HEALTH, WELLBEING AND LOCAL GOVERNMENT COMMITTEE

17 NOVEMBER 2010

Purpose Of Report

Herewith is the submission of the Betsi Cadwaladr University Local Health Board (hereafter abbreviated to uHB) to the Health, Wellbeing and Local Government Committee for its inquiry on 17 November 2010.

The submission is in response to the Committee's inquiry into how NHS reviews are conducted in Wales, the terms of reference for which are as follows:

- to consider the way in which NHS reviews are conducted in Wales, including

- Whether the Welsh Assembly Government guidance on conducting reviews is appropriate
- Whether the Welsh Assembly Government guidance is being followed by local health boards
- The Committee will pay particular attention to the reviews currently being undertaken by Betsi Cadwaladr University Health Board, but will concentrate only on the process and not on possible outcomes of the reviews

This submission will cover only the formal service reviews and will not make reference to engagement on projects leading to business case development, where the uHB is also making good use of engagement processes to enable a more transparent approach.

Context

The NHS is required, rightly so, to engage, involve and where appropriate, undertake formal consultation with the public about material or significant changes to the delivery of health services. The University Health Board (uHB) operates in accordance with the *Interim Revised NHS Consultation Guidance* issued in October 2008.

The consultation document, *Draft Guidance for Engagement and Consultation on Changes to Health Services* was issued on 22 October 2010. As a consequence the uHB is considering this guidance and assessing its engagement and consultation processes for revision as required.

The draft guidance however was released subsequent to the establishment of the engagement process which are the subject of this inquiry. This submission therefore is based on compliance with the interim guidance and not the draft guidance.

The uHB draws a distinction between engagement and that of public consultation. It operates within the spirit of community engagement and involvement seeking a wider range of views that may challenge medical, clinical or managerial professional views. This we believe is good governance and public scrutiny.

Of the completed reviews undertaken since January 2009, of which there are three (linked to the North Wales Clinical Services Strategy programme, which is described below), none have required formal public consultation. This is because other than making the case for change to improve quality and safety for the whole of the population of North Wales, no significant change was identified for public consultation. There are three other reviews referenced later in this paper which are not yet completed.

How the uHB operates

The University Health Board has a responsibility to improve the health and well-being of the population and provide safe and effective services. It discharges this duty through effective management arrangements and structures. The principles that support this are:-

- The basic premise that primary care and secondary care are integral to clinical success and do not operate as separate entities but cohesive services to pathways of care including the promotion of health and well-being

- An organisation should be clinically led and accountable with clinicians and others developing the organisation and its staff continuously to improve the safety and quality of care

- Changing the focus of delivery from acute hospital and bed based dominated systems to develop and deliver services for the population providing choice, equity of provision, prevention of ill health and treatment

- Accounting for the wider health, social care and citizen agenda through the membership of clinical management and partnership boards bringing planning and delivery together

- Acting collaboratively with partners and in partnership with trade unions to build an open and transparent public service

Management arrangements

The operation of this clinically led and managed organisation is through the 11 clinical programme groups (CPGs), each led and managed by a medically or

clinically qualified and practising Chief of Staff. These clinicians and their teams are responsible and accountable for the delivery, performance and outcomes of their services discharged through a multi-disciplinary management board. The CPG arrangements include GPs, clinicians, academics, local government, voluntary sector and in some cases patients and/or service users.

The Executive team supports the Chiefs of Staff with corporate arrangements and direction. A clinically led organisation of this type is a shift from legacy organisations for it requires teams to operate in both an inward and outward facing collaborative and accountable way.

The strategic and operational management arm for the uHB is the Board of Directors. Chaired by the Chief Executive, it has the 11 Chiefs of Staff, 10 Directors, 3 Assistant Medical Directors (secondary care), 4 Assistant Medical Directors (Primary Care GPs), Management representative for the six local authorities, a BMA leader to represent Local Negotiating Committees for Consultants and the Local Medical Committees for GPs and a senior leader of the Partnership Forum (all other recognised trade unions except the BMA).

The Board of Directors formally meets each week to discuss clinical safety and operational issues, performance and strategic planning. With the appointment of lead GPs for the 14 localities, the majority of senior clinical input and decision making will be by primary care. Three of the 14 Locality Clinical Directors (GPs) will join the Board of Directors in the coming few weeks.

Issues arising from the Board of Directors which need broader engagement and development are taken forward through the engagement approach adopted by the Board (as set out later in this submission.)

Formal engagement mechanisms

The uHB uses a number of formal engagement mechanisms to gather evidence, views, ideas and opinions, all of which create an environment of informed decision making, especially for Independent Members of the Health Board. These are as follows:

Stakeholder Reference Group

The Stakeholder Reference Group (SRG) was formally established in April 2010 in accordance with Standing Orders of the uHB. The SRG provides independent advice to the Board on all aspects of the Board's business, including

- early engagement and involvement in the determination of the uHB's overall strategic direction;
- provision of advice on specific service proposals prior to formal consultation; as well as
- feedback on the impact of the uHB's operations on the communities it serves.

The uHB's Strategic Direction and its Five Year Plan have been discussed with the SRG and their feedback accounted for, which includes engagement and involvement of communities and the public in general. These documents are available on the uHB internet site as is the SRG documentation.

Community Health Council (CHC) Strategic Planning Committee
There were regular meetings on service planning with the former Community Health Councils of North Wales prior to the establishment of the new Betsi Cadwaladr Community Health Council. A formal Service Planning Committee is now in place to continue this engagement and close working.

The Five Year Plan, specific service reviews and the process for engagement around service reviews is a regular feature of discussions. The CHC has also been involved with the University Health Board in confirming specific engagement arrangements and identification of stakeholders to be involved. It nominates representatives for each of the service review project boards. These representatives hold observer status in order not to compromise the independence of the CHC in scrutinising the process and any proposals which may follow that may require public consultation.

Local Partnership Forum
There is an effective Local Partnership Forum through which staff side representatives (except the BMA) have the opportunity to raise issues of concern and identify and discuss the impact of any service changes that may affect staff. This is a valuable and collaborative forum for sharing and joint working. The Five Year Plan was discussed at the Local Partnership Forum in July 2010 to help inform the strategy. Staff side representation on each service review project board is secured through this Forum and participation has been positive and constructive.

Local Negotiating Committees (LNC) and Local Medical Committees (LMC)
These bodies represent consultants and GPs respectively concerning their contractual relationships with the NHS. Information and/or discussions about the North Wales Clinical Strategy and concluded or on-going service reviews have been shared in these committees and their representatives. Representation in service reviews and project boards is requested through these committees with individuals attending reviews. This has also been positive and constructive.

