Office of the
Trust Special Administrator
of MSFT

Mid Staffordshire NHS
NHS Foundation Trust

Maintaining high quality, safe services for the future

Having your say

Consultation on the Trust Special Administrators' draft recommendations on the future of services for local people using Stafford and Cannock Chase hospitals.

Please read this important document and complete the consultation response form.
Your views are important.

This consultation begins on Tuesday 6 August 2013 and finishes at midnight on Tuesday 1 October 2013

For more information about the consultation, or to request a summary of the information provided in this document in a different format or language*, please get in touch with us.

* Requests for information in a different language will be provided in a document format where possible, and if not possible, via an interpretation service.

Jeśli potrzebują Państwo pomocy w przetłumaczeniu niniejszego dokumentu na inny język*, chcą otrzymać go w innym formacie lub potrzebują dodatkowych informacji, prosimy skontaktować się z nami na podany niżej adres.
* Prośby o informacje w innym języku będą realizowane – o ile będzie to możliwe – poprzez udostępnienie dokumentu drukowanego. Jeśli nie będzie to możliwe, zapewnimy usługę tłumaczenia ustnego.

دستاویز اس کے دیگر کسی زبان میں ترجمے کے لیے اگر آپ کو مدد درکار ہے*، کسی اور فارمیٹ میں چاہیے ہے ای آپ کو مزید معلومات درکار ہے تو، برائے مہربانی درج ذیل تفصیلات کے ذریعے ہم سے رابطہ کریں۔
* کسی مختلف زبان میں درکار معلومات، اگر ممکن ہو تو دستاویزی شکل میں فراہم کی جائے گی اور اگر ایسا ممکن نہ ہو تو، ہم ترجمانی کی خدمت فراہم کریں گے۔

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਅਨੁਵਾਦ ਕਸੇ ਦੂਜੀ ਭਾਸ਼ਾ* ਵਚਿ ਕਰਨ ਲਈ ਮਦਦ ਦੀ ਲੋਡ਼ ਹੈ, ਇਸਨੂੰ ਕਸੇ ਦੂਜੇ ਫਾਰਮੇਟ ਵਚਿ ਚਾਹੁੰਦੇ ਹੋ, ਜਾਂ ਇਸ ਸਬੰਧੀ ਹੋਰ ਜਾਣਕਾਰੀ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਤਿੇ ਵੇਰਵਆਿਂ ਤੇ ਸਾਨੂੰ ਸੰਪਰਕ ਕਰੋ।
* ਕਸਿੇ ਵੱਖਰੀ ਭਾਸ਼ਾ ਵਚਿ ਜਾਣਕਾਰੀ ਲਈ ਕੀਤੀਆਂ ਗਈਆਂ ਬੇਨਤੀਆਂ ਮੁਮਕਨਿ ਤੌਰ ਤੇ ਦਸਤਾਵੇਜ਼ ਫਾਰਮੇਟ ਵਚਿ ਪ੍ਰਦਾਨ ਕੀਤੀਆਂ ਜਾਣਗੀਆਂ, ਜੇ ਅਜਹਿਾ ਮੁਮਕਨਿ ਨਹੀਂ ਹੋਇਆ, ਤਾਂ ਅਸੀਂ ਤਰਜਮਾਨੀ ਸੇਵਾ ਮੁਹੱਈਆ ਕਰਾਂਗੇ।

Si vous avez besoin d'assistance pour traduire ce document dans une autre langue*, si vous souhaitez le consulter dans un autre format ou pour tout complément d'informations, veuillez nous contacter à l'aide des coordonnées indiquées ci-dessous.
* Tout complément d'informations dans une autre langue sera, si possible, fourni dans un format documentaire ; si cela s'avère impossible, nous vous fournirons un service d'interprétation.

Ak potrebujete pomoc s prekladom tohto dokumentu do iného jazyka*, potrebujete ho v inom formáte alebo vám treba viac informácií, obráťte sa na nás prostredníctvom nižšie uvedených kontaktných údajov.
* Žiadosti o informácie v inom jazyku budú – ak je to možné – poskytnuté formou dokumentu, ak to nie je možné, poskytneme vám tlmočnícke služby.

