatment in Stafford would be given the choice of remaining at County Hospital or transferring to a newly developed haematology service at Cannock Chase Hospital. Any moves would be supported to provide continuity of care

• A considerable investment is being made to provide a new chemotherapy unit at County Hospital, which is due to open in summer 2016

• Only a small number of patients, carers and families would be directly affected by the proposals (approximately 83 patients per annum)

• Centralising a small number of inpatient services would ensure access to state-of-the-art facilities and to a more specialist level 3 service at the Royal Stoke Hospital; as recommended under the British Haematological Society’s classification guide (Appendix 5)

• All patients would have access to specialist support services, which enables greater patient safety as well as leading to continued improvements in patient outcomes and satisfaction. The safety issues relate to the support for patients with bone marrow suppression, specifically neutropenia and potential for sepsis and deterioration.

• Patients would have access to a wider range of professionals such as advanced nurse practitioners, dietetics and therapies, as well as the services provided by a large acute hospital, such as critical care

• Significant consultation took place with the public and other stakeholders as part of the Trust Special Administrator process and this information is still valid and has been used to inform these proposals

• There are financial implications of the ‘do nothing’ option

• There is a future risk to clinical sustainability and patient safety due to the difficulty in maintaining the required staffing levels together with the lack of appropriate facilities.

5.0 Operational Design

Options

There are two options for the future of inpatient haematology services on the County site, the option of ‘Do Nothing’ and the alternative to ‘Move Inpatient Services’. These options are considered below setting out the rationale why the option may or may not be supported. It is essential that the proposed service change is considered within the context of the TSA report and recommendations. It is therefore appropriate to assess the options against the TSA principles and evaluation criteria. Table 7 provides a summary of the CCG assessment
of the options against the TSA principles and their evaluation criteria. Appendix 2 provides a summary of the published principles and evaluation criteria.

Option 1: Do Nothing

The Clinical Haematology ward at County Hospital remains ‘as is’

The first is the “do nothing” option, where all services stay the same as they are now. This option, whilst convenient, is deemed to be neither clinically or financially sustainable. It also provides limited choice to patients living in or near Cannock and offers services in Stafford, which may cease to be sustainable in the future.

The reasons why the “do nothing” option is not clinically or financially viable are detailed below:-

- The County Hospital services cannot be sustained due to lack of inpatient activity. Based on an analysis of 2014/15 data it is anticipated that there will be a further 40% reduction in inpatient activity from 118 to 70 spells of care with an average length of stay of 11 days. The figure of 40% has been calculated by analysing patient access data post the Mid Staffordshire NHS Foundation Trust dissolution.
- Continued long term use of locum and agency staffing is considered to be poor clinical practice.
- With the development of services at Cannock Chase Hospital and New Cross Hospital sites the referral level to County Hospital is likely to reduce even further.
- The continued provision of an aseptic prescribing service cannot be guaranteed on the County site.
- In line with TSA recommendations wrap around services required for an inpatient haematology service, e.g. Level 3 critical care, interventional radiology, enhanced imaging and pathology services have been relocated and are now based at Royal Stoke University Hospital.

Therefore, for the reasons outlined above, Option 1 has been discounted as it is not viable.

Option 2: Move Inpatient Services

The alternative option is to relocate the inpatient haematology services currently provided at the County Hospital to the specialist wards at Royal Stoke University Hospital and New Cross Hospital.

This is the recommended option for the following reasons:

- Enhancement in specialist service for patients with haematological cancers who need to stay in hospital overnight
- Inpatient activity that will ensure sustainable staffing levels
- Immediate improvement in the clinical ward based environment
- Giving patients access to specialist support services which enables greater patient safety in the context of sepsis, bone marrow suppression induced by aggressive chemotherapy and the enhanced ability to manage potentially deteriorating patients. This includes the provision of level 3 critical care, interventional radiology and renal services.
• Improving access to services for patients living in or near Cannock
• Development of the current service for day case and outpatients at County Hospital in Stafford.
• Development costs are contained within the Trust Acquisition Business Case

Table 7 presents the CCG self-assessment of the proposed options against the TSA evaluation criteria and its rationale. As outlined above, the proposed option to transfer has been developed as a result of extensive clinical and public engagement as part of the TSA review and is line with its recommendations in relation to the future of specialist health services in Staffordshire. The assessment above clearly demonstrates that the option of doing nothing should be discounted, as it is neither financially nor clinically viable, leaving one viable option when assessed against the TSA principles.

Table 7: CCG self-assessment of service change options against TSA evaluation criteria

<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<th>Option 1: Do Nothing</th>
<th>Comment</th>
<th>Option 2: Proposed Service Change</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation Criteria 1</td>
<td>No</td>
<td>• Year-on-year recruitment trends evidence a decline in attracting clinical expertise to County Hospital • Current service does not fully meet the British Society for Haematology guidelines (inc. lack of immediate access to support services such as intensive care and specialist diagnostic services)</td>
<td>Yes</td>
<td>• Larger clinical pool and expertise • Increased patient numbers to improve clinical upskilling • Royal Stoke and New Cross hospital provision meets all standards (inc. being located alongside support services such as intensive care and diagnostic services) • Sustaining Services Board held on 6 August 2015 agreed to temporary closure</td>
</tr>
<tr>
<td>Evaluation Criteria 2</td>
<td>Yes</td>
<td>• No change in access</td>
<td>Yes</td>
<td>• Activity for entire service (inc outpatients, day case and inpatients) is 10,541 (2014/15) • Approximately 83 pts affected (2014/15) • Approximately 114 admissions affected • Average LoS 11 days • Mitigating actions identified through initial HEIA, eg, increased use of available transport schemes, supported overnight accommodation</td>
</tr>
<tr>
<td>Evaluation Criteria 3</td>
<td>No</td>
<td>• Recurrent staffing costs of doing nothing are estimated to be £660K</td>
<td>Yes</td>
<td>• Capital costs for new beds at Royal Stoke and New Cross hospitals contained within the TSA financial settlement</td>
</tr>
</tbody>
</table>
6.0 Implementation Planning

Subject to the outcome of the consultation, the implementation of this proposal needs to be carefully managed in a phased way to ensure service continuity for patients throughout. The detail for this will be planned in parallel with the public consultation phase as the operational design is finalised.

In contrast with many other services, patients undergoing treatment for haematological conditions or malignancies are not treated once and discharged. They typically have a course of treatments over a number of years, with considerably longer follow up protocols. As a result, patients develop strong relationships with clinicians and this is a key driver in our approach to the service transfer, which will be through:-

- Transfer of new referrals by Cannock GPs from Stafford to Cannock or Wolverhampton.
- The option for existing patients from the Cannock area to transfer at a time of their choice

This approach would mean a steady transfer of activity to Cannock Chase Hospital and The Royal Wolverhampton NHS Trust

It is proposed that current patients at County Hospital would be given a comprehensive explanation of the care pathways available to them. This would include a holistic assessment on a one-to-one basis with a nurse as well as a consultation with a consultant to discuss their medical care

Significant capital work has taken place at both the Royal Stoke and Cannock sites to enable the service transition.

Nurse staffing is currently a challenge at both the Royal Stoke and County hospitals, particularly for nurses who are chemotherapy-trained. This is recognised by the Trust and a programme of recruitment is underway. The consolidation of all clinical haematology staff across the Royal Stoke and County hospital sites will enable rotas to be covered more effectively and a more robust service to be delivered. A separate recruitment exercise is being undertaken to underpin the new services at Cannock Chase Hospital to avoid the risk of destabilising the staffing numbers at County and Royal Stoke University Hospitals.

In addition a Clinical Oversight Group (COG) has been involved in overseeing all the required clinical changes post the TSA recommendations, including the governance of the double-lock quality assurance process. This group will be reconvened once the outcome of the consultation is known. The COG is responsible for overseeing the clinical quality aspects of the clinical service transfers by the two NHS trusts (UHN and RWT) required to deliver the TSA Model. This will incorporate:-

- Receiving assurance of the clinical service redesign plans and presentations from the two NHS Trusts to deliver the TSA model
• Receiving assurance of effective clinical engagement and involvement in the development of the clinical service redesign plan
• Receiving assurance of the workforce strategies to support the clinical service redesign plans
• Receiving assurance of the two NHS Trusts’ quality impact assessments of the planned clinical service transfers, including the outcomes from the ‘double lock’ process, and the assessment by an independent medical expert to be utilised by UHN
• Reviewing and assuring the plans of neighbouring providers for clinical service redesign deemed critical for the successful delivery of the TSA model, for example stemming the flow
• Receiving assurance from Clinical Commissioning Groups that the statutory public engagement for service changes has been undertaken
• Managing a clinical risk register following the identification of the key clinical quality risks and mitigations to be undertaken by the two NHS Trusts as they progress the clinical service changes

Project Group

A Project Group has been convened to oversee development of this case for change, consultation process and implementation planning. The project group meets weekly to discuss actions, progress and risks. Members include:

• Accountable Officer
• Clinical Chair, Stafford and Surrounds CCG
• Director of Strategy, Stafford and Surrounds CCG
• Director of Quality and Nursing, NHS England
• Head of Performance and Delivery, Trust Development Authority
• Projects Director, UHN
• Hospital Director, County Hospital, UHN
• Director of Operations at County Hospital, UHN
• Associate Medical Director, UHN
• Integration Director, RWT
• Chief Executive, Healthwatch Staffordshire
• Representatives from the communications and engagement team Midlands and Lancashire Commissioning Support Unit.

The communications and engagement team are responsible for the scoping and delivery of the public consultation and this is due to start in September 2015. This work is supported by communications and engagement staff from Midlands and Lancashire Commissioning Support Unit.