Senior Medical and Dental Staff Committees
There are three Committees, one for each district general hospital comprising consultants of that hospital. Information and/or discussion is shared in these committees which also include the local LNC representative. Members of these committees have been or are part of the previous and/or on-going reviews.

Health Professional Forum
This Forum set up under the Health Board legislation is a professional forum that has just completed its appointment process. Its Chairman has just been

appointed and will join the uHB as an Associate member. Discussions however have started about how the Professional Forum will engage in service reviews and other projects.

Engagement and involvement

The University Health Board discharges its duties for engagement and consultation through its management arrangements. The process used by the uHB, the 3 cycle model, is an iterative one. Alterations are often made during the process such as providing 'time out' for clinical staff to discuss evidence and clinical opinion amongst themselves rather than within a wider public arena.

The 3 cycle process places responsibility on all those directly engaged to involve interested parties to seek continual spread of communication, feedback and refinement of thoughts and ideas.

In the past managers may have determined clinical services, taken decisions and then shared them with clinicians for execution. Alternatively clinicians may have decided on a particular way a service should be provided and enacted the change with agreement by managers. In some cases, both methods may have been used.

This, in our view, is not in the spirit of wider engagement and involvement. The 3 cycle process which is used challenges and exposes public health data, evidence, performance and ways of working to wider stakeholders such as patients, services users, carers, voluntary groups, charitable organisations, local government and Community Health Council representatives. The impetus is on clinical and other staff to work together to seek solutions before and during the 3 cycle process as part of the engagement arrangements and 3 cycle methodology.

The NHS in North Wales started work on developing a way of collaborative working in October 2008 as part of the transition to a new NHS organisation bringing primary and secondary care clinicians together. The Interim Revised Guidance (ML/16/08) was issued the same month and provided a framework to develop wider engagement and involvement as part of the process.

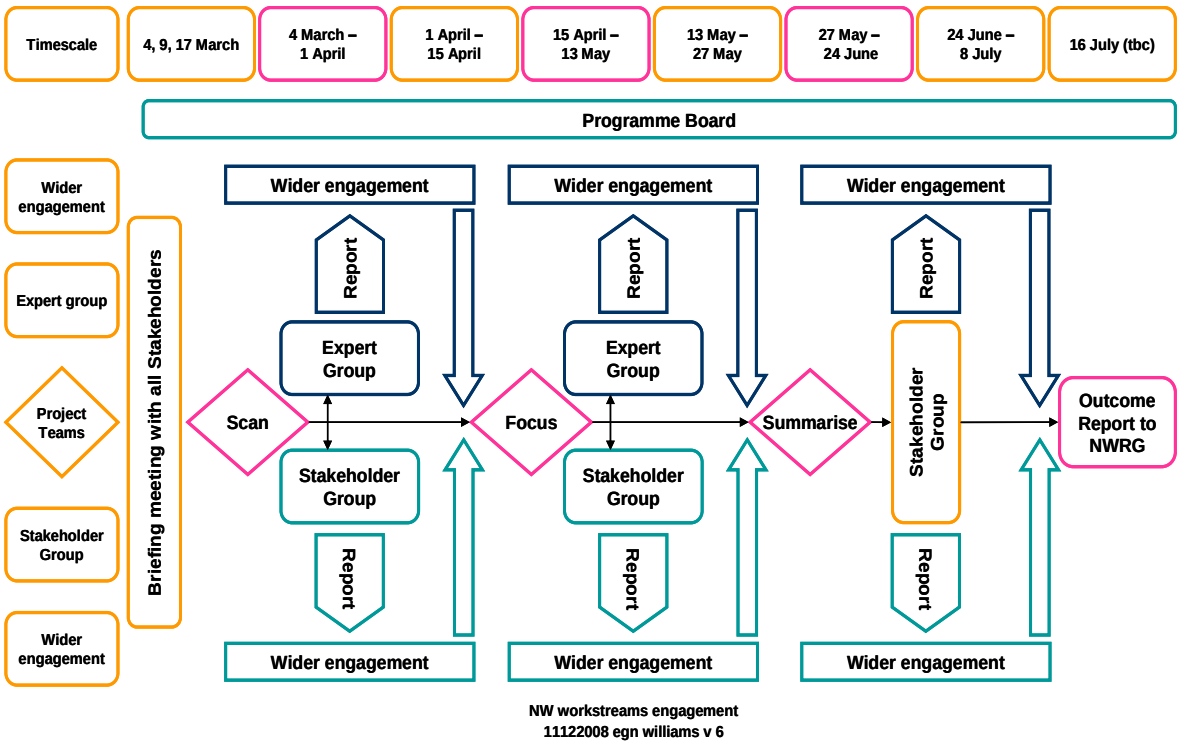
There were a number of issues requiring resolution in relation to service delivery models in North Wales. In October 2008 a one and a half day seminar was held with a wide range of stakeholders to explore these issues. These led to the conclusion that further work was required in relation to three service areas:

- Primary and community health services
- Mental Health services
- The hospital element of unscheduled care

Notes of the session on 15 October 2008 are attached as Appendix 1.

The North Wales NHS organisations sought to develop, in line with the spirit and content of this interim guidance, an approach to ensure that stakeholder engagement was an integral part of the methodology used to take forward these areas. Proposals on the methodology were discussed and agreed with the five Chief Officers of the North Wales Community Health Councils (paper attached as Appendix 2.)

The overall initiative became known as the North Wales Clinical Services Strategy development programme and the 3 cycle model was adopted as the engagement and involvement process in January 2009, three months after the initial event. The approach was as shown below:



As can be seen, the methodology uses a project team, expert and stakeholder groups with wider engagement through dissemination and feedback of those engaged. It is not public consultation. It was introduced and modified by Dr David Gozzard, previous Medical Director of the North Wales NHS Trust and fellow of the Institute of Healthcare Improvement.

It is based on a tested research and development methodology used by the Institute of Healthcare Improvement in the United States, known as the 90 Day Process. This process is founded on well tested innovation methods and is intended to advance quality improvement and produce innovation in a reliable and efficient manner. The Institute for Healthcare Improvement briefing note on the process is attached as Appendix 3.

The process was adapted to include extensive engagement with a range of experts, stakeholders and community representatives through holding, at the end of each stage of the process, an open and inclusive workshop to allow equal participation and debate during the development of proposals, followed

by a 14 day period to allow for receipt of further feedback, views and comment.