Ja jums nepieciešama palīdzība pārtulkot šo dokumentu citā valodā*, nepieciešams cits formāts, vai vajadzīga papildu informācija, lūdzu, sazinieties ar mums – kontaktinformācija norādīta zemāk.
* Informācijas pieprasījumi citā valodā tiks pēc iespējas sniegti dokumenta formātā, ja tas nebūs iespējams, mēs piedāvāsim mutiskās tulkošanas pakalpojumus.

Если вам необходима помощь с переводом данного документа на иностранный язык*, вам необходимо изменить его формат или получить более подробную информацию, обращайтесь к нам по указанным ниже контактным данным.
* Информация на иностранном языке по возможности будет предоставлена в письменном виде, в противном случае мы предоставим услуги устного перевода.

如果需要我们帮助您将本文档译成另一种语言*，需要另一种格式，或者要求更多信息，请按下面的方式联络我们。
*如有可能，则我们会以文档格式提供所请求信息的另一语言版本。如无此可能，则我们会提供口译服务。

若需要我們幫助您將本文件翻譯成另一種語言*，需要另一種格式，或者要求更多資訊，請按下面的方式連絡我們。
*若可能，我們會以文件格式提供所請求資訊的另一語言版本。若無此可能，則我們會提供口譯服務。

Visit our website
www.tsa-msft.org.uk

Call us (freephone)
0800 408 6399

Email us
TSAconsultation@midstaffs.nhs.uk

Send your response to us:
Freepost Plus RSGR-CRGE-EHLE, MSFT-TSA Consultation, Ipsos MORI, Research Services House, Elmgrove Road, Harrow, HA1 2QG

Contents

Foreword

Professor Hugo Mascie-Taylor, Alan Bloom and Alan Hudson

The Trust Special Administrators (the TSAs)

Every patient is entitled to expect high quality and safe health services from the NHS.

This responsibility to local people has underpinned the work of the TSAs of Mid Staffordshire NHS Foundation Trust (MSFT or the Trust).

There is another important responsibility to all taxpayers who rightly expect every pound spent on health services to be spent efficiently.

We are the TSAs appointed by Monitor, the health care regulator, on 16 April 2013 following its decision to use its powers to intervene at MSFT.

We are:

- Professor Hugo Mascie-Taylor, an experienced clinician and medical leader; and
- Alan Bloom and Alan Hudson, senior partners at EY, a major consultancy firm.

Chapter 3 sets out more about our role and duties.

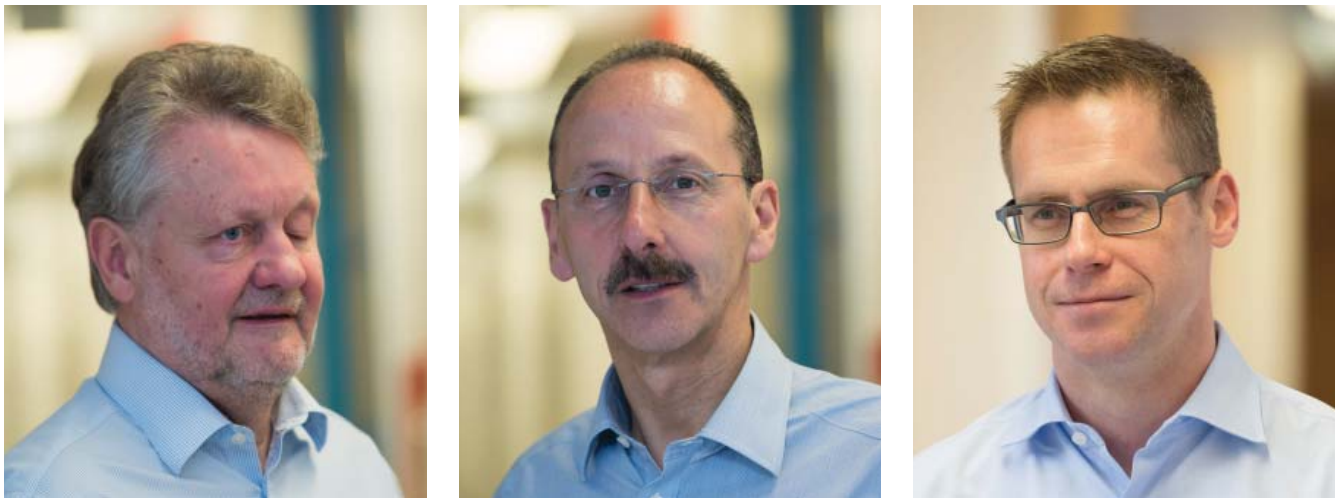
Some have questioned why the TSAs are undertaking this process at MSFT now, when recent inspections at Stafford and Cannock Chase hospitals show services are safe.