7.0 Interdependencies and Impact on Implementation

Before any decision is made regarding the proposed changes to the provision of specialist inpatient haematology services at the County Hospital, there needs to be a full public consultation, which will run for a 6 week period, as agreed by the Staffordshire Overview and Scrutiny Committee.
If it is decided to go ahead with the proposals after the consultation, there would need to be a phased approach to ensure that current patients are aware of their options and that potential patients in the future are aware of the relevant care pathways and which hospital is offering which service.

New and improved facilities would also need to be operational before any moves can take place, with estates and workforce planning given due consideration.

It is therefore important that a detailed, workable implementation plan is developed which considers all the interdependencies and ensures service continuity.

**Current Status**

The project group are progressing with the detailed operational design, with support and input from patient and carer representatives.

A Communications and Engagement Plan has been developed for the consultation ([Appendix 4](#)).

**Key Milestones**

Plans for the new facility at Cannock Hospital are well underway and this is due to open in September 2015. Planning has also started for the improved day chemotherapy unit in Stafford, which is due to open by summer 2016.

In order to ensure that safe services are maintained, a Sustaining Services Board will take place at the beginning of August to review the risks of maintaining inpatient services after the end of August 2015. The group will take the appropriate action to ensure clinical safety throughout the consultation process and any subsequent transition period.

**Risk Management**

The programme has a comprehensive risk management process in place and risks are regularly monitored and mitigated where appropriate.

**Proportion of Patients Affected**

The number of patients who would be potentially negatively impacted by the proposed inpatient service moves is relatively small. The entire patient cohort is approximately 83. Of these 50 are Stafford residents and 33 are Cannock residents. The total number of inpatient admission for this patient group was 114 episodes of care in 2014/15. Whilst a definitive view cannot be provided, it is likely that the 50 Stafford patients would be impacted the most, particularly as, in the future, Cannock patients are far more likely to access the facilities at the Royal Wolverhampton Hospital site.

There would however, also be a significant positive impact for patients in receipt of day case or outpatient haematology or oncology as they will be able to access services more locally than they do presently. Commissioners have made the following assumptions to plan for the developments at Cannock Chase Hospital, that approx. 600 new patients will access the service, of which 277 will be oncology patients.

Tables 8 and 9 provide an analysis of the gender and age profile of the 83 patients who accessed inpatient services in 2014/15.
Table 8: Gender Profile

<table>
<thead>
<tr>
<th></th>
<th>F</th>
<th>M</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>04Y - Cannock Chase CCG</td>
<td>13</td>
<td>20</td>
<td>33</td>
</tr>
<tr>
<td>05V - Stafford &amp; Surrounds CCG</td>
<td>22</td>
<td>28</td>
<td>50</td>
</tr>
</tbody>
</table>

Table 9: Age Profile

<table>
<thead>
<tr>
<th></th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>70-79</th>
<th>80-90</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>04Y - Cannock Chase CCG</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>10</td>
<td>14</td>
<td>4</td>
<td>33</td>
</tr>
<tr>
<td>05V - Stafford &amp; Surrounds CCG</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>10</td>
<td>10</td>
<td>14</td>
<td>7</td>
<td>50</td>
</tr>
</tbody>
</table>

8.0 Self-Assessment Against the Four "Lansley" Tests

Support of GP Commissioners

Throughout the Trust Special Administrators’ review process, GP commissioners were involved in the design and development of the recommendations through the CCGs’ clinical chairs. GPs were engaged on a regular basis about the proposed service changes.

GP members of both Stafford & Surrounds and Cannock Chase CCGs were independently balloted about the changes by their local MPs. Cannock Chase CCG held its own internal ballot and Stafford & Surrounds CCG’s members were asked to confirm support for the proposals through its Membership Board. Subsequently each practice was asked to confirm that it was happy with the recommendations and proposals for service change.

The proposals were continuously tested with Commissioners throughout the TSA process up until submission of the Trust Special Administrator’s recommendations.

The outline proposal has already been discussed at the CCG Membership Boards. All member practices will be asked to consider the case for change and make clear recommendations to their Membership Boards and the final proposals will be decided by a Stafford & Surrounds and Cannock Chase CCG Joint Governing Body Meeting which is provisionally scheduled for November 2015.

Specific consultation with GP practices about the proposed changes to haematology services, through the CCGs’ Memberships Boards, is included in our communications and engagement plan.

Consistency with Current and Prospective Patient Choice

The Trust Special Administrators considered the issue of patient choice in their review of services across Staffordshire and came to the conclusion that choice remained available and in some areas choice would be increased.
In the case of inpatient haematology services, patient choice would be increased for patients living in Cannock and surrounding areas and day case and outpatient services would also be enhanced for patients living in or near Stafford.

Patients receiving care on a Day Case or Outpatient basis currently accessing services at County Hospital would be given the choice, at an appropriate stage in their treatment, of continuing their treatment at the County or, transferring to the new facility in Cannock Chase Hospital or to the existing unit at New Cross Hospital Wolverhampton. Around 2000 new patients a year are primarily reviewed and treated through day case or outpatient services across the Stafford & Surrounds and Cannock Chase populations and will not be affected by the proposed changes. Of this total, 800 Cannock Chase patients will be provided with additional choice.

Inpatient services will continue to be provided from two locations at Royal Stoke University Hospital and New Cross Hospital. Two beds will remain at the County Hospital so patients who have to be admitted to Royal Stoke University Hospitals can be stepped down at the end of their inpatient stay.

It is proposed, as part of the consultation, to ensure that the proposals do not remove patient choice whilst ensuring continuity of care for patients.

**Strengthened Public and Patient Engagement**

The Trust Special Administrators undertook a significant public consultation exercise on their proposals and a large number of responses were received which demonstrate a robust approach to the consultation and a validation of their work.

A number of recommendations were amended as a result of the feedback received and these changes were incorporated into the final proposals.

The report by the TSA supported the move of specialist services but it wasn’t specific about inpatient Haematology services. It has therefore been required that Commissioners complete an additional consultation exercise with patients, families and carers who currently access these services or who have accessed them in the past.

Consultation will also take place with all staff affected by the changes alongside the general public and other key stakeholders.

This consultation exercise will be completed in conjunction with the two Trust and Healthwatch, and this consultation will be reviewed by Staffordshire County Council’s Health Overview and Scrutiny Committee.

**Clarity on the Clinical Evidence Base**

The Trust Special Administrators engaged both local clinicians and the national Royal Colleges in advising on all the service change proposals to ensure that the recommendations being put forward were in line with clinical best practice. Both the local and national Clinical Advisory Groups were tasked with reviewing the recommendations and were asked to confirm that the proposals were safe and in line with clinical best practice.

The Commissioners will use the Clinical Advisory Group evidence as the base for this consultation. The Commissioners will also seek independent assurance, that the proposals are clinically sound and appropriate, from Professor Charles Craddock, a leading haematologist, professor of haemato-oncology based at the Queen Elizabeth Hospital in Birmingham and elected trustee of the British Society for Haematology, together with Dr
David Hegarty, Chair of the West Midlands Clinical Senate. An NHS England regional panel will provide final assurance of the proposal, including the clinical case, before options are presented to the CCGs’ Membership Boards and Governing Bodies.

9.0 Time scales for consultation and Implementation

A provisional timeline for the consultation process is outlined below:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Length (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Executive sign off</td>
<td>25th August 2015</td>
<td></td>
</tr>
<tr>
<td>Open evenings at RWHT and UHNM</td>
<td>31st August 2015</td>
<td></td>
</tr>
<tr>
<td>Start of formal public consultation period</td>
<td>14th September 2015</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Consultation with staff and patients</td>
<td>15th/16th September 2015</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Consultation documents to OSC/Local Councils</td>
<td>21st September 2015</td>
<td></td>
</tr>
<tr>
<td>Face to face briefing of MPs</td>
<td>21st September 2015</td>
<td></td>
</tr>
<tr>
<td>CCG patient participation groups engagement</td>
<td>9th September 2015</td>
<td>4 weeks</td>
</tr>
<tr>
<td>CCG Membership Board consultation</td>
<td>1st September to 6th October 2015</td>
<td>5 weeks</td>
</tr>
<tr>
<td>End of formal public consultation period</td>
<td>27th October 2015</td>
<td></td>
</tr>
<tr>
<td>CCG Joint Governing Body meeting</td>
<td>W/C 16th Nov 2015</td>
<td></td>
</tr>
</tbody>
</table>

In addition, the two hospital trusts have a detailed plan for implementation. These plans address the issues of patient choice, clinical safety and the retention of the majority of services locally, including the introduction of services at Cannock Chase Hospital. These plans will be assured by both the Commissioners and the Trust Development Authority.

To assist with planning, an indicative implementation plan for the UHNM service move is set out below. This is for illustrative purposes only and will only be initiated once a decision is made by the CCG Governing Bodies.