This approach was specifically adopted to meet with the requirements of the first stage identified in the *Interim Revision to Guidance* – to engage actively with the public about why change is needed and in development and generation of ideas and options. The three cycles of the process relate to the following stages:

- SCAN – scanning the current landscape to understand all the dimensions of the issue which the process seeks to resolve which includes identification of population needs; current service configuration, outputs and outcomes, and demand; evidence and best practice
- FOCUS – testing the issues and theories raised in the first cycle and refining ideas about what may actually work
- SUMMARISE – concluding the testing and summarising what has been learnt from the first two cycles, leading to recommendations for the preferred approach and identification of any further stages of work which may need to be undertaken

See also Q&A on the process attached as Appendix 4.

The methodology was independently evaluated by Finnamore as commissioned by the National Leadership and Innovation Agency for Health (NLIAH.) This was requested by the NHS organisations to test externally and validate the approach, given the importance of engagement and involvement for the new organisation.

(Finnamore was the independent consultancy selected by NLIAH to undertake the external validation; the company has a strong reputation for helping health and care organisations to identify and implement the best solutions to some of the most complex strategic and operational challenges.)

The evaluation is attached to this report as Appendix 5. It specifically considered the question of whether the engagement approach – the adapted 90 day process, or three-cycle process – met with the requirements of the WAG guidance and authors concluded this was the case:

> *"In summary, the 90 day model was completed in line with the WAG guidance and professionally applied and completed in this major programme, resulting in significant clinical and stakeholder engagement, which produced excellent outcomes and future potential."*

The report identified that the three-cycle process may require amendment and further adaptation depending on the subject matter involved. This happened with the orthopaedic review and the maternal and child health review as flexibility within the arrangements is built in to respond appropriately and proportionately in any such process. It is inherent within the process that

there may be further stages of work identified which would extend the relevant review.

A report to the uHB Board meeting on 25 March 2010 on the North Wales Clinical Services Strategy recommended that the Board adopt the three-cycle process for future engagement (Appendix 6.) This supports the requirement of paragraph 21 of the *Interim Revision to Guidance* which requires "a strong public information and engagement approach…and a general engagement strategy that can be applied to any occasion."

How the process specifically addresses the WAG Interim Revision to Guidance

The engagement strategy is aimed at addressing the first stage of the required "two stage process around specific service changes" – the first stage being that which involves active engagement about why change is needed and what are the options.

This first stage correlates with Step 1 and Step 2 of the seven steps identified by the *Interim Revision to Guidance* in paragraph 29:

Step 1 - Identify the Need for Change
Step 2 – Develop Options for Change with the Community

Step 1 - Identify the Need for Change

Paragraphs 30 to 32 of the Interim Revision to Guidance set out the requirements in relation to Step 1.The Interim Revision to Guidance states that

> *"Services are provided to address the needs of the public. Any service and any change in service must be justified in terms of its effectiveness in meeting that objective. Proposals that change is needed should be based on clear evidence in the form of research findings, formal evaluation of need, and/or the need to conform with approved service standards. In addition, those developing proposals should recognise that listening and responding to those who provide and use services can be the catalyst for improving the way those services are delivered."*

The first cycle of the three cycle methodology specifically fulfils this step of the guidance.

The scanning phase will include an explanation of the case for change which is well publicised. The adopted approach includes the preparation of a briefing note in relation to the area under review, which is distributed to the identified stakeholders and forms the basis of a press release to the wider general public.

Each review process includes a series of briefings at the commencement of the process, some of which are aimed internally at staff and clinicians; some

of which are opened up to the broader stakeholder group to encourage early involvement and ensure effective communication at each stage. In addition a briefing note is disseminated.

The first cycle of work to support each project will include investigation into the relevant population needs using demographic and social information; health needs assessment; the current service profile; relevant data to highlight current issues; and a search of the evidence base and literature in relation to the area under review. This includes relevant opinion from professional and clinical bodies.

This stage of the work is supported by specialist advice, input and support from Public Health Wales, from both the locally based North Wales team and national resource teams. Public Health Wales is an NHS organisation providing professionally independent public health advice and services to protect and improve the health and wellbeing of the population of Wales.

Support provided has included general advice on various aspects of service review methods/guidance and more specific advice on population need and evidence base relevant to specific reviews.

The North Wales team is supported by national resource teams of Public Health Wales, including the Library and Knowledge Management Service (LKMS), the Observatory Analysis Team, and the Healthcare Quality Team. The support provided by the central teams for the service reviews relates to structured literature searches and identification of additional sources of evidence and information.

During and at the end of this cycle of work, further submission of any evidence or information relating to the need for change is invited from participants in the process. During the engagement workshops, participants are also invited to contribute their knowledge, experiences and views on the intelligence gathered and also are invited to identify any areas where further detail may be required to support the development of solutions.

This is in accordance with both the letter and the spirit of the *Interim Revision to Guidance*:

> *"The process of involving and consulting should be genuine and transparent. There should be an open discussion with patients, public, NHS staff, interested voluntary and community organisations and other stakeholders at the beginning – before minds have been made up about how services could or should change."*
> (*Paragraph 32*)

Examples and evidence of this approach are given below in relation to the specific service reviews.

Step 2 – Develop Options for Change with the Community

Paragraphs 33 – 38 of the Interim Revision describe the requirements in relation to Step 2.

Paragraph 33 and elements of paragraph 34 relate to the development of options; the remainder of the section deals with planning and arrangements for formal consultation.

> *"Change options should always be explored with the wider community before being set down as firm proposals. NHS organisations should ensure that Community Health Councils and other groups, including staff, are involved in the development of options or proposals to change services or develop new services."*
> *(Paragraph 33)*
>
> *"NHS bodies should work jointly with Community Health Councils, County Voluntary Councils, voluntary organisations and other stakeholders to agree:*
> *- the process for developing options for service change, including the involvement of other interests and stakeholders"*
> *(Paragraph 34)*

The approach adopted by uHB is consistent with the *Interim Revision to Guidance* in this respect.

An integral part of the three cycle process adopted by uHB is to develop potential solutions for change in collaboration with stakeholders. The engagement events have invited participants, having heard the case for change and the relevant population needs and evidence base, to work together to identify potential options for future service delivery. This leads to the identification of a long list of possible solutions which can then be focused down in subsequent cycles of the work before leading to any recommendations for change.

Again, specific examples are given below in relation to specific service reviews.

Steps 3 – 7 of Interim Revision to Guidance

Steps 3 – 7 deal with the move from engagement (on setting the case for change and developing options) into formal consultation arrangements.

It is important to note that of the service reviews currently underway within the uHB, none have yet completed the processes in relation to Steps 1 and 2.

