

# Outline submission in response to the proposed acquisition of Trafford Healthcare NHS Trust

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## Summary Response by

University Hospital of South Manchester   
NHS Foundation Trust





(Nye Bevan welcoming the first patient at Park Hospital, 5<sup>th</sup> July 1948)

## Introduction

On July 5 1948, the then Health Secretary, Nye Bevan looked on as a 13-year-old girl became the first patient to benefit from free and comprehensive medical treatment under the National Health Service. That historic moment heralded the start of a long and proud tradition for Trafford Healthcare NHS Trust (THT). Its history as the birthplace of the NHS is well documented and over the years it has consistently performed well and provided high quality services to patients in the community it serves.

Now, 63 years on, it is being asked to consider writing a new, and perhaps opportune, chapter in its history as the Government prepares to implement significant health reforms. All NHS organisations need to make big savings over the next few years and the Board at Trafford have quite rightly identified that the fixed costs associated with being a small, independent Trust mean it would be very difficult to make these savings without affecting the quality of patient care.

A partnership between Trafford and neighbouring UHSM (University Hospital South Manchester) would answer the challenges that we both face. UHSM is a major acute teaching hospital and is recognised as a centre of clinical excellence. We provide specialist tertiary services and also hospital and community services to the local population of Trafford and South Manchester. And, with established and effective partnerships with commissioners and stakeholders across Trafford, we believe that by combining our expertise, and playing to our strengths, will ensure that any new organisation that emerges is both high performing and responds effectively to the needs of all patients.

Our proposition is to continue to provide locally accessible services from the Trafford General Hospital site (TGH), from the new Altrincham General, in Stretford and at Wythenshawe Hospital.

Trafford is served by a vibrant emergency department. It has a high quality respiratory team that is yet further engaged in change as part of integrated care work. The gastroenterology and colorectal cancer service is renowned and has some of the best outcomes for patients in the region. The diabetes service is able to demonstrate what could be possible for patients when Consultants work in extended primary care and the rheumatology service is established and well respected. Senior Consultants in orthopaedics are acknowledged for their innovative work and the haematology team enjoys an enviable reputation. This list is by no means exhaustive, but it attempts to recognise that we are wholly convinced the issues in Trafford are financial and not related to the quality of service or the quality of those providing the service.

UHSM is already commissioned by NHS Trafford to provide residents with a wide range of high quality services. This opportunity offers both our organisations the possibility of extending the provision of high quality, safe and effective services to all our residents, increasing geographical reach and developing even more robust and integrated commissioner relationships to drive efficiencies and economies of scale to improve healthcare provision. We believe that UHSM will benefit from the significant experience that THT has in working with GPs and other local key stakeholders on the continued development of integrated services in Trafford and wish to be the partner to help deliver the collective aspirations for the future.

We believe that there are many opportunities to build on THT's achievements. By integrating our loyal and dedicated workforces we will be able to ensure that the creative work with community partners to provide integrated services continues to give opportunities to expand service provision. We believe that, through teamwork, the combination of our organisational cultures will ensure that the new combined Trust delivers excellent care for patients and signal a new era in the NHS.

## 1 Our vision

This process offers a unique opportunity to deliver better care for patients served by the hospital that was the birthplace of the NHS to be the starting point for an exciting new health system. Our ambition is that this system will be cherished by local patients and admired across the wider NHS.

Our approach to the opportunity provided in Trafford is about recognising that the only way to deliver affordable and effective care into the future is to work as hard as we can to help people stay healthier, more independent and in control of their own wellbeing. Fundamentally this is about building on the excellent work already delivered in Trafford and which we have started in South Manchester to develop a system of integrated care.

To ensure that patients are provided with the quality of healthcare and the support they need into the future, at a cost that is realistic and affordable in these difficult financial times, we need to work together with our partners in care. We need to think creatively and more radically than before.

We believe that we must ensure clinically sound and financially viable healthcare for patients and tax payers, over the next few years. This means a guarantee of access to a range of excellent health care services for Trafford and South Manchester patients, provided in both localities for the future.