<table>
<thead>
<tr>
<th>Action</th>
<th>Date</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handover of additional haematology facilities at Royal Stoke University Hospital</td>
<td>24th August 2015</td>
<td>University Hospitals of North Midlands</td>
</tr>
<tr>
<td>Haematology Consultation start date</td>
<td>14th September 2015</td>
<td>Stafford and Surrounds CCG</td>
</tr>
<tr>
<td>Event Description</td>
<td>Date</td>
<td>Location</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Haematology Consultation closes</td>
<td>27&lt;sup&gt;th&lt;/sup&gt; October 2015</td>
<td>Stafford and Surrounds CCG</td>
</tr>
<tr>
<td>Communication to patients, staff and other stakeholders of consultation outcome</td>
<td>16&lt;sup&gt;th&lt;/sup&gt; November 2015</td>
<td>University Hospitals of North Midlands</td>
</tr>
<tr>
<td>Review of patients from Cannock area to transfer to RWT. To be raised at follow up appointments and actioned accordingly</td>
<td>16&lt;sup&gt;th&lt;/sup&gt; November 2015</td>
<td>University Hospitals of North Midlands</td>
</tr>
<tr>
<td>New elective inpatients to commence inpatient treatment at RSUH or New Cross</td>
<td>23&lt;sup&gt;rd&lt;/sup&gt; November 2015</td>
<td>University Hospitals of North Midlands</td>
</tr>
<tr>
<td>Existing inpatients to be given a copy of their discharge summary if discharged 1 month prior to move</td>
<td>23&lt;sup&gt;rd&lt;/sup&gt; November 2015</td>
<td>University Hospitals of North Midlands/Royal Wolverhampton Hospital Trust</td>
</tr>
<tr>
<td>Patients on the ward at point of transfer to have holistic assessment completed on a 1:1 basis with a nurse and consultant to consultant medical handover</td>
<td>30&lt;sup&gt;th&lt;/sup&gt; November 2015</td>
<td>University Hospitals of North Midlands</td>
</tr>
<tr>
<td>Transfer of patients from County wards 1 and 2 to ward 201, RSUH</td>
<td>8&lt;sup&gt;th&lt;/sup&gt; December 2015</td>
<td>University Hospitals of North Midlands</td>
</tr>
<tr>
<td>Feedback from patients as to the impact of the ward move</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; December 2015</td>
<td>University Hospitals of North Midlands</td>
</tr>
<tr>
<td>Ward decommissioning and Completion</td>
<td>23&lt;sup&gt;rd&lt;/sup&gt; December 2015</td>
<td>University Hospitals of North Midlands</td>
</tr>
</tbody>
</table>

**10.0 Formal Consultation**

One of the main steps within this programme is the public consultation and the external scrutiny and decision-making phase. It is anticipated that the formal public consultation will commence in September 2015. Further details of this can be found in Appendix 4: Communications and Engagement Plan. The dates set out in this document are provisional and will only be finalised once the Case for Change has been approved by NHS England.

**11.0 Implementation Resources**

Allocating appropriate resources to deliver this service redesign is crucial to its success. Input, challenge, ownership and decision-making by partners will be important. The Trusts will be held accountable for delivery in conjunction with a Project Group which will manage the project, undertake programme wide activities and facilitate/support the operational teams in providing the input required.

As identified in this clinical case for change, strong clinical and managerial leadership is vital to the successful reconfiguration of services.
12.0 Programme Management Arrangements

The programme arrangements are outlined on page 11.

The programme is being assured through the formal NHS England assurance process. This will evaluate the proposals against the four Lansley Tests to ensure that the programme has GP commissioner support, has involved patients and the public, supports patient choice and has clinical evidence to support the proposals. Independent clinical assurance is also being sought from NHS England’s Regional Medical Director and Professor Charles Craddock of Queen Elizabeth Hospital, Birmingham and elected trustee of the British Society for Haematology. The proposals will also be reviewed by the Chair of the Clinical Senate.

Key Success Factors

The following key success factors have been identified for this programme and it is important that they are given due consideration:

- A focus on patient safety and continuity of care;
- Visible leadership and direction from the top of the organisations involved;
- Clinical and operational leadership with the mandate and authority to implement change;
- The need to create belief across the partner organisations that this service redesign will deliver benefits to patients, staff and the hospital trusts;
- A proactive and a multi-pronged approach to staff engagement to inform and reassure;
- A clear and transparent external engagement process that wins the hearts and minds of the public and other stakeholders;
- Aligned accountability for safety and quality measures

Next Steps

As described in Section 2, a formal public consultation will run in parallel with the operational and implementation planning, so that feedback from the public, staff, external advisory and scrutiny bodies can be incorporated into the final solution. This process is scheduled to run for six weeks commencing September 2015.

Appendices

Appendix 1 – TSA Recommendations (Please refer to the TSA Website)

Appendix 2 – TSA Principles and Criteria

Appendix 3 – Draft Consultation Document
Appendix 4 – Communications and Engagement Plan / Health Equality Impact

Appendix 5 – British Society for Haematology Guidelines
Proposed changes to the provision of specialist inpatient haematology services at the County Hospital

TSA Principles and Criteria
Appendix 2

The principles used to develop the post dissolution clinical model (2015)

In developing their draft recommendation, the Trust Special Administrator (TSA) established a series of guiding principles and evaluation criteria, as follows:-

**Principle 1:** First and foremost, each service must be assessed on its own merit and the TSAs must be assured that each service (retained in the current locality or otherwise) will be clinically safe and affordable.

**Principle 2:** Where possible, services should be retained locally. Moving any single service away from the current locality must be discretely justified.

**Principle 3:** If the TSAs identify an opportunity to enhance a service or introduce a new service (whether that service is retained locally or moved to another provider) they will work with commissioners to identify the feasibility of doing so.

**Principle 4:** The TSAs must be conscious that there are pressures on the NHS and the local health economy which cannot be fully addressed locally. However, the TSAs must identify and assess the impact on the whole local health economy of their recommendations, and where that impact is detrimental, must identify how this impact can be mitigated.

**Principle 5:** The TSAs should not discount short term investment if they believe it will deliver longer term benefits for the local population.

**Evaluation Criteria 1:** Is the model clinically sustainable?

**Evaluation Criteria 2:** Is the model reasonable with regards to access to services for patients, and their families?

**Evaluation Criteria 3:** Is the model financially sustainable?

**Evaluation Criteria 4:** Is the model deliverable

Reference:
What will the small district general hospital look like in the future?
British Journal of Health Care Management V.21 N.7
Public consultation on proposed changes to the provision of specialist inpatient haematology services at the County Hospital
1. Background

In October 2014 when Mid Staffordshire NHS Foundation Trust was formally dissolved, some health services which had been provided by the trust were transferred to the University Hospitals of North Midlands (UHN) NHS Trust and to the Royal Wolverhampton NHS Trust (RWT).

During the process, the Trust Special Administrators (TSA) identified a number of services that would need to move after the trust was dissolved, to either the Royal Stoke University Hospital or to New Cross Hospital in Wolverhampton. The reason for this was to ensure that these health services continue to be clinically and financially sustainable in the future. The TSA report also made a general recommendation that specialist services should be transferred to specialist centres together with a number of specific recommendations regarding the transfer of these services.

The service moves were subject to extensive consultation by the TSA in the summer and autumn of 2013 and the recommendations, developed as a result of the consultation, received formal approval from the Secretary of State for Health. Since then a number of specialist health services, which were provided by Mid Staffordshire NHS Foundation Trust (now dissolved), have been successfully transferred to other hospitals.

The TSA report made no explicit recommendation regarding specialist inpatient haematology services (haematology services for patients who need a stay in hospital). We propose that this specialist service should transfer to the Royal Stoke University Hospital and New Cross Hospital in Wolverhampton, in line with the TSAs’ general recommendation that specialist services should be provided in specialist centres.

The County Hospital also provides day case and outpatient haematology services. These services are not affected by the proposal and will continue to be provided locally at County Hospital. The chemotherapy suite recently opened at Cannock Chase Hospital will provide new and more local day case and outpatient services to haematology patients from the Cannock area.

We want to consult with patients and the public about this proposal, and are holding a six-week public consultation. The purpose of the consultation is to inform patients and their families about the services that will and will not be affected by the proposal. It also provides an opportunity for patients, their families and the wider public to give their views on the proposed changes and to raise any concerns they may have.

2. What are the current arrangements for haematology?

There is a small inpatient service for haematology patients at the County Hospital in Stafford. The service provides both planned and emergency haematology treatment for those who require care or treatment that cannot be provided in an outpatient or day case unit.

During 2014/15, 83 patients used the clinical haematology ward at the County Hospital, with 114 admissions between them. Of these patients, 50 were from Stafford and Surrounds and
33 from Cannock Chase. It is a highly specialised service and the average length of stay per patient was 11 days. The patients who were treated on the ward were suffering from:

- blood disorders including cancers such as myeloma, lymphoma and leukaemia
- general haematological disorders such as anaemia and thrombosis.

Patients requiring day case and outpatient services also access care and treatment at the County Hospital. In 2014/15 a total of 3678 day case appointments took place at the Hospital. In addition, 2002 new haematology outpatient appointments were held as well as 5511 follow up appointments. There are no proposals to change either day case or outpatient haematology services.

3. **Why do inpatient services need to change?**

The clinical commissioning groups, who are leading the consultation, believe that there would be a significant benefit to patients if inpatient haematology services were delivered from the specialist haematology departments at the Royal Stoke University Hospital and the New Cross Hospital in Wolverhampton.

Implementation of the Trust Special Administration recommendations means that many of the support services, such as level three critical care and renal support, necessary to care for these vulnerable patients are no longer available on the County site as these were among the services that transferred when the Mid Staffordshire NHS Foundation Trust was dissolved. These services are unable to be reinstated at County Hospital.

The CCGs have reviewed the current service at the County Hospital using the same criteria that were used during the TSA process and have assessed the service against national evidence and guidance. Two options have been identified for its future provision:

- Option 1: There is no change, and the inpatient services presently based at County Hospital remain at that hospital.
- Option 2: The inpatient services become integrated into the specialist haematology ward in the Cancer Centre at the Royal Stoke University Hospital with enhanced inpatient services delivered at New Cross Hospital in Wolverhampton.

4. **Case for Change**

The Case for Change is a formal document which provides details of the service review and explains the different factors that have been taken into consideration in developing the proposal to change the provision of inpatient haematology services at County Hospital.