It is important to recognise that the Care Quality Commission (CQC) in recent times has indicated that the Trust is safe, however, the CQC does not take into account the long term financial and staffing difficulties the Trust has and will continue to experience.

This broader assessment was undertaken by the Contingency Planning Team in 2012/13 when it was asked by Monitor to look at the Trust's future. It concluded the Trust won't be able to provide safe care within the available budget for the foreseeable future and there are shorter term safety issues in certain areas of activity, such as A&E, and medium and longer term safety issues in others.

Following this assessment we were appointed as TSAs to oversee the Trust's current services but importantly to also plan for health services for the long term future.

We would like to take this opportunity to acknowledge the hard work and dedication that MSFT's staff have continued to demonstrate following our appointment



From left to right: Professor Hugo Mascie-Taylor, Alan Bloom and Alan Hudson

while continuing to give patients good care and attention. We thank all staff for their commitment.

We do not wish to dwell on the Trust's difficult history. Instead we are concentrating our efforts on finding a long term solution for the Trust's present problems. These problems are listed below:

- **MSFT provides services to relatively small numbers of patients; some patients in the area are actively choosing to use other hospitals.**

  On a related and important point, this means staff may not see enough cases to maintain and improve their skills and ultimately keep patients safe.

- **It is difficult to attract and retain enough doctors and nurses.**

  The Trust therefore has a high number of temporary staff which is very expensive. It has also had to take on extra staff in recent years to improve care levels.

- **This means the cost of running the Trust is far too high for the number of patients the hospitals serve compared to similar hospitals. The Trust does not earn enough money to cover its costs, nor will it in the future.**

These problems must be solved. To avoid a continuation of the current situation where the Trust is in the impossible position of trying to provide its current range of services safely within its budget, it is essential the difficult job of planning to provide safe, affordable services into the future is done now. This is the task we have undertaken.

Our guiding principles are to make recommendations, which are described in this document, for safe services within the budget available that are provided as near to patients' homes as possible. We expect these recommendations, if approved, would be implemented over the next two to three years.

Our proposals involve very close working with other hospitals and success will also be dependent on much better collaboration with GPs and community services.

We recognise that other hospitals in the area currently face their own challenges and would not be able to take on additional patients from MSFT until they are ready to do so.

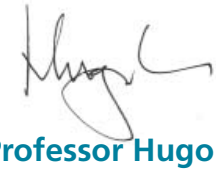
These recommendations have been drafted with the input of many, including local people and leading national experts, whom we wish to thank.

Our draft recommendations also have the support of the Stafford and Surrounds and Cannock Chase Clinical Commissioning Groups (the CCGs), who buy health services on behalf of patients in the area, and NHS England, who support CCGs as well as commission some services directly.

Most people go to Stafford and Cannock Chase hospitals as outpatients or to have diagnostic tests. Our draft recommendations do not impact these services. In fact these services may even be enhanced. Our proposed solution would allow 91% of patient visits to the hospitals to continue in the future.

We encourage you to read this document thoroughly with an open mind and to consider the reasons for our draft recommendations. Then tell us what you think.

We value what you think and we want as many people as possible to respond to this consultation by its deadline of midnight on Tuesday 1 October 2013. We would like to reassure you that we will consider the views of the people, groups and stakeholders who respond before finalising our recommendations. These will then go forward to Monitor and the Secretary of State for Health.



Professor Hugo Mascie-Taylor

Alan Bloom

Alan Hudson

What is this document for?

This document sets out and seeks your views on the TSAs' draft recommendations for the future of safe and high quality health services for people who use Stafford and Cannock Chase hospitals.