We aspire to be part of a health system in Trafford built off the GP registered list. To achieve this we will need hospital based services to be much more proactive putting the professionals and their skills as close to patients as possible, both in our neighbourhoods and in our communities. We want to see hospital physicians being used to prevent illness, particularly by using their skills and expertise to support management by GPs in primary care. We have been working with THT clinicians to do this as part of the integrated care system and we are working in Manchester to do this as part of our Transforming Community Services programme.

This process offers an opportunity for THT and UHSM to facilitate improvements in quality and outcomes through the accelerated adoption of best practice models of care, the best that we can collectively offer through the combined efforts of our most important resource, namely our staff.

With this in mind our initial vision for the future of a combined entity is to:

***Work with patients and partners to deliver care that is integrated across Trafford and South Manchester to provide the best possible care, in safe and accessible settings at the most appropriate cost***

We believe it is important that the Trafford identity is maintained. Under our plans Trafford General Hospital will keep its name and local focus. At the same time we will explore changing the name of UHSM to something that shows that we provide both hospital and community services in Trafford and in South Manchester.

## 2 Working with local stakeholders

Trafford and South Manchester have much in common both as geographies and as healthcare organisations. Both organisations have a strong and proud history as NHS providers of care, particularly in Trafford as the birthplace of the NHS.

Aside from the strong clinical relationships which exist and which will be described below, UHSM understands and has established mechanisms to listen to the voice of patients and the public in Trafford. In addition to the service commonalities which already exist, the patients whom our clinicians see often come from the same areas. A significant proportion of patients already seen in UHSM live in Trafford and in some cases are seen at TGH as Outpatients and for diagnostic tests before being referred to UHSM for surgery.

In terms of involving patients and member views our influential Council of Governors has three members from Trafford, members of the public who already work with us to ensure we deliver the highest standards of care and performance for all our patients. The voice of Trafford residents is

already heard within the leadership arrangements for UHSM. Many of these members have already spoken to us about their hope that UHSM can work even more closely with Trafford over the next few years. We have 1437 members from Trafford, residents of the Borough who we already communicate with on a frequent basis and who tell us what they think of our, and more generally the health services they access. We would recognise that in the future we would wish to pay particular attention to the patients in the north of the borough (including residents of Partington) and patients that are traditionally hard to reach. Any future arrangement would build on these strong and inherent foundations to ensure that the voice and influence of Trafford residents was heard in the planning and development of a new combined organisation.

Our relationship with Trafford Metropolitan Borough Council is very strong and we have had regular and lengthy discussions with them over the past months about our vision for healthcare in Trafford. We know that they are keen for UHSM to play an important and significant role in the future of NHS services in Trafford.

Hospital clinicians from UHSM and Trafford have been successfully working together over a number of years to deliver federated services in a number of areas, including urology, ENT and upper gastrointestinal surgery. Additionally and more recently Trafford and UHSM have worked together to ensure the successful integration of maternity and paediatric services as part of the 'Making It Better' proposals across Greater Manchester.

Some of these recent changes have not been easy and there have been tensions. However the general commitment and shared understanding on the part of both organisations has been to ensure the highest possible standards of patient care and this commitment has enabled us to work through the operational challenges any service change poses. Even more recently, UHSM is now working hard with Trafford colleagues to deliver some pathology services, with some Trafford staff having already transferred to UHSM. These collaborations lay a bed rock for future, deeper partnership, which we know many Trafford and UHSM clinicians are keen to take further.

Not only are there strong relationships across many secondary care disciplines, there are also strong relationships with primary care between UHSM and Trafford. The historical and often strong personal relationships between GPs and other primary care clinicians and UHSM has been emboldened in recent years by the active participation of UHSM clinicians in the development of the integrated care system vision for Trafford. A number of UHSM clinicians have been working with Trafford colleagues on refined pathways as part of the Clinical Redesign Panels and this continues. We have worked closely with a Trafford GP in the development of this submission to ensure that it chimes with the needs of GPs and their teams in Trafford.

In summary UHSM believes that the described commonalities between the two organisations and the proven track record UHSM has of delivering complex change, strong financial and service performance and cultural change equips it well to being the provider of choice to take Trafford Healthcare Trust forward into a new domain, building on its own successes and history.

### **3 Description of the combined service model**

We have considered a number of configuration options for the retention of key services in Trafford. In assessing their suitability / viability the following criteria have been used:

- Services must be clinically safe and viable;
- Services must ensure that access to NHS services must be equitable to the Trafford catchment area;
- Services must ensure the effective use of resources; and, consequently
- Services must be affordable.