Should Steps 1 and 2 lead to identification of proposals which would constitute substantial development in health services or substantial variation in the provision of services, the Heath Board would discuss with the Community Health Council the next steps in considering such changes, in accordance with the statutory requirements of Section 183 of the National Health Services (Wales) Act 2006. This has featured in all discussions with the Community Health Council and is recognised in the terms of reference of the CHC Service Planning Committee.

Account of the engagement process in respect of the North Wales Clinical Strategy

The rationale and approach for the adoption of the three cycle methodology for service review for the North Wales Clinical Strategy work has been outlined.

The overall programme of work was undertaken under the direction of the Director of Primary Care and Community Partnerships for the former North Wales NHS Trust and clinical leadership was provided by the Medical Director of the former North Wales NHS Trust. The Project Initiation Document for the Strategy is attached with other documentation at Appendix 7.

As identified above, there were three workstreams established within the Programme – primary and community; adult mental health and the hospital element of unscheduled care. For each workstream a core project group was established. A briefing note setting out briefly the case for change and the project arrangements was produced.

The strategy work commenced with identification of a wide range of expert and stakeholder representatives who were invited to participate in the process. A group was identified, and within this, specific expert and stakeholder groups relevant to the three workstreams were identified. Representation was invited from across North Wales and from a range of representative bodies including patient, community and service user groups. All material was bilingual (with the exception only of a limited number of technical documents) and nominees were invited to discuss any specific needs to support them in engaging with the process (such as interpretation, technology to facilitate involvement, home care responsibilities etc.) Reimbursement for expenses was offered to members of the group.

Stakeholder engagement in the process took the form of a series of briefings and events as set out in the schedule of engagement below, and a summary of attendance is included at Appendix 8.

Date	Event	Venue	Attendance
4 March 2009	Evening events - expert briefing sessions x 2	Bodelwyddan	22
9 March 2009	Evening events - expert briefing sessions x 4	Bangor and Wrexham	37 and 39
17 March 2009	Stakeholder briefing session	Llandudno	128
1 April 2009	Expert engagement session, 09.00 – 12.30	Llandudno	150
1 April 2009	Stakeholder engagement session, 13.30 – 17.00	Llandudno	111
13 May 2009	Expert engagement session, 09.00 – 12.30	Llandudno	164
13 May 2009	Stakeholder engagement session, 13.30 – 17.00	Llandudno	104
24 June 2009	Combined expert and stakeholder engagement session, 09.00 – 17.00	Llandudno	217
10 March 2010	Combined expert and stakeholder engagement session, 09.30 – 13.00	Llandudno	149

The strategy work identified at the end of the three cycles undertaken to end of June 2009 that further detailed work would be required in relation to deliverability and refinement of options for the hospital element of unscheduled care. A fourth phase was therefore undertaken which involved a series of interviews and focused meetings with clinicians and expert forums. This work was summarised and presented to the Board of Directors of the uHB in December 2009 and the final expert and stakeholder engagement session arranged for March 2010 to hear progress reports on the primary and community services and mental health services workstreams, and to give their views on the proposals coming forward in relation to the hospital element of unscheduled care. Briefings were also given at uHB meetings at various intervals.

All papers, presentations and reports relating to the workstreams are publically available on the uHB internet site and copies are attached to this submission.

It is important to understand the depth of work and engagement undertaken in relation to the North Wales Clinical Strategy as this sets the context for the service reviews currently underway

Account of the engagement process in respect of the 5-Year Clinical Services Strategy for Trauma and Orthopaedic Services

A project managed approach was adopted to ensure a robust process in place to manage this complex review. It required a comprehensive and systematic approach with a strong evidence and information base, testing previous assumptions in order to develop a sustainable strategic direction for Orthopaedic services for the future. The Project Initiation Document is attached as Appendix 9.

The NHS cannot make the necessary changes in isolation and the continued need to work jointly and openly with key partners, such as local authorities, voluntary sector and independent sector was key to this process of engagement. Whilst the focus of this project was predominantly upon the internal clinical structures and processes of the uHB, opportunities for the service to be designed and delivered across health and social care have been fully embraced. Patient engagement has been key from the outset – with both individual patient representatives and the Community Health Council.

Case for Change

The case for change in respect to Trauma and Orthopaedic services falls into three broad areas:

- Delivery of WAG annual operating Framework

The Annual Framework and specifically Access 2009 agenda has been a key driver in the application of resource for orthopaedic services across North Wales. This has not only included activity delivered in house but also through English providers and the independent sector.

A 'twin track' approach was identified for the review to develop plans that can deliver both in the short term (to meet 2010/11 AoF requirements and importantly to ensure the transformational change required to deliver sustainable services across North Wales over the next 5 years is achieved.

- Strategic Direction of BCU Health Board

Our approach supports the delivery of the Strategic Direction *"Bringing people and services together for North Wales"* published in October 2009. The strategic direction contained within the document sets out the Board's blueprint for providing future care services in North Wales; it states the aims, objectives and underlining principles for the Health Board based on equity and access to high quality care. Most importantly, it establishes the Clinical Programme Group (CPG) as the driver for clinically led, safe and effective services using transformational change, best practice and innovation to deliver the highest standards of care.

The creation of Clinical Programme Groups has created the necessary clinical context for the planning and delivery of services across the whole of North Wales. Together with our workforce, external partners, service users, and other stakeholders, we are empowered to take a regional perspective to healthcare planning based upon the needs of the population of North Wales.

The development of a sustainable clinical service strategy for trauma and orthopaedics was identified by the Surgical and Dental CPG as a key early priority in the new organisation.

- Sustaining Safe and Effective Services

Over recent years the strategic principle, both locally and nationally, has been to provide safe, quality services as locally as possible and where possible, to relieve the growing demand on acute hospitals.

Whilst previous orthopaedic strategies took into account modernisation plans to improve efficiency and productivity, they were incremental in nature and developed in the context of 3 separate acute trusts in North Wales.

The key issue facing orthopaedics across North Wales concerns the future clinical sustainability of the service due to increasing levels of sub-specialisation – particularly with elective orthopaedics. This, coupled with the significant demand growth assumptions (circa 30% in elective referrals) over the next 5 years and public health data around changing patient demographics led the Health Board to the conclusion that the current services are unsustainable in their current form.

The establishment of the University Health Board provided the opportunity to pursue safe and effective clinical services through both continuous improvement and the future transformational change required to deliver sustainable services.