The TSAs have met patient and public representatives, local authorities, local GPs, health service commissioners, hospital doctors, nurses and other hospital staff, neighbouring NHS trusts and other health care providers as well as patients and members of the public as part of the work in developing their draft recommendations.

Chapter 4 describes how the TSAs have gone about producing their draft recommendations. More information is available in the draft report on the TSA website at www.tsa-msft.org.uk.

This is a consultation document and the TSAs would like to hear your views on the recommended changes. Should you require an explanation of any of the terms used in this document, please see the glossary on pages 58 and 59.

Many people wrote to the TSAs prior to this document being published. The TSAs value all of the views that people choose to share. However, it is important for you to know that this consultation stage is a legal process and it is important to comment upon the draft recommendations contained in this document if you wish for your views to be taken into account.

Having your say

There are various ways to find out more, get involved and tell us what you think. These are detailed in Chapter 11. You can provide your views by completing:

- the printed response form included with the printed consultation document and returning it using the Freepost envelope provided; or
- the online response form which can be accessed via the TSA website at www.tsa-msft.org.uk.

Question

Question boxes like this one appear throughout this document. These are the questions in the response form. Each question box contains the specific consultation question we would like you to answer.

To ensure your views are considered, we must receive your response form no later than midnight on **Tuesday 1 October 2013**. A second-class Freepost envelope is provided for printed response forms. Please ensure you post it in plenty of time.

You can request a printed response form and Freepost envelope, via freephone (0800 408 6399) or via email (TSAconsultation@midstaffs.nhs.uk).

Finally, if you have any complaints about the consultation please contact:

The Trust Special Administrators
Mid Staffordshire NHS Foundation Trust
Stafford Hospital
Weston Road
Stafford
ST16 3SA


Main Entrance
Main Entrance

1 Is change needed or should we go on as we are?

You might ask: Why is change needed just as things are improving at Stafford and Cannock Chase hospitals?

Care at Mid Staffordshire NHS Foundation Trust (MSFT or the Trust) has improved over the last couple of years according to inspectors and thousands of local people now safely use Stafford and Cannock Chase hospitals' services.

In recent times the Care Quality Commission (the CQC), the regulator of all health and social care services in England, has indicated that the Trust is safe. However, the CQC does not look at the long term financial and staffing difficulties that the Trust has and will continue to experience. The Contingency Planning Team said in 2012/13 these are both warning signs that the Trust will not be able to provide safe care, within budget, in the medium to longer term.

The roots of these problems are the troubled history of the Trust and its size – it is one of the smallest in England based on the number of people who might use its services now and in the future, known as the catchment population. This small size brings particular challenges and difficulties.

In the near future, it is likely that standards of care will slip compared to the wider NHS in England leaving local people worse off. Indeed, in some areas of the hospitals' activity there are far more imminent safety issues, for example, A&E.

This is why experts say doing nothing now is unacceptable.

This chapter examines in detail why it is not in anyone's interest for nothing to change. It explains why change must happen.

The reasons for change

Future patient safety

Future local patient safety is at stake. If nothing changes, people may still be treated at Stafford or Cannock Chase hospitals but they won't necessarily be getting their treatment in the most appropriate place or seeing the doctor or nurse with the best mix of skills and experience.

There is a national trend for centralising some services at larger specialist centres. This is driven by the need to offer patients the opportunity to see experienced doctors and nurses who see large numbers of patients with their particular illness or to access scarce and expensive technology. Good national examples of this are cancer and heart disease. Additionally, in some life-and-death emergencies (for example, stroke), patients at these bigger centres have a better chance of surviving with fewer lasting effects.

Independent medical studies* on the NHS have also separately found that both 24-hour seven-day consultant cover and the scale of a larger specialist centre is critically important to the treatment of patients.

The reasons for this are:

1. **Larger centres have greater numbers of more experienced specialist doctors available at all times.** Smaller hospitals like Stafford and Cannock Chase aren't able to take on enough specialist doctors to have constant cover. Some key services at Stafford, such as A&E, already have limited opening hours for these reasons. A&E opening hours at Stafford won't change in the future because local commissioners, the buyers of hospital services, don't believe it's the best way to provide this service safely and economically.