It sets out the options for the future of the service and supports the recommendation of Option Two, where specialised inpatient haematology services would move; and that this is the only viable option to ensure clinical and financial sustainability.
A summary of the Case for Change is set out below but the full version is available on the CCG website at www.staffordsurroundsccg.nhs.uk or by calling the CCG office on 01785 356944.

**Trust Special Administrators’ Report**

On the dissolution of the Mid Staffordshire NHS Foundation Trust, the Trust Special Administrators recommended that specialist services be transferred out of County Hospital. This followed extensive public engagement as well as with local and national clinicians.

In the TSA consultation document, it states: “The TSAs recommend that inpatient services for adults with medical problems, currently provided at Stafford Hospital, will continue to be provided, although depending on their medical condition they might be transferred to a more appropriate specialist unit (where they can be cared for more safely.)”

**National evidence and guidelines**

National clinical guidance from the British Committee for Standards in Haematology, the Royal College of Physicians and the National Institute for Clinical Excellence (NICE) recommends that patients with blood cancers should be looked after by specialist doctors and nurses in centres of excellence. The guidance supports the recruitment of the correct levels of clinical staff, who stay in their roles for longer and are able to keep their skills up-to-date as they see a larger number of patients with similar conditions. Patients will also benefit from the provision of the latest facilities and equipment.

The guidance recommends that a specialist haematology service should have at least three full-time equivalent consultants and a nurse consultant or a number of clinical nurse specialists that have the appropriate speciality expertise. It should also be located alongside other support services for seriously ill patients. These include a high dependency unit/intensive care unit, a pharmacy with expertise in chemotherapy, specialist palliative care, dietetics and physiotherapy as well as diagnostic services such as radiology, microbiology and other pathology services.

When the current inpatient haematology service at the County Hospital was assessed against the national clinical guidance it was deemed to be inadequate for the following reasons:

- County Hospital now has only two full-time equivalent consultants because of people leaving or retiring, and is experiencing challenges in recruiting more staff
- There is no nurse consultant at County Hospital and only one clinical nurse specialist in chemotherapy. All other recommended specialist nurses are at Royal Stoke University Hospital
- All of the specialist data management services and palliative care services are delivered at Royal Stoke University Hospital. In addition, expert dietetics and physiotherapy are only available at Royal Stoke University Hospital
- Other specialist support services, including renal support and level 3 critical care, are now provided only at Royal Stoke University Hospital
• Surgery, or care requiring an overnight stay, will only be provided at Royal Stoke University Hospital as the patients are high risk and not suitable for day case surgery.

Quality

Commissioners must ensure that any change in service provision delivers clear quality improvements. The following have been identified as the key quality drivers for the improvement of haematology services, by moving them to Royal Stoke University Hospital and the New Cross Hospital in Wolverhampton:

• Continue and improve the quality of the inpatient experience
• Continue and improve patient outcomes and lower mortality rates
• Creation of centres of excellence with specialist staff and facilities.

There are multiple quality benefits arising from the proposed changes, including:

• Onsite support at RSUH including imaging, an intensive care unit (ICU), outreach radiotherapy, spinal cord compression pathways, haemodialysis and plasma exchange
• Greater opportunities for haematological nurse training and staff development within a larger team plus access to a bigger nursing roster
• Access to a clinical nurse specialist team with specialists in leukaemia, lymphoma, myeloma, haemophilia and transfusion
• Royal Stoke University Hospital is an approved teen and young adult (TYA) designated trust, providing a suitable environment for this group of patients together with access to peer reviewed TYA facilities and professionals, including a dedicated TYA social worker
• Newly developed fit for purpose facilities at Cannock Chase Hospital, delivering a range of chemotherapy and other day case interventions. The new haematology service will operate as a satellite of the well-established service at New Cross Hospital, supported by a dedicated team of specialist nursing and medical staff appointed specifically for this unit.

Financial challenge

As part of the Trust Special Administrators’ process, following the dissolution of the Mid Staffordshire NHS Foundation Trust, the two hospital trusts were awarded additional funding from the Department of Health/NHS England to support the transfer of services and estates.

If the transfer of services outlined in this consultation document is not implemented, then local clinical commissioning groups will have to meet the additional costs that will arise. The costs identified would be an additional staffing cost of £660,000 a year and a capital cost of £3.4million for the required updates at the County Hospital, of which £900,000 is needed to replace the existing beds as they are currently sited on a ward which is due to be redeveloped.
**Current Challenges**

The NHS is facing a number of operational challenges including difficulty in recruiting enough specialist staff at the right levels and for the long term. It is also expensive to operate one service in different locations to a high quality if only a small number of patients require that service.

**Providing the best health services for patients**

More importantly, however, as clinical commissioning groups, we have a duty to ensure we offer the best services we can to our local population. Therefore, the proposed move would benefit patients for the following reasons:

- **Increased patient choice**
  New patients from Cannock would have access to a more locally provided service. They would be given the choice to receive treatment, including access to services at either The Royal Wolverhampton NHS Trust or University Hospitals of North Midlands

- **Continuity of individual patient care**
  Patients currently receiving outpatient treatment in Stafford would be given the choice of remaining at County Hospital or transferring to a newly developed haematology service at Cannock Chase Hospital. Any of the patients in Stafford who would prefer to move would be supported by the development of individual patient plans to ensure continuity of care

- **Enhanced services for patients**
  A considerable investment is being made to provide a new chemotherapy unit at County Hospital, which is due to open in summer 2016

- **Access to better, more improved services**
  Centralising a small number of inpatient services would ensure access to state-of-the-art facilities and to a more specialist service at the Royal Stoke Hospital and New Cross Hospital; as recommended under the British Haematological Society’s classification guide

- **Better support and increased safety**
  All patients would have access to specialist support services, supporting improved patient safety as well as leading to continued improvements in patient outcomes and satisfaction

- **Access to specialist haematology health professionals and services**
  Patients would have access to a wider range of professionals and services such as advanced nurse practitioners, dietetics and therapies, as well as the services provided by a large acute hospital, such as critical care.
• **Approved Teen and Young Adult designated Trust**
  Patients will be able to access age appropriate facilities and professionals together with peer support and a dedicated social worker.

5. What are the **proposed changes** to the haematology service?

Inpatient haematology is a specialised service for a small cohort of patients who require a stay in hospital. It provides treatment for patients with blood disorders and cancers such as myeloma, lymphoma and leukaemia. The interventions used to treat these conditions, including aggressive chemotherapy, leave patients particularly vulnerable and therefore needing not only a suitable environment but also access to the right level of clinical expertise and support services.

The current service at the County Hospital is provided in two four-bed units on a general medical ward. There are 33 inpatient beds on a specialist unit at the Royal Stoke University Hospital as well as four trolleys in an assessment unit and two iodine rooms. There are a further 27 inpatient beds on a specialist unit at the New Cross Hospital in Wolverhampton, including six isolation rooms.

Our proposal is to change the provision of specialist inpatient haematology services by transferring the eight inpatient beds at County Hospital to the Royal Stoke University Hospital and New Cross Hospital. This would result in:

- 38 inpatient beds on a specialist unit at the Royal Stoke University Hospital - an increase of five beds
- 30 inpatient beds on a specialist unit at the New Cross Hospital in Wolverhampton – an increase of three beds switched to haematological use
- 2 step-down beds at the County Hospital in Stafford for patients to be transferred to when clinically appropriate

The proposed change to the provision of inpatient haematology services will enable us to provide a specialist haematology service with specialist staff and facilities, which would also be supported by a wide range of other hospital services. In addition, services for day case and outpatients in Stafford are being improved and a new chemotherapy suite at Cannock Hospital is scheduled to open during the summer of 2016.

6. **Who would be affected by the proposed changes?**

The proposed changes would be likely to affect around 80 patients who suffer from the particular disorders that need to be treated by the inpatient haematology service. The CCGs, UHN and RWT will be working closely with these patients, their families and carers to develop individual support plans where appropriate and necessary.

An extensive Health Equality Impact Assessment was undertaken and reported as part of the Mid Staffordshire TSA process. This assessment considered the impact of service changes on patients within the hospital catchment areas and secondly, the impact of specific changes on the related patient groups.
Many of the report’s findings, mitigating actions and recommendations demonstrate that there are similar impacts on patients, staff and visitors, for example, access, transport, travel and visitor access. It is intended, however, that further consultation will take place with staff and patients to establish whether there are any other factors that are specific to this staff and patient group that have not yet been identified or taken into consideration.

Mitigating actions previously introduced by the University Hospitals of the North Midlands means that the Trust recognises and promotes a number of subsidised transport schemes, provides free car parking to a number of patient groups and offers overnight accommodation stays for visitors supporting patients.

7. Assessment against TSA criteria

The table below presents the CCG’s self-assessment of the proposed options against the TSA evaluation criteria and its rationale. The proposed option to transfer has been developed as a result of extensive clinical and public engagement, which was part of the TSA review and forms part of its recommendations in relation to the future of specialist health services in Staffordshire. The assessment demonstrates that the option of doing nothing should be discounted, as it is neither financially nor clinically viable.

### CCG self-assessment of service change options against TSA evaluation criteria

<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<th>Option 1: Do Nothing</th>
<th>Comment</th>
<th>Option 2: Proposed Service Change</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation Criteria 1</td>
<td>No</td>
<td>• Year-on-year recruitment trends evidence a decline in attracting clinical expertise to County Hospital • Current service does not fully meet the British Society for Haematology guidelines (inc lack of immediate access to support services such as intensive care and specialist diagnostic services)</td>
<td>Yes</td>
<td>• Larger clinical pool and expertise • Increased patient numbers to improve clinical upskilling • Royal Stoke and New Cross hospital provision meets all standards (inc being located alongside support services such as intensive care and diagnostic services) • Sustaining Services Board held on 6 August 2015 agreed to temporary closure</td>
</tr>
</tbody>
</table>
| Evaluation Criteria 2 | Yes | • No change in access | Yes | • Activity for entire service (inc outpatients, day case and inpatients) is 10,541 (2014/15) • Approximately 83 pts affected (2014/15) • Approximately 114 admissions affected • Average LoS 11 days • Mitigating actions identified through initial
8. When would the proposed move take place?