Engagement Process

The case for change was developed with stakeholders in detail via a series of briefing meetings for clinicians and the wider group of stakeholders early in the review process. A broad consensus was reached with internal and external stakeholders that the status quo did not enable the uHB to meet future demand increases or offer access to the full range of orthopaedic sub-specialties for all North Wales residents

The review process itself followed the 3 cycle engagement process adopted by the Health Board for significant service reviews.

The project team has looked at 4 key areas, namely:

- Evidence for economies of scale and quality improvements from the consolidation of services

- The preferred configuration of orthopaedic trauma services, including the clinical dependencies between A&E services and orthopaedic trauma services, and between emergency general surgery services and orthopaedic trauma services
- Broad service configurations for elective services
- Broad service configurations for day case surgery within the overall elective model

These areas have been tested with a wide group of stakeholders at a range of events throughout the review processes.

Initially the sustainability of the elective service and potential future configuration options was considered with stakeholders. However, since elective and trauma services are intrinsically linked, the trauma service was considered in cycle 2 and workshop 2. By the end of cycle 2, consideration of the elective and trauma models was brought back together to ensure a clinically coherent strategy was developed. Cycle 3 then focussed on the relationships between orthopaedic services and other clinical services (A&E, general surgery, rehabilitation medicine) as well as external agencies including local authorities/social services. Following the initial briefings, the stakeholder workshop process proceeded as follows:

Workshop 1 (half-day, 30 July 2010) – consideration of the case for change, evidence base, demand projections and detailed information on the elective service. Consideration, agreement and weighting of criteria by which to appraise service options. Generation of a number of potential elective service options.

The selection criteria adopted by stakeholders were based upon those generated by the earlier North Wales Clinical Services Review (Designed for North Wales) work – in this case adapted for their applicability to orthopaedic services. Stakeholders developed a detailed series of service statements to test the criteria against, and undertook an open weighting exercise to identify the relative priority of each criterion.

Workshop 2 (full day, 3rd September 2010). – appraisal of the elective service options and discussion of the potential trauma configurations including the clinical relationships between and A&E department and orthopaedic trauma services. Stakeholders also identified a range of patient pathway improvements required to underpin the strategy – including shared care with physicians, improved rehabilitation and better multi-agency discharge planning back into the patient's local community.

Workshop 2a (evening, 22nd September) – an additional clinical workshop for a range of secondary and primary care clinicians was held – to further test out the informal ranking service configuration options and to develop multi-specialty detail on the pathway improvements required.

In the final workshop (half-day, 22nd October), stakeholders were asked to consider the implementation issues arising from the remaining one- and two-

site elective options. These have been captured to help support the final recommendations of this review.

Further engagement is planned with key partners in social services around the clinical pathway and process improvements identified in the review.

At each stage of the review, reports have been circulated to the full stakeholder group in advance of workshops. Following each workshop a period of 2 weeks for feedback and submission of further evidence/views form stakeholders. A feedback report from each cycle was then circulated to all stakeholders. All documentation has also been published on intranet/internet sites. The communication strategy is attached at Appendix 10.

The development of a clinical services strategy for trauma and elective orthopaedics is drawing towards its conclusion. However, the final recommendations for sustainable service configurations will need to be considered in the light of the other major acute service reviews ongoing at present – in order to ensure that the strategy is safe and sustainable from a clinical and estates perspective. A summary of attendance is attached at Appendix 11.

Date	Event	Venue	Attendance
9 June 2010	Initial stakeholder briefing - BCU staff	Bodelwyddan	25
28 June 2010	Initial stakeholder briefing - BCU staff	Wrexham	6
30 June 2010	Initial stakeholder briefing - BCU staff	Bangor	12
6 July 2010	Initial stakeholder briefing – external stakeholders and staff	St Asaph	7
7 July 2010	Initial stakeholder briefing – external stakeholders and staff	Wrexham	5
13 July 2010	Initial stakeholder briefing – external stakeholders and staff	Bangor	2
30 July 2010	First stakeholder workshop	St Asaph	67
3 September 2010	Second stakeholder workshop	St Asaph	75
22 September 2010	Expert/Clinician Workshop	St Asaph	25
22 October 2010	Third stakeholder workshop	St Asaph	41
2 November 2010	Discussion forum for GPs (progress report given to joint meeting on reviews)	Bodelwyddan	40

Account of the engagement process in respect of the Review of Maternity and Child Health Services

The case for change in respect of maternity, gynaecology, paediatric and neonatal services rests on a number of issues which are not isolated to North Wales and have been increasingly recognised across Wales and the UK.

As part of the uHB's review of neonatal services in April 2009, several Obstetricians raised the concern as to whether or not 3 obstetric units across North Wales were sustainable. A number of meetings were held with the aim of progressing solutions, but this failed. Furthermore it was agreed that once the unscheduled care workstream of the North Wales Clinical Services Strategy had reported on its recommendations in relation to how many Emergency Departments were needed, there would then need to be a review of obstetric services in North Wales.

Based on this, the uHB formally made public in March 2010 the intention to undertake a review of Maternity and Child Health Services in North Wales. The aim of this on going review is to identify with stakeholders **'What is the best service model for North Wales which ensures safe sustainable and affordable maternity and child health services?** A Project Board and work streams were established in July to provide the clinical leadership and steer the process of engagement and review. The Project Initiation Document is attached at Appendix 12.

National strategy provides a clear direction to improve the health and wellbeing of the population through prevention. It recognises that the burden upon acute hospitals is unsustainable and promotes the delivery of care closer to the patient's home where it is safe and appropriate to do so. It is however vital that adequate hospital services are available and accessible for families when and where they are needed. An All Wales National Clinical Project Work Programme on Neo-natal, Maternity and Paediatric Services was established and is considering the following:

- Implementation of the neo-natal business case
- Action plan in response to the WAO report on Maternity Service
- Preparation of a comprehensive strategy and local Maternity Plans for Maternity Services (AOF 2010/2011)
- Development of a strategy for hospital-based Paediatric Services in light of the advise to the Minister from the RCPCH in Wales

Within this framework, the uHB's strategic direction, five year plan, and Clinical Programme Group plans aim to improve services in North Wales to the level of 'best in class' and to reduce inequalities across the region. The advice from the national programme is being and will be considered as part of the evidence for this review.

The formation of the Clinical Programme Groups has created the necessary clinical context for the planning of future services in light of these factors. Together with our workforce, partners, service users and other stakeholders

we are empowered to take a regional perspective to decision making and healthcare planning based on need of the population of North Wales.

In transforming care for these four services the Chiefs of Staff have sought to look objectively at future requirements, cognisant that some clinicians and members of the public will not be in favour of change. This should not stop the changes required for us to fulfil our obligations both on a population as well as individual level as their reasoning is based on safety, quality and the ability to sustain services in the future. The Chiefs of Staff and their teams provide clinical leadership to service planning and actively uphold the clinical perspective and the process of this review.