2. **Relatively more people die if they are admitted to hospital on an evening or a weekend when fewer or no consultants are on duty.** This fact has been established by studies. Stafford and Cannock Chase hospitals already have significantly less specialist doctors than recommended by the latest national guidelines to give constant cover safely for some specialist services.

3. **Stand-alone smaller hospitals can't give their specialist doctors enough breadth of experience of patients for their essential skills to be kept up to date.** Larger specialist hospitals have more patients so their specialist doctors' skills are kept current and they learn new techniques. Clinical experts say Stafford and Cannock Chase hospitals will never treat enough patients to keep specialist doctors' skills current. Guidance from the Royal College of Surgeons states that a district hospital should serve a catchment population of at least 300,000 to ensure services are of sufficient scale, and a specialist hospital should ideally serve a population of 450,000.

*Academy of Medical Royal Colleges, December 2012, Seven Day Consultant Present Care and Royal College of Physicians, September 2012, Hospitals on the Edge? The Time for Action

Difficulty in hiring and keeping the right staff

Recruitment and retention is another related and important point. Some smaller hospitals find it harder to attract and retain the most experienced and sought-after staff. Posts must therefore be filled temporarily.

Stafford Hospital's history also deters staff from joining permanently so even more posts are filled temporarily. The Trust has also had to take on more staff in recent years to address serious care failings. Staffing hospitals this way is expensive and these extra costs add to the Trust's problems.

Being fair to all NHS patients

The Trust is already spending far more than it earns and there is no safe way to reduce its costs sufficiently. It will inevitably slide further into debt costing taxpayers more and more.

MSFT is failing its legal duty to local people to provide safe and high quality services within the funding available.

The Trust cannot go on spending more money than it earns. There is a fixed budget for the whole NHS; patients elsewhere in the NHS lose out every time MSFT is bailed out.

For every pound that has to be found to prop up MSFT, there is a pound less to spend on health services for other patients in England.

We have included more on MSFT's financial problems in Chapter 2, but put simply, each year the Trust earns around £150m but it costs about £170m to run. To put that into perspective it spends around £20m more than it earns each year in income.

Last year it needed an additional £21m of taxpayers' money to cover its everyday costs. If nothing changes and this amount is needed every year, then in just ten years the Trust will have soaked up an additional £210m with no end in sight. This £210m could pay for hundreds of thousands of operations.

Taxpayers are forced to pay but the Trust's finances aren't improving and every bail-out means it slides further into debt.

The Trust has tried to reduce its costs but still loses money. Without additional taxpayers' help the Trust would need to cut its costs so severely that it would not be able to afford to pay enough staff to provide its current range of services safely. This would inevitably put lives at risk.

It is unacceptable to allow this situation to continue, especially in a climate when all NHS organisations are expected to make the most of the budget they have.

Making sure the NHS meets future needs

The population is ageing and this is placing ever greater demand on the NHS. Therefore the NHS must adapt. Stafford and Cannock Chase hospitals are no different. In fact the situation is more serious in this local area as it has a high proportion of older people.

Services currently don't effectively meet the needs of older people in the area; services need to be more integrated, which means they need to work together in a structured way. If nothing changes, then many older people in the area will not get the kind of care that will help them to stay well, independent and out of hospital.

Medical advances and improvements in treatment mean it's no longer necessary for some people to be admitted to hospital if they do not need to be. These advances also mean that the length of patients' stays can be minimised. People are often better served getting care in a planned way in or nearer to their home. This approach reduces repeat emergency hospital admissions which are distressing and unnecessary for some patients. In the future treating people this way will be a better use of the NHS's resources and will help people stay well and out of hospital.

Facing up to the issues

The Trust has tried hard to find solutions to the serious problems it faces but cannot come up with a realistic plan for the reasons we have explained.

Action must be planned in a considered way to meet the needs of the local patients and allow services to be given by the most appropriate doctor, nurse or other health professional so patients in the future receive the highest quality and safest services within the budget available.

These are worrying issues but we must face them now and not underestimate how important it is to find a long-lasting solution.

In reality, a failure to face up to the problems now in order to safeguard high quality services, will make things worse for local people in the future.