The consultation is due to close on 27th October 2015. The CCGs will then review the feedback and make a decision at a joint meeting of the CCG governing bodies. If a decision is made to go ahead with the proposed move, changes will start to take place from the end of November 2015.

9. How can I have a say?

Your views are extremely important to us and will help determine how we work together to ensure that patients receive the best possible inpatient haematology service. We are keen to hear from patients, their carers, members of the public, clinicians, staff and local community representatives.

10. What happens next?

14 September – 27 October 2015

The formal consultation will go live, with online and face-to-face public engagement events scheduled to provide assurance and information to patients and the public.

November 2015

The CCGs will review the feedback received and make a decision at a joint meeting of the CCG governing bodies. If a decision is made to go ahead with the proposed move, changes will start to take place from the end of November 2015.

Due to the nature of the services included in the proposals and the relatively small number of patients who would be affected, the main focus of the consultation will be targeted at those patients, their carers and their families and the CCGs will be working with the University Hospitals of North Midlands NHS Trust to engage directly with them. We will also focus on engagement with staff within the haematology departments at both Trusts, to seek
their views on the proposals together with seeking independent guidance from specialists in the haematological field of medicine.

If you or someone you know might be affected by these proposed changes please take a few minutes to complete the consultation survey on the following page and send it to xxx.

You can also give us your views:
- Online at www.staffordsurroundsccg.nhs.uk
- Email to staffordccg.feedback@northstaffs.nhs.uk
- Telephone 01785 356944
- Come along to one of our information sessions on:
  - Wednesday 16th September, 6pm – 8pm at Aquarius Ballroom and Banqueting Suite, Hednesford
  - Tuesday 29th September, 6pm – 8pm at Stafford Gatehouse Theatre

To find out more, please refer to the proposed changes to the provision of specialist inpatient haematology services case for change (include link) and the TSA report (include link)
1. Firstly, please can you tell us about yourself.
   
   a) Are you:
      
      □ A patient receiving inpatient haematology treatment
         (please state at which hospital) _______________________________
      
      □ A carer for a patient receiving inpatient haematology treatment
         (please state at which hospital) _______________________________
      
      □ A family member of a patient receiving inpatient haematology treatment
         (please state at which hospital) _______________________________
      
      □ An interested member of the public
      
   b) Do you work or volunteer for a health-related organisation (e.g. NHS,
      Healthwatch etc.) or charity (Macmillan, Marie Curie, Cancer Research UK, etc.)?
      
      □ Yes (please specify which organisation) ___________________
      
      □ No
      
   c) Are you:
      
      □ An MP (please specify your local constituency)
      
      □ A local councillor (please specify your local constituency ward)___________
      
      □ (Other) please specify_______________________

2. Please provide your postcode below (this information is for analysis purposes and
   will not be able to identify you in any way).

   [Postcode]

3. Following the review of the service, we are proposing two possible options for the
   future of inpatient haematology services in Stafford and Cannock.

   i) To do nothing
   ii) To move these services from County Hospital to Royal Stoke University Hospital
       and New Cross Hospital in Wolverhampton on the grounds of patient safety and
       service sustainability.

   Are there any other options you think we should consider?

   □ Yes. Please tell us what you think other options might be:
      __________________________________________
No, the two options are fair.

4. As set out in Section 7 of the Public Consultation document, the CCG has assessed the proposal to move inpatient haematology services to the Royal Stoke and New Cross Hospitals against the TSA criteria. Do you feel that these criteria have been applied fairly?

☐ Yes
☐ No

If you feel the criteria has been unfairly applied please set out clearly why

Please add any further comments in the space below.

Equality and Diversity

Under Section 149 of the Equality Act 2010, Clinical Commissioning Groups must ensure that their actions are not discriminatory and that disadvantages experienced by patients due to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation are either removed or minimised as far as possible. Therefore, please can you tell us:

5. Which of the following do you consider yourself to be?
☐ Male
☐ Female
☐ Transgender
☐ Prefer not to say

6. What is your age?
☐ 0-15
☐ 16-24
☐ 25 – 34
☐ 35 – 44
☐ 45 – 54
☐ 55 – 64
☐ 65 – 74
☐ 75 – 84
☐ 85 +
7. What is your marital status?

☐ Single (never married and never registered in a same sex civil partnership)
☐ Married
☐ Separated, but still legally married
☐ Divorced
☐ Widowed
☐ In a registered same-sex civil partnership
☐ Separated, but still legally in a same-sex civil partnership
☐ Formerly in a same-sex civil partnership which is now legally dissolved
☐ Surviving partner from a same-sex civil partnership

8. Which of the following options best describes how you think of yourself?

☐ Heterosexual/straight
☐ Gay or lesbian
☐ Bisexual
☐ Other (please state)
☐ Prefer not to say

9. What is your religion

☐ No religion
☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
☐ Buddhist
☐ Hindu
☐ Jewish
☐ Muslim
☐ Sikh
☐ Any other religion, please describe

10. Are your day-to-day activities limited by a health problem or disability which has lasted, or is expected to last over 12 months?

☐ Yes, a lot
☐ Yes, a little
☐ No

11. What is your ethnic group (choose one option that best describes your ethnic group or background)?

**White**

☐ English / Welsh / Scottish / Northern Irish / British
☐ Irish
☐ Gypsy or Irish Traveller
☐ Any other White background, please describe ________________

**Mixed / Multiple ethnic groups**
☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other Mixed / Multiple ethnic background, please describe ________________

**Asian / Asian British**
☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Chinese
☐ Any other Asian background, please describe ________________

**Black / African / Caribbean / Black British**
☐ African
☐ Caribbean
☐ Any other Black / African / Caribbean background, please describe ________________

**Other ethnic group**
☐ Arab
☐ Any other ethnic group, please describe ________________

**Ensuring we are engaging well**

12. Are you aware of any groups who might be interested in being consulted on the proposed move?
☐ Yes (please specify) ________________
☐ No

13. Would you like to be informed of the outcome of the consultation, and be involved in other similar public involvement projects?
☐ Yes (please give us your contact details name, email address, tel. no.) ________________
☐ No

Thank you for completing this survey. Please return it to the **CSU COMMUNICATIONS & ENGAGEMENT FREEPOST address**.
Proposed changes to the provision of specialist inpatient haematology services at the County Hospital

Communications and Engagement Plan
1. Overview

In October 2014, the Mid Staffordshire NHS Foundation Trust was formally dissolved and services were transferred to University Hospitals of North Midlands NHS Trust and The Royal Wolverhampton NHS Trust. As part of this dissolution, the Trust Special Administrators (TSA) detailed a number of service moves that needed to take place in order to ensure clinical and financial sustainability. All of the proposed changes were validated by local clinical groups and a number of national clinical bodies including the relevant Royal Colleges. As these were major changes to service provision, the proposals were subject to extensive consultation with the public, GPs and other stakeholders in summer 2013 and a report was produced (see TSA Final Report Appendix 1). The proposals were signed off by the Secretary of State in February 2014.

The majority of the proposed service changes were mentioned explicitly, but some specialist services, including services for patients suffering from haematological conditions, such as myeloma, lymphoma and leukaemia, were not mentioned individually. However, the report did state that there was a need to transfer specialist services out of what is now County Hospital, because there is clear clinical evidence that some patients would benefit from specialist treatment at a specialist centre.

With the projected patient flow changes due to the new chemotherapy unit at Cannock Chase Hospital and additional inpatient facilities at The Royal Wolverhampton NHS Trust, a consultation is being undertaken to consider the proposal of the movement of haematology inpatient services from County Hospital. The current inpatient haematology service at County Hospital does not meet the required standards for the British Society for Haematology’s Level 2 standard of care and this is likely to become more difficult to achieve as it is proving increasingly difficult to recruit and retain clinical staff.

To ensure that commissioners and providers can evidence that a full debate has taken place about the proposed moves relating to these services and any decisions can stand up to scrutiny, a six-week consultation is being held on the specific move of inpatient haematology services from the County Hospital, building on the previous consultation and engagement work carried out by the TSA.

The consultation is being led by Stafford and Surrounds Clinical Commissioning Group, supported by the Midlands and Lancashire Commissioning Support Unit (CSU) and Healthwatch Staffordshire.

2. Aims and objectives

The aim of this plan is to establish the way in which we communicate and engage with staff, patients, stakeholders and the local population about the proposed move of services, clearly communicating reasons and benefits.

The communications and engagement plan will:

- Provide a clear and transparent rationale for the proposed service moves;
- Aim to reassure the patients about the services that will not be affected by the proposal;
- Encourage patient and staff feedback on the proposals;
- Encourage public feedback from the wider communities of Cannock Chase and Stafford and Surrounds;
- Ensure the public and key service users and carers are informed about how to access new services temporarily or in the future.
More specifically, the purpose of this plan is to:-

- Define outcomes in terms of communications and stakeholder engagement for the formal consultation programme;
- Define key high-level messages;
- Identify any communications risks and seek to address them;
- Identify key audiences and appropriate level of engagement;
- Identify the appropriate methods of delivery for communication and engagement, including timescales;
- Incorporate mechanisms for monitoring and evaluating the effectiveness of communications and feeding this intelligence back to the Task and Finish Group.