#### 4 Service locations

Our proposition is simple. Those services presently provided in Altrincham General Hospital (AGH) will continue to be provided there. Those services provided at Stretford Memorial Hospital will be secured and provided locally in Stretford. The outpatient and diagnostics services presently provided at Trafford General Hospital will continue to be provided there.

We would wish to work with local transport leaders and patients to understand any public transport issues relating to our proposals. As part of our proposition we would guarantee to maintain free car parking at the TGH site for the next period.

We would enhance the services offered at the TGH site by inviting a local GP Practice the opportunity to move their practice onto the site. We believe this would be a good use of available space and would enable us to focus on developing an infrastructure to support primary care.

#### 5 Our outline proposals

Service	Commissioning Intentions (provided by NHS Trafford)	Our response
<b>Out Patients</b>	<ul style="list-style-type: none"> <li>• <i>Through the integrated care strategy we intend to commission the shift of the balance of provision of care away from the traditional out patient model to locally accessible primary and community based care, when appropriate supported by Consultant opinion that is rapidly and easily available.</i></li> <li>• <i>The traditional out patient model will still be required to a lesser extent and should be locally accessible.</i></li> </ul>	<ul style="list-style-type: none"> <li>• We propose that current outpatient services provided from TGH, AGH and in Stretford remain unchanged in terms of range and extent of services provided. This will be important to maintain access to holistic local care for Trafford patients. We acknowledge that as the model for Integrated Care evolves these services will change and may be delivered in a different way – in GP practices, health centres and virtually.</li> <li>• We do acknowledge that the commissioners have stated in the prospectus that they wish to see Consultant opinion integrated into community services and primary care. We support this ambition and so whilst the range of services is appropriate, we recognise the method of operation and contractual arrangements for these services will need to change.</li> <li>• These services will evolve over time as medical technology progresses and we will constantly review the services provided. We see the provision of outpatient services as a means of providing a fair and equitable access to NHS services for the Trafford catchment area.</li> </ul>
<b>Emergency Care</b>	<ul style="list-style-type: none"> <li>• <i>In order to ensure that the population of Trafford has access to high quality emergency care services we would want to engage with providers in considering appropriate models of care.</i></li> <li>• <i>We would wish to discuss with providers their views on the possible configuration of emergency / urgent care services to provide for the people of Trafford. This would include providers' views on the requirement for access to HDU or ICU beds and support functions associated with emergency care.</i></li> </ul>	<ul style="list-style-type: none"> <li>• We will continue to operate the current Emergency Department.</li> <li>• THT has already indicated that it does not intend to service major trauma cases in the future. We will participate actively in the greater Manchester work to assess the future of emergency services to ensure the right access to emergency care for Trafford patients. Therefore, we will review activity in this department with clinical staff, commissioners and local patients to assess the nature of future services required.</li> <li>• We will continue to provide the minor injuries service at AGH and would seek to consider how this could be developed and extended, perhaps to cover injury and illness and how primary care might be more involved in the service offer.</li> </ul>