The TSAs are responsible for ensuring this blueprint for change is developed in everyone's best interests.

2 The financial problems

To appreciate the financial challenges faced by Mid Staffordshire NHS Foundation Trust (MSFT or the Trust) it is helpful to look at the issue from the patients' perspective.

NHS patients will only get the services they need if money is not wasted through inefficiency. This is the responsibility of all NHS organisations.

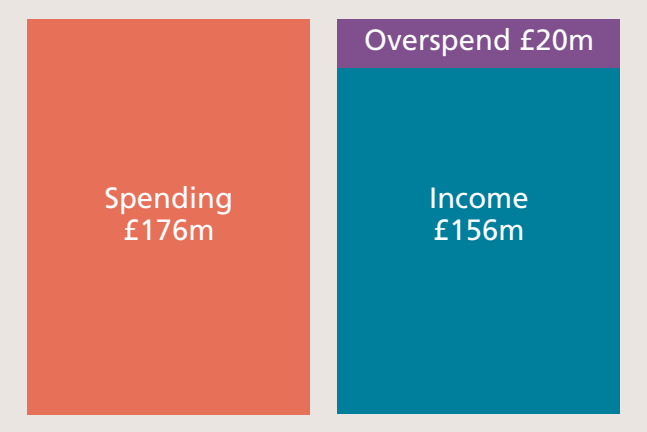
For this reason hospitals are paid for providing treatment at a rate that is set to make the most of each and every pound without compromising on the essential quality and safety of services.

MSFT has been found to be more expensive to run than most other trusts. Its debts are mounting because it costs far more to provide its services than the Trust receives in payment for patient treatments.

Staffing levels and back office costs are very high for the size of Stafford and Cannock Chase hospitals and MSFT has been overspending since 2010. Since 2010 it has received cash injections of additional taxpayers' money totalling £42m in order to pay its staff and suppliers (£21.0m in 2011/12 and £21.4m in 2012/13).

In 2013/14 it is anticipated that MSFT will overspend by another £20m on the day to day running of the Trust. When you add the money that it will spend on its buildings, plant and equipment, this additional funding required is estimated to increase to £36m in 2013/14.

Estimated income vs spending for 2013/14 (excluding monies spent buying and maintaining buildings, plant and equipment)



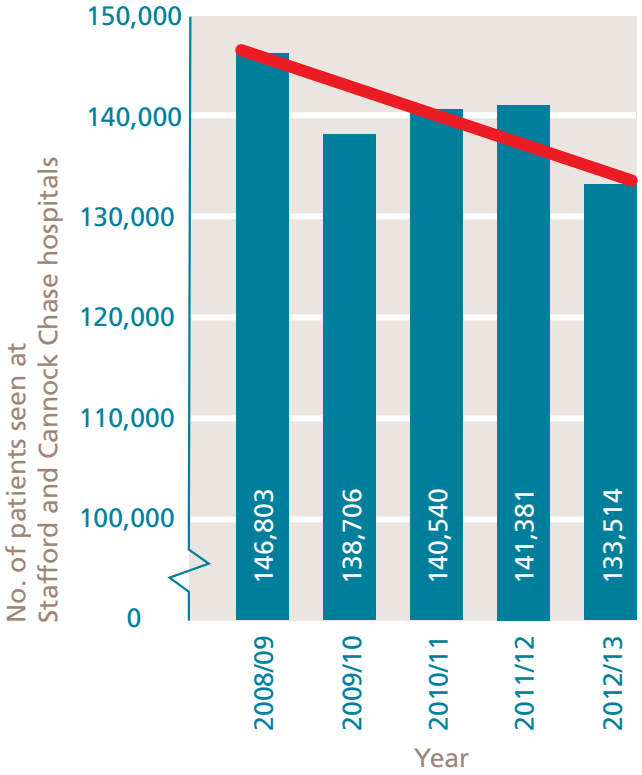
What are the underlying causes of the Trust's financial problems?

The Trust has two major challenges that are driving its financial problems:

1. The Trust does not see enough patients

The population served by the Trust is already small and some patients are exercising their choice and are asking to be treated elsewhere.

MSFT patient numbers



As a result, the Trust has not treated all the extra patients it needed to balance its books. In fact, the number of patients seen by the hospitals has fallen over time.