3. The Legislation

The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006, especially with regard to how NHS commissioners will function. These amendments include two complementary duties for clinical commissioning groups with respect to patient and public participation.

Section 242 states “Each relevant English body must make arrangements, as respects health services for which it is responsible, which secure that users of those services are, whether directly or through representatives, involved (whether by being consulted or provided with information, or in other ways) in:–

a) The planning of the provision of those services
b) The development and consideration of proposals for changes in the way those services are provided, and
c) Decisions to be made by that body affecting the operation of those services."

The duty applies if implementation of the proposal, or a decision (if made), would have impact on:-

a) The manner in which the services are delivered to users of those services, or
b) The range of health services available to those users.

A person is a “user” of any health services if the person is someone to whom those services are being, or may be provided.

4. Communications and Engagement: Approach and Delivery

This consultation intends to build upon the extensive work carried out by the Trust Special Administration (TSA) in the summer and autumn of 2013. It will identify what further actions are proposed to ensure that Commissioners and Providers can evidence that a full debate has taken place about the proposed moves related to these services and that any decisions stand up to scrutiny.

Due to the nature of the services included in the proposals and the relatively small number of patients who would be affected (83 recorded instances over a year period commencing April 2014), the main focus of the consultation will be targeted at those patients, their carers and their families. It will also target any staff within the haematology departments at both Trusts,
to seek their views on the proposals and seek independent guidance from specialists in these fields.

The NHS, however, has an obligation to inform and engage the wider public about any proposed changes; in particular those who may not be engaged through traditional methods. The consultation will therefore seek to communicate and engage with the wider populations of Cannock Chase and Stafford and Surrounds. The consultation with the wider public will be supported by Healthwatch Staffordshire.

Midlands and Lancashire CSU will lead all Communications and Engagement to ensure the public voice is heard, and information gathered is fed back to the Task and Finish Group.

All communications and engagement activities will be delivered over the course of six weeks, as recommended by the Healthy Staffordshire Select Committee. The consultation will be launched on Monday 14th September 2015 and run till Tuesday 26th October 2015.

5. Health Equality Impact Assessment (HEIA)

Stafford and Surrounds CCG will undertake additional HEIA work in August 2015 as part of its formal consultation process in line with the Equality Act 2010. To ensure that the consultation is fully informed and complementary to the Quality Impact Assessment the HEIA will inform the following areas:

- Provide an understanding of the impact on the health of the local population of the proposed move of haematology inpatient beds from County Hospital
- Assess the impact of the proposal on specific groups within the local population and staff
- Assess the impact of the proposal on patient travel times
- Quantify where possible the impact of the proposal and recommendations and gather additional evidence where required
- Make recommendations to the CCG on actions to potentially mitigate negative impacts and help develop positive impacts

The assessment process itself will have two strands of enquiry, one which focuses on Health and the second that will focus on Equity:

- Health - consideration of the health consequence of the changes and identification of its impact for the local population, with particular attention to those at increased risk of a negative impact
- Equity - consideration of the potential impact for those groups covered by the public sector equality duty, with a primary focus on age, disability, sex, and race (these are the prioritised “protected characteristics”)

The Impact Assessment Process can be found in Appendix 1 of this document.

6. Risks

- Timelines – relatively tight turnaround time and some of the processes required are not within the control of the CCGs i.e. regional and national sign off
- Previous consultation on service moves raised concerns about transport which has and will not change from current arrangements
- Proposals are likely to be perceived as further downgrading of County Hospital
- The proposals are not supported by the existing consultants, who will be in direct contact with patients during the consultation process
• Questions over patient choice need to be addressed versus the patient desire for continuity of care
• Possible perception of interim move (on grounds of safety) to be a fait accompli; public consultation is deemed to be tokenistic

7. **Key messages**

It is important that our messages are consistent to give the review a clear voice, and ensure that we are credible with all of our audiences. Wherever possible the key messages need to be backed up with specific detail, in particular on the numbers and types of patients who would be affected, or not.

Media coverage has created some confusion about what the proposals relate to and mixed messages for patients and the public. The key messages for the public about what will not be changing are:

- There would not be any change to the clinical haematology outpatient service, with the exception of the change in referral pathway, which is not subject to public consultation
- There would not be any change to the chemotherapy treatment unit, which provides day case services

There are also a number of communicable benefits associated with the proposed move of inpatient beds that need to be shared with patients.

- New patient referrals from Cannock Chase CCG will be given the choice to receive treatment, including access to services, at the Royal Wolverhampton NHS Trust or University Hospitals of North Midlands
- Haematology patients from Cannock Chase would have access to a more locally provided service
- Patients receiving outpatient treatment in Stafford would be given the choice of remaining at County Hospital or transferring to a newly developed haematology service at Cannock Chase Hospital. Any moves would be supported to provide continuity of care
- A considerable investment is being made to provide a new chemotherapy unit at County Hospital, which is due to open in summer 2016
- Only a small number of patients, carers and families would be directly affected by the proposals (approximately 83 patients per annum)
- Centralising a small number of inpatient services would ensure access to state-of-the-art facilities and to a more specialist level 3 service at the Royal Stoke Hospital; as recommended under the British Haematological Society’s classification guide
- All patients would have access to specialist support services, which enables greater patient safety as well as leading to continued improvements in patient outcomes and satisfaction. The safety issues relate to the support for patients with bone marrow suppression, specifically neutropenia and potential for sepsis and deterioration.
- Patients would have access to a wider range of professionals such as advanced nurse practitioners, dietetics and therapies, as well as the services provided by a large acute hospital, such as critical care
• Significant consultation took place with the public and other stakeholders as part of the Trust Special Administrator process and this information is still valid and has been used to inform these proposals

• There are financial implications of the ‘do nothing’ option

• There is a future risk to clinical sustainability and patient safety due to the difficulty in maintaining the required staffing levels together with the lack of appropriate facilities.

8. Key stakeholders

The focus of the consultation will be with those who would be directly affected by the proposed changes, whether patients or staff, and also those who will be involved in the decision making process at the end of the consultation. These include:

• Patients (service users), carers and families
• Provider staff including consultants and nursing staff in Haematology
• Cannock Chase and Stafford & Surrounds CCGs’ Membership Boards
• Cannock Chase and Stafford & Surrounds CCGs’ Governing Bodies
• Clinical Oversight Group
• Healthy Staffordshire Select Committee (OSC)
• Local/MPs Councillors
• NHSE Regional/National
• Healthwatch
• General Public - including District and Network Patient Participation Groups
• Support Stafford Hospital and Champion Stafford Hospital Community
• Third Sector

9. 360 degrees Communications and Engagement

Central Midlands CSU Communications and Engagement Team offer end-to-end communications of service.

For the purpose of this consultation, we estimate that the Engagement, Media and Digital and Design teams will be most involved alongside the CCG Engagement Leads and our Account Managers, who are embedded within the two CCGs.

CSU Engagement Leads are familiar with, and have helped set up, the internal and external communications channels and will work with CCG leads to identify local key stakeholders.

Media: management of press, media and other non-paid communications channels.

Stakeholder relations: having a structured approach to stakeholder communications, ensuring that our activities cover all of our audiences. This includes an audit with the aim of understanding key concerns of major stakeholders and engaging with partner organisations.

Digital: digital media will be a major channel for delivering information, for both internal and external audiences. This will include social media and web presence including general information about the proposed move, news and updates.
**Engagement:** Local engagement will also be carried out via CCG and with partner organisations through existing Patient and Public Involvement channels, as well as through the provider Trust.
## Communications and engagement actions