Quality, patient safety, national standards, waste elimination, estates infrastructure, clinical capacity, access to emergency care and the need to financially manage with certainty are the main drivers as well as constraints.

The key principles for the review are that it will:

- Be based on assessment of population need
- Deliver services that are tailored, clinically-effective, evidence based, and making the best use of resources
- Create the basis for sustainable, high quality services
- Reduce inequality
- Meet expected standards and outcome measures
- Recognize that some options are unrealistic, given the workforce and economic constraints
- Maximise the health and wellbeing of women, children and families
- Deliver the best balance between the options for the maternity and neonatal services, and the options for the neonatal and the paediatric services.

The key principles document is attached at Appendix 13.

Public Health Wales staff supported the Health Board to scope the review and develop key questions for consideration, and also produced a number of technical reports to inform the review process. These included a maternal and child health population profile and a short paper on key messages from the evidence base. Written reports on the rapid reviews of the evidence on maternity, neonatal and paediatric services are currently being prepared by Public Health Wales staff to support the ongoing review process.

A method drawn from an approach known as Rapid Appraisal was used to undertake the reviews of the evidence. The rapid reviews used a structured approach to identify relevant reports and papers on maternity, neonatal and paediatric services from key NHS / International evidence sources (NICE; SIGN; National Electronic Library for Health); Royal Colleges; Health Technology Assessments; Audit Office reports; NCEPOD reports etc.

The initial literature searches were undertaken by the Public Health Wales Library and Knowledge Management Services (LKMS) Team. Prior to writing up the reviews, the results of the literature searches were sent to the project

coordinating team and clinical work streams to give clinicians an opportunity to identify additional key evidence and standards. This approach is consistent with the rapid appraisal methodology.

Discussions at Project Board and the stakeholder events highlighted the need for supplementary literature searches on midwifery led units, emergency caesarean section and home births. Additional literature searches were undertaken by Public Health Wales LKMS team and these sections are to be included in written reports.

Public Health Wales staff also took part in the stakeholder events - delivering a presentation on population health need and participating in round table discussions on options for service delivery. The short paper on key messages from the evidence was also circulated to stakeholders prior to the second stakeholder event.

Clinically led work streams reviewed the evidence and identified the case for change which heavily focused on Workforce Factors**.** North Wales has to adopt and implement nationally-recommended staffing standards and governance structures to ensure the best outcome for children and young people, women and their babies,

- The UK had medical manpower problems in obstetrics and paediatrics even before changes to the European Working Time Directive (EWTD).
- Greater recruitment difficulties than the rest of the UK for both career grade medical appointments and junior doctors in training
- The Wales Postgraduate Deanery is unlikely to sustain the level of support to BCU in its present configuration as vacancies on medical rotas have impacted adversely on the quality of training.
- The Deanery has confirmed that, they intend to reduce the number of FTSTA (Fixed Term Specialty Training Appointments) jobs in both Obstetrics and Paediatrics and they expect on-call commitments to be less onerous than at present.
- Requirement to provide 60-hour labour ward consultant presence for maternity units with over 2,500 births cannot be met within the existing configuration and workforce.
- Midwifery staffing levels are not compliant with Birth Rate Plus recommendations.
- Each Labour Ward should have supernumerary shift leaders which cannot be achieved in the present configuration
- Current National Standards for Obstetric Anaesthesia Services are not presently being met
- Not compliant with BAPM Standards for neonatal nursing and separate On Call Rotas
- NSF – 22 Flagged key actions with full achievements outstanding

As part of the review it is vital that we ensure that services utilize and develop the knowledge, skills and expertise we currently have to greatest effect, ensuring continuity and improved prospects in the future.

It is acknowledged that obstetric services are the driving force for this review and future reconfiguration of neonatal, gynaecology and paediatric services will be addressed. These services are intertwined, and any options developed must recognise that the inter-dependency between all four needs to be planned alongside any re-modelling of services. Also the discussions and recommendations of the North Wales Clinical Model did not deem the 'four' services of this review to be core in retaining three main acute hospital sites, each with an emergency department taking unselected medical and surgical admissions.

The process adopted for this review was initially a two phase approach, involving two major stakeholder events and a number of smaller specialist focus events, with a report to the BCU HB Board in November 2010. The rationale for the shortened process hinged upon three aspects:

- Much of the work in scanning the current landscape and engaging with the broad range of stakeholders in relation to emergency access had been undertaken and documented as part of the work stream on the hospital element of unscheduled care for the North Wales Clinical Strategy
- The inter-dependencies between this review and the outcome of two other reviews underway, namely orthopaedics (Including Trauma Services) and the Emergency General Surgical Services. The inter-dependencies are significant and the potential outcome of these reviews should not be seen in isolation, but assessed together.
- There is need to ensure that the ongoing challenges facing the review are addressed and solutions identified before the present situation deteriorates and there is a risk to the safety or welfare of patients or staff.

A broad range of stakeholders were identified and at the first major event the case for change was presented and the attendees generated a 'long list' of options. The clinically led work streams reviewed these options against agreed criteria and produced a short list of 4 options for future service delivery. The aim of the second stakeholder event was to reject any option that the delegates deemed undeliverable. It was clearly evident from the feedback that further detail was required for each of the option in order for stakeholders to have a meaningful debate about any preferred future model for service delivery. It was agreed that the time scale would be extended in order to accommodate a further stakeholder event which will provide the detailed information which was requested by the stakeholders.

In summary the present configuration for maternity, gynaecology, neonatal and paediatric care is considered no longer to be sustainable. Over the past months we have ***identified the need for change and re-configure services*** and we are currently ***developing options for change with the community***. Evidence of these processes is attached to this submission within Appendices 12 - 16.