2. The Trust costs too much to run

In 2009/10 the Trust took on significant numbers of staff in response to major, well-publicised concerns over the quality of care. The Trust was not able to afford all the extra staff it needed and this means it has had to borrow money each year since to pay for this.

MSFT's staff costs are also high because it is experiencing recruitment and retention problems and has to use too many temporary and agency staff which are expensive. This is partly due to its reputation and partly because good candidates often choose to work for larger teaching hospitals. These problems, as well as national shortages, mean 20% of consultants at Stafford and Cannock Chase hospitals are temporary and too many nursing shifts are still being covered by agency nurses. Permanent junior doctors and managers are also proving hard to recruit.

The Trust also continues to overspend every year because as a small Trust it spends a higher proportion of its income on managing its buildings. It is very unusual for a small Trust like MSFT to operate two hospitals, which increases its costs.

Overall MSFT is not as efficient as most other trusts. Analysis of all hospitals operated by the NHS show that MSFT's costs are 18% higher than the national average (see chart opposite).

No way out of its financial difficulties

Close examination of the Trust's finances by the Contingency Planning Team in 2012/13 showed that in order to resolve its financial problems, MSFT would need additional cash of at least £70m over the next five years even if it makes cost savings of 7% every year.

The Trust has been trying to cut its costs but has not managed to achieve 7% savings annually. In 2012/13 it reduced costs by 6% and it has budgeted to achieve cost savings of less than 4% in 2013/14.

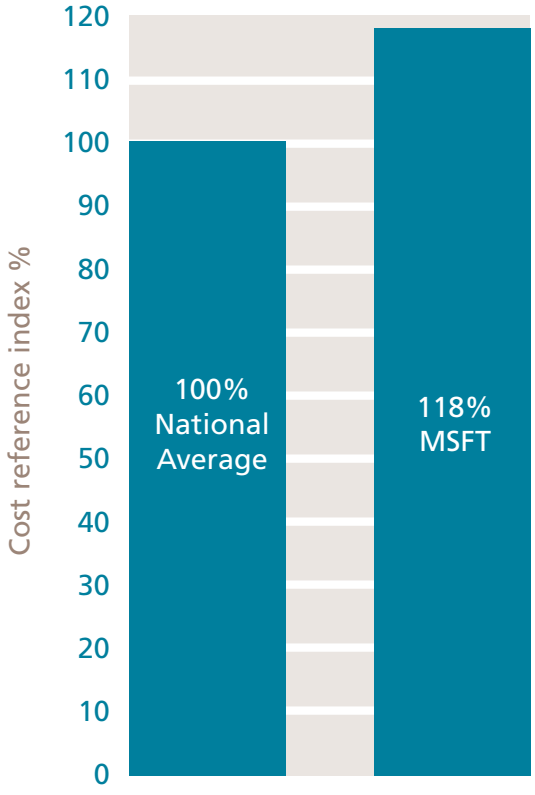
In a recent survey, NHS finance directors agreed that savings are harder to make with every year that goes by. In 2012 only 5 out of 45 Trusts surveyed* made 7% savings. No NHS Trust has ever saved that amount every year for five consecutive years.

Therefore it is not surprising that MSFT doesn't think it can achieve the required 7% savings each and every year. To put this into perspective the Trust would have to cut its staff wage bill by 25% to achieve this target whilst treating the same number of patients. External experts and the Trust agree that this would cause significant safety issues at the hospitals.

So cutting costs to this level is not the solution but doing nothing is not a realistic alternative either. If nothing is done, the financial situation will continue to worsen and the Trust will be unable to provide the quality of care that local people require.

You can find out more about what will happen if nothing changes at MSFT in Chapter 1.

Cost of running MSFT vs national average (2011/12)



* King's Fund quarterly report September 2012

3 What is the role of the TSAs?

The TSAs were appointed on 16 April 2013 by Monitor, the health care regulator, after its decision to intervene at Mid Staffordshire NHS Foundation Trust (MSFT or the Trust) to protect future health services for local people.