<table>
<thead>
<tr>
<th>Delivery</th>
<th>Formal consultation</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Insight</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Review and reconfirm CCG stakeholder map</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; July</td>
<td>AE</td>
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<tr>
<td></td>
<td>Liaise with UHNM and RWT to identify individual patients and staff who would be affected by the proposals and appropriate ways in which to engage with them.</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; July</td>
<td>GA/DB/AE</td>
</tr>
<tr>
<td></td>
<td>Identify key internal and external meetings to be targeted during the consultation (including CCG, Trust, OSC) and identify relevant people to attend</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; July</td>
<td>AE/JB</td>
</tr>
<tr>
<td></td>
<td>Reconfirmation of engagement/distribution channels across CCGs and the Provider Trusts</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; July</td>
<td>AE/LL</td>
</tr>
<tr>
<td></td>
<td>Draft and approval of consultation questionnaire for approval</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; July</td>
<td>JS/AE</td>
</tr>
<tr>
<td></td>
<td>Create and upload online version of questionnaire</td>
<td>w/c 31&lt;sup&gt;st&lt;/sup&gt; Aug</td>
<td>CSU - DP</td>
</tr>
<tr>
<td></td>
<td>Engage with Healthwatch Staffordshire to support the consultation with the wider population – identify any gaps in stakeholder engagement</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; July</td>
<td>AE/JB</td>
</tr>
<tr>
<td></td>
<td>Evaluation of feedback</td>
<td>26&lt;sup&gt;th&lt;/sup&gt; Oct – 9&lt;sup&gt;th&lt;/sup&gt; Nov</td>
<td>CSU/JS</td>
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<tr>
<td><strong>Engagement</strong></td>
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<td></td>
<td>Detail engagement activities on a week by week basis throughout the six week consultation</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; July</td>
<td>AE</td>
</tr>
<tr>
<td></td>
<td>Arrange and book appropriate venues for wider public events</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; July</td>
<td>AE</td>
</tr>
<tr>
<td></td>
<td>Identify engagement opportunities, working with CCG Engagement/PPI leads to promote the consultation</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; July</td>
<td>AE</td>
</tr>
<tr>
<td></td>
<td>Undertake Health Equality Impact Assessment</td>
<td>August</td>
<td>JB</td>
</tr>
<tr>
<td></td>
<td>Facilitate patients and public engagement event</td>
<td>14&lt;sup&gt;th&lt;/sup&gt; Sept – 26&lt;sup&gt;th&lt;/sup&gt; Oct</td>
<td>AE/JS</td>
</tr>
<tr>
<td></td>
<td>Facilitate engagement with staff employed in the service areas which would be directly affected by these changes</td>
<td>14&lt;sup&gt;th&lt;/sup&gt; Sept – 26&lt;sup&gt;th&lt;/sup&gt; Oct</td>
<td>GA/DB</td>
</tr>
<tr>
<td>Delivery</td>
<td>Media management</td>
<td>Formal consultation</td>
<td>Timeline</td>
</tr>
<tr>
<td>----------</td>
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<td>----------</td>
</tr>
<tr>
<td></td>
<td>Proactive and reactive media management, to include the following:</td>
<td>Development of communications message to all key stakeholders</td>
<td>15th July</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Update and promotion of revised FAQ's to complement communications message</td>
<td>15th July</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Liaise with UHNM to draft case studies of existing patients – to include impact of transport on carers and their families</td>
<td>15th July</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify reputational risks, advise on media handling and prepare responses</td>
<td>25th Aug</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Briefing and preparation for OSC presentations</td>
<td>21st Sept</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide a first point of contact and lead for the management of all media enquiries</td>
<td>14th Sept – 26th Oct</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Draft news release and issue to key media</td>
<td>14th Sept – 26th Oct</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Draft responses to media enquiries and secure sign-off</td>
<td>14th Sept – 26th Oct</td>
</tr>
<tr>
<td></td>
<td>Design and digital</td>
<td>Management of all online/web based communications</td>
<td>14th Sept – 26th Oct</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and delivery of updates via social media, where applicable (Twitter)</td>
<td>14th Sept – 26th Oct</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Design and print of consultation document</td>
<td>14th Sept – 26th Oct</td>
</tr>
<tr>
<td></td>
<td>Communications Lead</td>
<td>Overall day-to-day management of all regular internal and external communication channels to create awareness and understanding of the engagement</td>
<td></td>
</tr>
</tbody>
</table>

**Appendix 4**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>JB</td>
<td>Jonathan Bletcher</td>
</tr>
<tr>
<td>AE</td>
<td>Adele Edmondson</td>
</tr>
<tr>
<td>GA</td>
<td>Gill Adamson</td>
</tr>
<tr>
<td>DB</td>
<td>Dani Baker</td>
</tr>
<tr>
<td>LL</td>
<td>Liz Limbert</td>
</tr>
<tr>
<td>JS</td>
<td>Jan Sensier</td>
</tr>
<tr>
<td>CSU</td>
<td>Commissioning Support Unit</td>
</tr>
<tr>
<td>JT</td>
<td>James Turner</td>
</tr>
<tr>
<td>RS</td>
<td>Robin Scott</td>
</tr>
<tr>
<td>Stakeholder</td>
<td>Engagement Activity</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Patients, carers and families</td>
<td>Liaise with RWT/UHNM/Healthwatch to arrange patient engagement events</td>
</tr>
<tr>
<td></td>
<td>Letter to all County Haematology patients explaining proposed changes and invite to patient pre-engagement events (for purposes of pathway changes) plus engagement events as part of consultation</td>
</tr>
<tr>
<td></td>
<td>Patient Pre-Engagement events</td>
</tr>
<tr>
<td></td>
<td>Open evenings at RWT and UHNM</td>
</tr>
<tr>
<td></td>
<td>Patient Engagement events (combined with public events)</td>
</tr>
<tr>
<td></td>
<td>Cannock – Aquarius Ballroom, Hednesford</td>
</tr>
<tr>
<td></td>
<td>Stafford – Gatehouse Theatre</td>
</tr>
<tr>
<td></td>
<td>Discharge summaries for inpatient transfer/post treatment period</td>
</tr>
<tr>
<td></td>
<td>Feedback discussions with all patients moved to highlight any lessons learned</td>
</tr>
<tr>
<td>Provider staff consultants/nursing staff</td>
<td>Staff engagement has been undertaken over the last six months and as part of the Trust’s Management of</td>
</tr>
<tr>
<td>Appendix 4</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>Change process for clinical haematology at County, both group and 1:1 meetings have been offered to all staff and held with those who have attended</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NHS England – Region</th>
<th>All consultation documents to be submitted to NHS England</th>
<th>20th July</th>
<th>Andrew Donald</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NHS England panel convened to consider and sign off consultation documents</td>
<td>7th Aug</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Regional sign off by NHS England</td>
<td>25th Aug</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stafford &amp; Surrounds Membership Board</th>
<th>Initial briefing about the proposal to be presented to Members</th>
<th>7th July</th>
<th>Dr Paddy Hannigan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consultation document to be shared with members once approved by NHS England Regional Team</td>
<td>w/c 24th Aug</td>
<td>Dr Paddy Hannigan/Adele Edmondson</td>
</tr>
<tr>
<td></td>
<td>Formal consultation with members</td>
<td>6th Oct</td>
<td>Dr Paddy Hannigan</td>
</tr>
<tr>
<td></td>
<td>Update on the outcome of the consultation to be presented</td>
<td>3rd Nov</td>
<td>Dr Paddy Hannigan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cannock Chase Membership Board</th>
<th>Initial briefing about the proposal to be presented to Members</th>
<th>8th July</th>
<th>Dr Mo Huda</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consultation document to be shared with members once approved by NHS England Regional Team</td>
<td>w/c 24th Aug</td>
<td>Dr Mo Huda/Adele Edmondson</td>
</tr>
<tr>
<td></td>
<td>Formal consultation with members</td>
<td>13th Oct</td>
<td>Dr Mo Huda</td>
</tr>
<tr>
<td></td>
<td>Update on the outcome of the consultation to be presented</td>
<td>11th Nov</td>
<td>Dr Mo Huda</td>
</tr>
</tbody>
</table>

| GPs – wider engagement | Consultation document to be shared with all GP | 14th Sept | Adele Edmondson |


<table>
<thead>
<tr>
<th>Stafford &amp; Surrounds Governing Body</th>
<th>Consultation document to be forwarded to members</th>
<th>w/c 24th Aug</th>
<th>Gill Hackett</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Formal consultation with members (confidential section of development session)</td>
<td>/22nd Sep</td>
<td>Andrew Donald/Paddy Hannigan/ Jonathan Bletcher</td>
</tr>
<tr>
<td></td>
<td>Joint Governing Body (GB) Meeting to make a decision based on feedback from the consultation (SaS Organisation Development GB Session)</td>
<td>Nov</td>
<td>Andrew Donald/Mo Huda/Jonathan Bletcher/Paddy Hannigan</td>
</tr>
<tr>
<td>Cannock Chase Governing Body</td>
<td>Consultation document to be forwarded to members</td>
<td>w/c 24th Aug</td>
<td>Gill Hackett</td>
</tr>
<tr>
<td></td>
<td>Formal consultation with members (confidential section)</td>
<td>/1st Oct</td>
<td>Andrew Donald/Mo Huda/Jonathan Bletcher</td>
</tr>
<tr>
<td></td>
<td>Joint Governing Body (GB) Meeting to make a decision based on feedback from the consultation (SaS Organisation Development GB Session)</td>
<td>Nov</td>
<td>Andrew Donald/Mo Huda/Jonathan Bletcher/Paddy Hannigan</td>
</tr>
<tr>
<td>CCG Staff</td>
<td>Consultation document to be shared with all CCG staff including link to online survey</td>
<td>14th Sept</td>
<td>Adele Edmondson</td>
</tr>
<tr>
<td></td>
<td>Add consultation document and survey to Intranet</td>
<td>14th Sept</td>
<td>Adele Edmondson</td>
</tr>
<tr>
<td></td>
<td>Articles included in CCG News in Brief</td>
<td>From 14th Sept</td>
<td>Adele Edmondson</td>
</tr>
<tr>
<td>Clinical Oversight Group</td>
<td>Kay Fradley to arrange and advise</td>
<td></td>
<td>Kay Fradley</td>
</tr>
<tr>
<td>Healthy Staffordshire Select</td>
<td>Consultation document to be forwarded to HSSC</td>
<td>w/c 24th Aug</td>
<td>Adele Edmondson</td>
</tr>
<tr>
<td>Committee (HSSC)</td>
<td>following sign off</td>
<td>21st Sept</td>
<td>Andrew Donald/Jonathan Bletcher</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------</td>
<td>-----------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Stafford MP – Jeremy Lefroy</td>
<td>Face to face briefing</td>
<td>TBA</td>
<td>Andrew Donald/</td>
</tr>
<tr>
<td>Cannock MP – Amanda Milling</td>
<td>Face to face briefing</td>
<td>TBA</td>
<td>Andrew Donald/</td>
</tr>
<tr>
<td>Local Councillors</td>
<td>Consultation document to be forwarded to councillors following sign off</td>
<td>14th Sept</td>
<td>Adele Edmondson</td>
</tr>
<tr>
<td>Healthwatch Staffordshire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannock Network PEGs</td>
<td>Members to be invited to public engagement event</td>
<td>After 14th Sep</td>
<td>Adele Edmondson</td>
</tr>
<tr>
<td></td>
<td>Consultation with members of the Network PEGs: Rugeley – briefing at the meeting with document to follow after 14th Sept) Great Wyrley, Cheslyn Hay, Norton Canes &amp; Essington briefing at the meeting with document to follow after 14th Sept) Cannock Town</td>
<td>2nd Sept</td>
<td>Jonathan Bletcher/Shirley Goodchild</td>
</tr>
<tr>
<td></td>
<td>Update on the outcome of the consultation to be presented Rugeley Great Wyrley, Cheslyn Hay, Norton Canes &amp; Essington Cannock Town</td>
<td>10th Sept 24th Sept</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2nd Dec 17th Dec</td>
<td></td>
</tr>
<tr>
<td>Stafford District PPG</td>
<td>Members to be invited to public engagement event</td>
<td>After 14th Sep</td>
<td>Adele Edmondson</td>
</tr>
<tr>
<td></td>
<td>Consultation with members at the District PPG Meeting briefing at the meeting with document to follow after 14th Sept)</td>
<td>9th Sept</td>
<td>Jonathan Bletcher/Shirley Goodchild</td>
</tr>
<tr>
<td>3rd Sector groups</td>
<td>Update on the outcome of the consultation to be presented</td>
<td>9th Dec</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------------------------------------------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td><strong>Support Stafford Hospital</strong></td>
<td>Healthwatch to facilitate meeting with Support Stafford Hospital group</td>
<td>Andrew Donald/ Jonathan Bletcher/Jan Sensier</td>
<td></td>
</tr>
<tr>
<td><strong>Champion Stafford Hospital Community</strong></td>
<td>Face to face meeting with the Champion Stafford Hospital Community Group Information included on the group’s Facebook Page</td>
<td>9th Sept Adele Edmondson</td>
<td></td>
</tr>
<tr>
<td><strong>General Public</strong></td>
<td>Consultation information to be added to the two CCG Websites including FAQs, Consultation Document and on-line survey Consultation document to be circulated to CCG Databases – including invitation to public engagement events Patient and Public Engagement events Cannock – Aquarius Ballroom, Hednesford Stafford – Stafford Gatehouse Theatre</td>
<td>14th Sept Adele Edmondson 14th Sept Adele Edmondson 16 Sep 6pm till 8pm Andrew Donald/ Jonathan Bletcher/ Mo Huda/ Ian Chamberlain/ Healthwatch 29th Sep – 6pm till 8pm Andrew Donald/ Jonathan Bletcher/ Paddy Hannigan/ Ian Chamberlain’s equivalent at RWT/ Healthwatch</td>
<td></td>
</tr>
</tbody>
</table>
The impact assessment being undertaken will be based on DH’s guidance; this guidance proposes a five-stage process as summarised below in Table 1.