Date	Event	Venue	Attendance
14 July	Children & Young Peoples Visioning Work Shop – Staff Briefing	St Asaph	33
14 July	Staff Briefing	Bodelwyddan Wrexham Bangor	40
11 August	Staff Drop in Session	Bodelwyddan	60
18 August	Staff Drop in Session	Wrexham	10
25 August	Staff Drop in Session	Bangor	20
9 September	Stakeholder Event – Phase 1	Llandudno	125
20 September	Staff Drop in Session	Bodelwyddan	35
20 September	Staff Drop in Session	Wrexham	12
20 September	Staff Drop in Session	Bangor	9
27 September - 3 October	Interviews with women about the 3 shortlisted options for Maternity and Gynaecology	North Wales Acute Units	36
September	Interviews with families about Inpatient Paediatrics and Neonatal	North Wales Acute Units	32
5 October	Stakeholder Event – Phase 2	Llandudno	148
2 November	Discussion forum for GPs (joint, with Emergency General Surgical Services Review), 18.30 – 22.00	Bodelwyddan	40

Account of the engagement process in respect of the Review of Emergency General Surgical Services

The case for change in respect of Emergency General Surgical Services rests on a number of issues which are not isolated to North Wales alone. The difficulties were identified in the documentation relating to the North Wales Clinical Strategy unscheduled care workstream. A paper is attached which quotes from the SBAR report (Situation, Background, Assessment, Recommendation) which was distributed to the stakeholder workshop on 10 March 2010 (Appendix 17, which also includes reference to the need for review of obstetrics services.) This records that:

“the difficulties in sustaining a surgical on-call rota to support three accident and emergency departments taking unselected medical and surgical admissions. This is essentially due to the increasing specialisation of surgery, reducing the number of surgeons available for an unselected surgical on call service.”

The unscheduled care workstream progressed to a conclusion that the North Wales Clinical Model would be based upon three main acute hospital sites, each with an emergency department taking unselected medical and surgical admissions. The recommendations however noted that there would be further

service reviews undertaken during the year following the Board decision on this model.

In order to provide safe, high quality acute general surgery, services must be clinically, operationally and financially sustainable. The trend of increasing sub-specialisation of General Surgery is presenting challenges to hospitals across the UK. The challenge is maintaining the full range of acute surgical cover whilst developing surgical trainees with appropriate skills within sub-specialties, as well as broad general surgery experience.

The uHB is no different to other NHS organisations in this respect. A number of recent developments affect the immediate sustainability and longer term safety of current arrangements and have led to the need to undertake a detailed review of current acute general surgery provision, to ensure that the Health Board can continue to provide safe, high quality services and is able to respond to these inevitable changes in a planned and proactive way.

The formation of the Clinical Programme Groups has created the necessary clinical context for the planning of future services in light of these factors. Together with workforce, partners, service users and other stakeholders we are empowered to take a regional perspective to decision making and healthcare planning, based on the needs of the population of North Wales.

The case for change was explained in more detail through presentation to a series of briefing meetings for clinicians, and the wider group of stakeholders, and through the information note on emergency general surgical services which formed the basis of the initial press release, contact with stakeholders and has been published on the uHB internet website.

The review process to be adopted for the Emergency General Surgical Services was initially proposed to be a shortened, rapid assessment process comprising two phases of work and involving two major stakeholder engagement workshops, with a report to the uHB Board in November 2010. The rationale for the shortened process in this case hinged upon three aspects:

- Much of the work in scanning the current landscape and engaging with the broad range of stakeholders in relation to emergency general surgical services had been undertaken and documented as part of the workstream on the hospital element of unscheduled care for the North Wales Clinical Strategy.

  For that workstream, as has been outlined earlier in this submission, a significant amount of work was delivered which included the following products:
  - NPHS Population Profile
  - NPHS Literature Review
  - Drivetime analysis of available hospitals providing Accident & Emergency services to North Wales residents

- Summary of the evidence in relation to core and non-core specialties
- Criteria for the evaluation of unscheduled care services

Since the production of this work, a recent comprehensive profile of population health across North Wales has been produced by local Public Health Wales staff, and this provides a useful context for the Health Board's strategic review programme and updates the information gathered for the North Wales Clinical Services Strategy.

It was therefore felt that much of the initial scanning phase of the usual three cycle process had therefore been undertaken already.

- The inter-dependencies between the emergency general surgical services and the outcome of two other reviews underway, on Orthopaedics (including Trauma Services) and Maternity & Child Health Services are significant and the potential outcome of these reviews should not be seen in isolation, but assessed together.

- There is a need to ensure that the ongoing challenges facing the emergency general surgical services are addressed and solutions identified before the position deteriorates and might lead to the need for urgent action on safety grounds (in line with Section 4 of the WAG Interim Revision to Guidance for Engagement and Consultation on Changes to health Services), which might prevent the open involvement of all interested parties in the discussion.

Since the commencement of the work and the first stakeholder workshop, amendments to the timescale for the Maternity & Child Health Review have allowed for a longer and fuller engagement process, with a third phase of work and a further stakeholder workshop to be arranged.

This adaptation to process is in line with the recognition of the evaluation undertaken for NLIAH on the three cycle process that there may need to be adaptations according to circumstance and complexity; the previous experiences of the Heath Board (for example, in the unscheduled care workstream of the North Wales Clinical Strategy, which added subsequent phases of work to the project), and indeed the original research and development methodology of the Institute for Healthcare Improvement which allows that further research cycles may be needed.

The Review of Emergency General Surgical Services has followed a similar rigorous process of informing, engaging and involving to the usual service review process adopted by the Health Board.

To supplement the earlier work on unscheduled care, a more focused review of literature on the provision of Emergency General Surgical Services was undertaken using a methodology drawn from Rapid Appraisal. To date, the first three steps have been completed and further work is ongoing. These steps are:

- Rapid scope and scan of literature – key NHS / International evidence sources (NICE; SIGN; National Electronic Library for Health); Royal Colleges; Health Technology Assessments; Audit Office reports; NCEPOD reports etc

- Expert Stakeholder identification (those who know, those who care, those who can make the change)

- Ask expert stakeholders to identify key existing sources of intelligence

A short document summarising the key messages emerging from the draft report on the literature was produced and circulated to attendees prior to the first Stakeholder workshop.

Public Health Wales staff have also contributed to the design and content of the analysis of service provision undertaken by Health Board staff. As this is a good proxy for need, more detailed analysis of need has not been undertaken; however the recent profile of population health referred to earlier is being used.

Public Health Wales staff also took part in the first stakeholder event - delivering a presentation on the emerging findings from the literature and participating in discussions on options for service delivery.

The Review of Emergency General Surgical Services has not yet developed any recommendations, with the first stakeholder workshop having been held on 15 October 2010 and the second workshop scheduled for 5 November 2010. A third workshop session is being planned to inform the final report and recommendations.

Documentation relating to this review is attached at Appendices 18 - 21.

The schedule of engagement events undertaken to date is shown below. Further events are planned to ensure ongoing engagement throughout the process.