Service	Commissioning Intentions (provided by NHS Trafford)	Our response
<b>Surgery</b>	<ul style="list-style-type: none"> <li><i>We anticipate that the future provision of surgical interventions will be limited to those that are low risk and short stay.</i></li> </ul>	<ul style="list-style-type: none"> <li>We understand from the visit to TGH that 83% of patients waiting for surgery are day cases.</li> <li>We recognise the excellent quality and extent of theatre capacity available at TGH, together with the good performance of the Trust regarding the provision day case services. We therefore propose to exploit this availability through transferring activity from Wythenshawe. This would involve transferring 95% of UHSM's day case activity to TGH for General Surgery, Urology, Orthopaedics, ENT and Gynaecology.</li> <li>In addition to the benefit of maximising the use of theatres at TGH we believe that this will enable us to develop an efficient staffing structure for medical and nursing staff.</li> <li>In our view this model would need all 10 theatres available on the Trafford site.</li> </ul>
<b>Medical</b>	<ul style="list-style-type: none"> <li><i>We would want to engage in discussion about the appropriate pathways for the provision of care for patients with acute cardiovascular conditions.</i></li> <li><i>We would anticipate the provision of medical assessment, rehabilitation and investigation facilities in Trafford.</i></li> <li><i>Provision of medical beds for short term stabilisation of appropriate patients may be considered. We would wish to engage in discussion with providers to define the pathways of care for these patients.</i></li> </ul>	<ul style="list-style-type: none"> <li>We are aware of the high quality rehabilitation facilities available at TGH through the Seymour Unit. We therefore propose to increase the use of this facility and other wards through transferring current long stay patients from Wythenshawe to TGH. We estimate that up to 60 beds could be transferred on this basis, creating a significant rehabilitation facility at TGH. We believe that the environment at Trafford is better suited to this type of service, being relatively quiet and well located.</li> <li>We propose to develop a significant rehabilitation service at Trafford where patients can be provided with intensive treatment and therapies to ensure a speedy recovery to independent living. By concentrating resource on to one site this will enable us to benefit from economies of scale and to provide better care to patients. We believe this would support integrated care.</li> <li>We would enhance the services offered at the TGH site by inviting a local GP Practice to move onto the site. We believe this would be a good use of available space and would enable us to focus on developing an infrastructure to support primary care. We would be interested in exploring the interest in a small number of GP run beds for assessment of patients.</li> </ul>
<b>Diagnostics</b>	<ul style="list-style-type: none"> <li><i>In order to support the effective development of integrated care we will require local access to a broad range of diagnostics including radiology, ultrasound, cardiology and endoscopic diagnostics. These would be provided at accessible sites within Trafford as described in our integrated care strategy.</i></li> </ul>	<ul style="list-style-type: none"> <li>We would provide a wide range of locally accessible diagnostic services to support the provision of integrated care across Trafford. Whilst access would be focussed on Trafford General, Altrincham General, Wythenshawe Hospital and in the Stretford area we would also be willing to discuss, subject to available funds what else could be provided locally in neighbourhoods to support integrated care.</li> </ul>
<b>Support services</b>	<ul style="list-style-type: none"> <li><i>All services would need to be outward facing in order to support the delivery of integrated care</i></li> </ul>	<ul style="list-style-type: none"> <li>We agree. We would seek to invite Trafford commissioners, especially local GPs to work with us to work with us to continue to improve support services and the relevant infrastructure.</li> </ul>

## 6 Public consultation

We recognise that there would be a requirement for full and open public consultation about our planned integrated care model and that this may also include consultation with the public in South Manchester. The PCT will be required to organise any statutory consultation process. However we would seek to contribute to an intensive 'Listening Period' as part of our Phase 1 approach, working with the Commissioners, to develop a number of options linked to financial and clinical viability to flesh out a Public Consultation document. The success of the proposed consultation would be predicated on support for the proposition from all statutory stakeholders and intense and informed debate about why change is required.

## 7 Our approach to the development of integrated care with commissioners

We recognise the following as the guiding principles that will inform the vision and strategic aims of future healthcare provision in Trafford including:

- **Effective financial management:** Services will represent value for money and be affordable within the existing resource allocation available for the Trafford population, based on five year projections;
- **Quality of services:** We will continue to pursue quality improvement as core business, working with both the existing CQUIN and Advancing Quality frameworks. This includes use of systems and processes to both measure and drive quality improvements;
- **Improved health outcomes:** We will develop services and partnerships to deliver improvements in health outcomes and reduce health inequalities in keeping with the NHS Trafford's Commissioning Strategic Plan; and
- **Commitment to data sharing:** Using the infrastructure being developed around the GP data sharing workstream, we will continue to support and comply with high frequency data sharing to enable real time patient tracking.

As a major provider of healthcare to the Trafford population we will:

- Drive **cultural change** in services that places a clear emphasis on the patient / carer voice and patient experience and the way this is incorporated into planning services and their ongoing evaluation;
- Work alongside **General Practice** recognising it is the only place where the impact of all providers on an individual's care can be found, and subsequently optimised. The GP registered list provides the only mean by which a healthcare economy can tackle health inequalities, personalise care and transform commissioning decisions;
- Offer the incorporation of **Consultant opinion**. This will bring about a new relationship with primary care - leading to the role of the Consultant having increased input into the strategic development and supervision of the overall model of care, support to the management of patients in primary care and supervision to community based teams;
- The successful integration of services depends on new or extended roles for **nurses and allied healthcare professionals**. Management of most long term conditions, the delivery of assessments, an effective diagnostics infrastructure and the deployment of new technologies will rest with these individuals and a more joined up approach between those working in GP practices, community teams and acute care. Significantly, rather than a separate community integrated care organisation being developed, we would like to enter into discussions about the benefits of integrating the new combined trust with the existing community health services;
- Close working between health and **social care** is necessary to promote independent living and effectively manage the risks of hospitalisation. It also presents an opportunity to reduce and prevent any duplication of tasks between these teams; and
- Provide **locally accessible** services from the Trafford General Hospital site, from the new Altrincham General and in Stretford.

## **8 Our approach to building a new culture for the combined organisation**

Over the past two years UHSM has developed a comprehensive programme of employee engagement, designed to transform the culture of the organisation from one where colleagues did not feel empowered to lead and drive service change, to one where colleagues are now openly encouraged to challenge existing ways of working, suggest improvements and implement them to ensure that 'High Quality Care Costs Less'. The development of this culture has come from a programme of intensive listening and interaction with colleagues from across the organisation, led by the Chief Executive and articulated into a set of values and behaviours known as 'The South Manchester Way – the way we do things around here'.

This programme of cultural change and recognition is centred on defining the characteristics of what it means to work at UHSM and the expectations UHSM employees can have of their leaders and managers. The transformation in culture has been significant. Our rates of appraisal and attendance are also at historically high levels and our recent Investors in People assessment noted that 95% of those asked recognised the importance of employee engagement in our efficiency and service improvement programme. Using this experience we would build on Trafford's employee engagement strategies to develop a method for engaging and listening to staff in Trafford.

## **9 Finance**

Our proposals require transitional support over the period 2012/13 to 2017/18. Circa 86% of the requirement is for the first three years. (68% in the first two years)

## **10 The programme structure for the integration**

A suitably detailed structure will be developed and agreed. At this stage we would envisage the key elements could include:

- Joint Organisational Transformation Group;
- Project steering group; and
- Project work streams.

## **11 Project work streams**

The organisational transformation project will be driven through the following project work streams:

- Organisational Development & Design;
- Finance;
- Human Resources;
- Estates & Facilities;
- IT;
- Performance and Information;
- Communications & Branding;
- Patient and Public Involvement;
- Corporate Governance & Legal; and
- Clinical Governance & Risk Management.

Each work stream would have a THT and UHSM lead supported by a working group. We would anticipate an early project kick start meeting to brief the stream leaders on the project scope and their streams. Detailed project plans will then be developed for each of the streams, which will then be pulled together into an overarching project plan.

## **12 Patient involvement**

We would wish to invite patients to join a project work stream as part of the programme structure as members of the patient involvement group. We see this as a key forum for ensuring that patient views are integral to the work and transition.

## **13 Leadership arrangements**

With regard to developing leadership arrangements we believe it is important that we find a balance between the following:

- Clear leadership and identity locally in Trafford;
- Unambiguous accountabilities;
- A sense of 'one team' across the whole Trust; and
- Value for money in management and support functions.

## **14 Summary**

- **For patients:** Patient care is the heart of everything we do. We aspire to build on the excellent services already available in Trafford. Our proposals are about providing high quality, safe and local services for local people and value for money for the tax-payer. Services will continue to be provided from Trafford General, Altrincham General and in Stretford. We will continue to work to integrate care so that patients do not see the join between providers. Patients and local representatives will be engaged in our plans before, during and after any public consultation process;
- **For staff:** Trafford has many excellent and committed staff. We will listen to and engage staff in this process, ensuring we build on the best. We know that many staff live locally and are active members of the Trafford community. We will offer education and learning opportunities and seek to support staff who are asked to take on different or new duties. We will bring together the best from UHSM and the best of Trafford into the 'new' organisation; and
- **For commissioners:** Our proposals will deliver high quality and local services for patients. We are committed to the development of integrated care so that patients do not see the join. . We want to see hospital physicians being used to prevent illness, particularly by using their skills and expertise to support management by GPs in primary care. We will build integrated services that support primary care in their holistic management of patients. Our proposals, whilst requiring transition support, represent an opportunity to ensure stable and viable high quality local services.