Table 1: Summary of the DH’s HEIA process

<table>
<thead>
<tr>
<th>Stage 1:</th>
<th>Stage 2:</th>
<th>Stage 3:</th>
<th>Stage 4:</th>
<th>Stage 5:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>Identify health impacts</td>
<td>Identify impacts with important health outcomes</td>
<td>Quantify or describe important Health Impacts</td>
<td>Recommendations to achieve most health gains</td>
</tr>
<tr>
<td>Screening questions are used to decide whether to proceed to further stages.</td>
<td>A long list of all the potential impacts on the health of the population is identified These impacts could be major or less serious, direct or indirect and occurring at any stage of the implementation of the policy</td>
<td>The most important health impacts These impacts may impact on the whole population or on specific groups (defined by age, ethnicity/race, religious belief, etc.) The impacts may be difficult to remedy or have an irreversible impact and/or cause a great deal of public concern The impacts may be medium to long term</td>
<td>A qualitative or quantitative judgement is made about the important health impacts This could cover the potential costs and benefits, how health varies in different circumstances and why</td>
<td>Recommendations are given on how to amend the policy to deliver the greatest possible health gain for the population in relation to the overall costs of the policy</td>
</tr>
</tbody>
</table>
Appendix 4

To support the completion of the HEIA a local Task and Finish group has been formed. Members include the Chief Officer, Chair and Director of Strategy of Stafford & Surrounds CCG; Director of Quality and Nursing at NHS England, Head of Performance and Delivery at the Trust Development Authority, Deputy Director of Finance at UHNM, Hospital Director of County Hospital, Director of Operations at County Hospital and Chief Executive of Healthwatch. It also includes representatives from the communications and engagement workstream.

It is the considered view of the Group that where appropriate, this assessment should draw on the work undertaken as part of the Mid Staffordshire Foundation Hospital Trust Special Administrator (TSA’s) process. Therefore stages one and two of the HEIA will draw on the work of the Mid Staffordshire Foundation Hospital Trust HEIA Steering Group and the published report (2013) (reference) updated as appropriate, this will include:

- An initial analysis of the local population and its health needs;
- Further analysis of the local population based on a variety of datasets to provide descriptions of this population by protected and other characteristics;
- Analysis of the available evidence to prioritise the protected and other characteristics for further analysis.

**Summary of Stages 3 to 5**

A summary of stages three to five and the analysis that will be undertaken is set out below; details of the approach to patient, staff and public engagement can be found in the Communications and Engagement Plan.

**Stage 3: Identify impacts with important health outcomes:**

- Analysis and engagement with patients, staff and stakeholders to understand the implications on the identified impact areas arising from the proposal to move services
- Further analysis and engagement with patients, staff and stakeholders to understand the implications of the proposal for people with protected and other characteristics

**Stage 4: Quantify or describe important health impacts:**

- Further analysis to understand the impacts of the proposed changes to access to healthcare, including travel times
- Analysis of potential impact for existing staff of at the County Hospital who fall within the scope of the protected and other groups

**Stage 5: Recommendations to achieve most health gains:**
Appendix 4

- Synthesising the above to identify and clarify mitigating actions for negative impacts and developments to strengthen positive impacts

To ensure that the impact of any proposed changes are identified and described in both qualitative and quantitative terms (including the impact on health outcomes and access respectively) and to be able to provide objective recommendations on how the negative impacts can be minimised and the positive impacts enhanced, the CCG will adopt Maxwell’s Dimensions of Quality as its framework for assessment of the health impacts. (Ref) Maxwell (RJ Maxwell 'Dimensions of Quality Re-visited' in Quality in Health Care 1992 1:171-177)

Framework for assessing health impacts

This framework is based on the assertion that quality in health care is multidimensional and covers six areas: effectiveness, acceptability, efficiency, access, equity and relevance. These are summarised below:

**Effectiveness**

Is the treatment given the best available in a technical sense, according to those best equipped to judge? What is their evidence? What is the overall result of the treatment?

**Acceptability**

How humanely and considerately is the treatment/service delivered? What does the patient think of it? What would/does an observant third party think of it (“How would I feel if it were my nearest and dearest?”)? What is the setting like? Are privacy and confidentiality safeguarded?

**Efficiency**

Is the output maximised for a given input or (conversely) is the input minimised for a given level of output? How does the unit cost compare with the unit cost elsewhere for the same treatment/service?

**Access**

Can people get this treatment/service when they need it? Are there any identifiable barriers to services – for example distance, waiting times, opening times or straightforward breakdowns in supply?

**Equity**
Is this patient or group of patients being fairly treated relative to others? Are there any identifiable failings in equity – for example, are some people under-represented in service usages?

**Relevance**

Is the overall pattern and balance of services the best that could be achieved, taking account of the needs and wants of the population as a whole?

Appendix 5

Proposed changes to the provision of specialist inpatient haematology services at the County Hospital

The British Society for Haematology’s guidelines on levels of care relating to the provision of facilities for patients with haematological cancer
<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2a</th>
<th>Level 2b</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient facilities</strong></td>
<td>Access to day case unit with blood transfusion facilities</td>
<td>Haemato-oncology day unit with facilities for isolation, IV infusions and transfusions</td>
<td>Haemato-oncology day unit with facilities for isolation, long duration IV infusions and transfusions</td>
</tr>
<tr>
<td><strong>Inpatient facilities</strong></td>
<td>Access to beds in facility</td>
<td>Specific beds on site on one dedicated ward. Access to single rooms with en-suite facilities.</td>
<td>Isolation facilities (en suite) in ward designated for haematology patients. Ability to administer overnight chemotherapy infusions.</td>
</tr>
<tr>
<td><strong>Support Services</strong></td>
<td>Access to specialist pharmacist</td>
<td>Access to specialist pharmacist</td>
<td>Dedicated haemato-oncology pharmacist.</td>
</tr>
<tr>
<td>Access to ITU</td>
<td>Access to ITU</td>
<td>Access to ITU</td>
<td>On site ITU</td>
</tr>
<tr>
<td>Access to dialysis/haemofiltration</td>
<td>Access to dialysis/haemofiltration</td>
<td>Access to microbiologist</td>
<td>On site dialysis/haemofiltration</td>
</tr>
<tr>
<td>Access to microbiologist</td>
<td>Access to microbiologist</td>
<td>Access to leucopheresis</td>
<td>Access to microbiologist</td>
</tr>
<tr>
<td>Access to leucopheresis</td>
<td>Access to leucopheresis</td>
<td>Access to bronchoscopy/ respiratory</td>
<td>Access to leucopheresis</td>
</tr>
<tr>
<td>Access to bronchoscopy/ respiratory</td>
<td>Access to bronchoscopy/ respiratory</td>
<td>Access to CT/MRI-ideally on site</td>
<td>Access to bronchoscopy/ respiratory</td>
</tr>
<tr>
<td>Access to CT/MRI</td>
<td>Access to CT/MRI-ideally on site</td>
<td>Access to CT/MRI</td>
<td>On site CT/MRI</td>
</tr>
<tr>
<td>Access to interventional radiology</td>
<td>Access to interventional radiology</td>
<td>Access to interventional radiology</td>
<td>On site interventional radiology</td>
</tr>
<tr>
<td>Access to CT/MRI-ideally on site</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>