Date	Event	Venue	Attendance
1 Sept 2010	Briefing for clinicians	St Asaph	15
28 Sept 2010	Briefing for consultant surgeons and anaesthetists	Bodelwyddan	(open meeting)
12 Oct 2010	Open briefing for stakeholders, 18.00 – 20.00	Wrexham	14
13 Oct 2010	Open briefing for stakeholders, 18.00 – 20.00	Bangor	18
14 Oct 2010	Open briefing for stakeholders, 18.00 – 20.00	Bodelwyddan	20
15 Oct 2010	First stakeholder workshop, 13.30 – 17.00	St Asaph	95
2 Nov 2010	Discussion forum for GPs (joint, with Maternity & Child Health Review), 18.30 – 22.00	Bodelwyddan	40
3 Nov 2010	Discussion forum for surgeons, anaesthetists and radiologists, 18.00 – 20.30	Bodelwyddan	15
5 Nov 2010	Second stakeholder workshop, 13.30 – 17.00	St Asaph	102

Communications – all reviews

The ability to communicate with stakeholders has been established as a key requirement at the outset of the review process. Each project board has a communications representative and a comprehensive communications strategy.

In order to ensure that all developments in the process are clearly communicated, key briefings are produced following project board meetings and stakeholder events. The briefings are circulated to staff and primary care contractors as well as to a dedicated stakeholder list relevant to each review. Press releases are also issued at key points in the process.

Dedicated internet and intranet sections are also established which include the briefings and all associated project documentation.

Details of key contacts are circulated so that members of the public or partners could have the opportunity to provide their comments and the role of the Community Health Council in facilitating the engagement process is also highlighted.

Future programme of service reviews

The uHB is currently planning the establishment of two further service reviews to address areas where there is a need to ensure that services are high quality, safe and sustainable across North Wales.

These will cover services for Older People with Mental Health Needs, and Clinical Haematology Services.

Project Initiation documentation is being established and identification of a broad range of stakeholders.

Full 3 cycle reviews will be undertaken on both these areas.

Project documentation for the review of services for Older People with Mental Health Needs is attached.

Submission in relation to the appropriateness of the Interim Revision to Guidance on Engagement and Consultation on Changes to Health Services

The uHB has made significant progress in improving the engagement and consultation processes used in relation to changes to health services in North Wales. The progress made has been built upon a sound implementation of the Interim Revision to the Guidance from WAG in this area. There are nevertheless some areas of the Interim Guidance on which the Health Board would wish to make observation.

The Interim Revision to Guidance issued under ML/16/08 is relatively clear and straightforward.

The Interim Revision was welcomed and has been useful in assisting the Board to develop its approach to engagement and consultation overall, it assists both in setting out the detail of the processes which should be followed and in beginning to clarify the distinction *between* engagement and consultation.

However, the document is not entirely clear in its description of this distinction and how this should work in practice. The initial sections of the document refer to a two-stage approach; this is not then developed in the document, but rather the two-stage distinction gives way to a 7-step overall process, which blurs the boundaries between engagement and consultation in Step 2.

Engagement and consultation may be seen as on a continuum and that distinction is not easily set out. However, the Health Board believes there is a need to help the public understand the difference, and to engage more readily in the debate on the issues before formal proposals are developed. In some respects uncertainty and concern can be created if there is a lack of understanding as to the need to discuss all options before defining solutions.

The document identifies the critical role of clinicians in supporting the development of the case for change to services and also the formal consultation processes which should be followed should there be substantial change proposed. The Health Board welcomes this emphasis on clinical leadership in the process throughout and believes that the Health Board's management arrangements, which place clinicians at the forefront of the organisation, reflect the importance of this.

The Interim Revision to Guidance does not reflect adequately in the view of the Heath Board the need for proportionality of response; nor the need to focus engagement appropriately towards different communities of interest. This is exacerbated with the reform of the NHS in Wales leading to larger organisations in the form of the seven new Local Health Boards. The levels and type of engagement required will differ depending on the issue in question, and the scope and breadth of the service. There is a need for differential approaches to enable the NHS to address effectively the wide ranging service issues, from a specialised or emergency service which may affect a relatively small proportion of the population, but have an impact across all geographical areas, and all sectors of the population; to a local community based service which may affect a more clearly defined population.

Summary of key points of submission

The uHB believes that the processes adopted in relation to discharge of its duties on engagement and consultation reflect the importance of seeking and developing wider ownership of the complex issues facing the health service.

This submission has summarised the uHB's overall approach to engagement and consultation, which is founded upon tested and validated processes and has been agreed with the Community Health Council in accordance with WAG guidance.

The submission has also given a summary of how the processes have been applied in relation to specific service reviews and provides evidence of the wider engagement necessary to reach a position where the uHB has a clearly defined, robust and transparent model for future service delivery,

A brief chronology is attached at Appendix 22.

The uHB welcomes the Committee's views on the content of the submission to assist in the ongoing progress in this area.

WELSH ASSEMBLY GOVERNMENT

HEALTH, WELLBEING AND LOCAL GOVERNMENT COMMITTEE

17 NOVEMBER 2010

APPENDICES

APPENDICES 1 – 6
Documentary evidence as referenced in the submission paper in the general sections, **How the uHB operates; Engagement and Involvement; and How the process specifically addresses the WAG Interim Revision to Guidance**

Appendix	Title
1	Notes of seminar on 15 October 2008
2	Paper, December 2008, Stakeholder Engagement to support North Wales Workstreams
3	IHI Briefing on 90 Day R&D Process
4	Q&A – 3 cycle process, from letter to stakeholders, October 2010, CEO
5	Evaluation report 3 cycle process
6	BCU HB Board report, March 2010

APPENDICES 7 – 8
Documentary evidence in relation to the North Wales Clinical Services Strategy

Appendix	Title
7	Project Initiation Document, North Wales Clinical Strategy
8	Stakeholder engagement – list of attendees

APPENDICES 9 – 11
Documentary evidence in relation to the 5 Year Clinical Services Strategy for Trauma and orthopaedics

Appendix	Title
9	Project Initiation Document, Orthopaedic Services 5 Year Strategy
10	Communications strategy
11	Stakeholder engagement - list of attendees

APPENDICES 12 – 16
Documentary evidence in relation to the Review of Maternity and Child health Services

Appendix	Title
12	PID, Maternity & Child Health Services reviews
13	Key question and principles – Maternity & Child Health
14	Communications strategy
15	Communications action plan
16	Stakeholder engagement –list of attendees

APPENDICES 17 – 21
Documentary evidence in relation to the Review of Emergency General Surgical Services

Appendix	Title
17	Extracts from SBAR report on unscheduled care, March 2010
18	Project Initiation Document, Review of Emergency General Surgical Services
19	Communications strategy
20	Communications action plan
21	Stakeholder engagement – list of attendees

APPENDIX 22

Brief chronology