The TSAs, who report to Monitor, have two roles:

- to take overall responsibility for the running of the Trust; and
- to develop and consult locally on a draft report about how local patients should continue to receive high quality and safe services over the long term, before making final recommendations to Monitor and ultimately to the Secretary of State for Health.

What exactly has Monitor asked the TSAs to do?

The TSAs have been tasked by Monitor to assess and develop recommendations on how clinically and financially sustainable health services can be provided for local people in the future.

Chapter 1 explains why MSFT cannot currently provide clinically or financially sustainable services.

So what do the terms "clinically and financially sustainable" services actually mean?

These technical phrases may be referred to during the consultation at meetings or in other consultation material. This section seeks to explain in plain English what is meant by these terms.

The term **"clinical sustainability"** means the ability to provide good quality, safe services for patients for the foreseeable future. The TSAs were asked to consider the next ten years.

The term **"financial sustainability"** means the ability of a hospital to balance its books for the foreseeable future.

How will the TSAs achieve this?

The TSAs must come up with recommendations that achieve both clinical and financial sustainability. To focus on one at the expense of the other could create an imbalance that means quality may suffer or, on the other hand, that services are unaffordable. The TSAs are following a legal timescale which is designed so that they can focus on developing a plan for achieving the rapid and essential change needed.

On Thursday 13 June 2013, the TSAs formally asked Monitor for an extension of 30 working days to finalise the draft recommendations and an extra 10 working days for the public consultation to take into account the summer holiday period. On Wednesday, 19 June 2013, Monitor formally granted this extension request.

The revised timescale therefore includes a 40 working day public consultation to get the views of those most affected by the draft recommendations. This takes place after an initial 75 working-day period spent developing the draft recommendations.

The Trust Special Administration timeline

Day 1	**Tuesday 16 April 2013** Appointment of the TSAs takes effect
Within 75 working days*	**Wednesday 31 July 2013** Publication of the TSAs' draft recommendations
Within 5 working days	**Tuesday 6 August 2013** The formal consultation process on the TSAs' draft recommendations begins
40 working days*	**Tuesday 1 October 2013** The formal consultation process on the TSAs' draft recommendations ends
Within 15 working days	The finalised report on the TSAs' recommendations is sent to Monitor
Within 20 working days	The final report is reviewed by Monitor and submitted to the Secretary of State
Within 30 working days	The Secretary of State decides on what action is to be taken

Although the TSAs will consider previous work done by a group of experts, called the Contingency Planning Team, on behalf of Monitor between September 2012 and March 2013, the TSAs have complete discretion and flexibility to develop their own draft recommendations.

The TSAs are open-minded and are taking into account the views they receive before they finally decide on their recommendations to Monitor and the Secretary of State for Health.

To do this effectively, they will gather local opinion from a wide range of people and organisations in the local area including patients, the public, staff, other NHS trusts, MPs, GPs, local authorities, patient representative groups and the local consumer champion for health services called Healthwatch. Critically, the TSAs have also listened to what the local Clinical Commissioning Groups (the CCGs) for Stafford and Surrounds and Cannock Chase, who are the buyers of the hospitals' services and who are led by local GPs, have said about which services must continue to be provided locally and those they intend to commission from Stafford and Cannock Chase hospitals in the future.

Throughout the process, the TSAs have and will continue to gather, analyse and consider large amounts of information about MSFT, the services it provides and the population it serves.

Chapter 4 tells you more about how the TSAs have gone about developing their draft recommendations.

Summary

The task of the TSAs is to find a planned solution that means high quality and safe services continue to be delivered for local patients in the future within budget. The TSA process allows the Trust's difficulties to be tackled swiftly but in a planned way so services for patients are not put at risk by short-term or quick-fix solutions.

*On 19 June 2013 Monitor granted an extension of 30 working days for the publication of the TSAs' draft recommendations and an extension of 10 working days to the public consultation period

4 How have the TSAs gone about developing their draft recommendations?

The TSAs must develop clinically and financially sustainable recommendations that provide high quality and safe services for the future.

The reasons for the appointment of the TSAs to Mid Staffordshire NHS Foundation Trust (MSFT or the Trust), their objectives and the details of the legal timetable are set out in Chapters 1 and 3.

This chapter describes how the TSAs have approached developing the draft recommendations set out in this document.

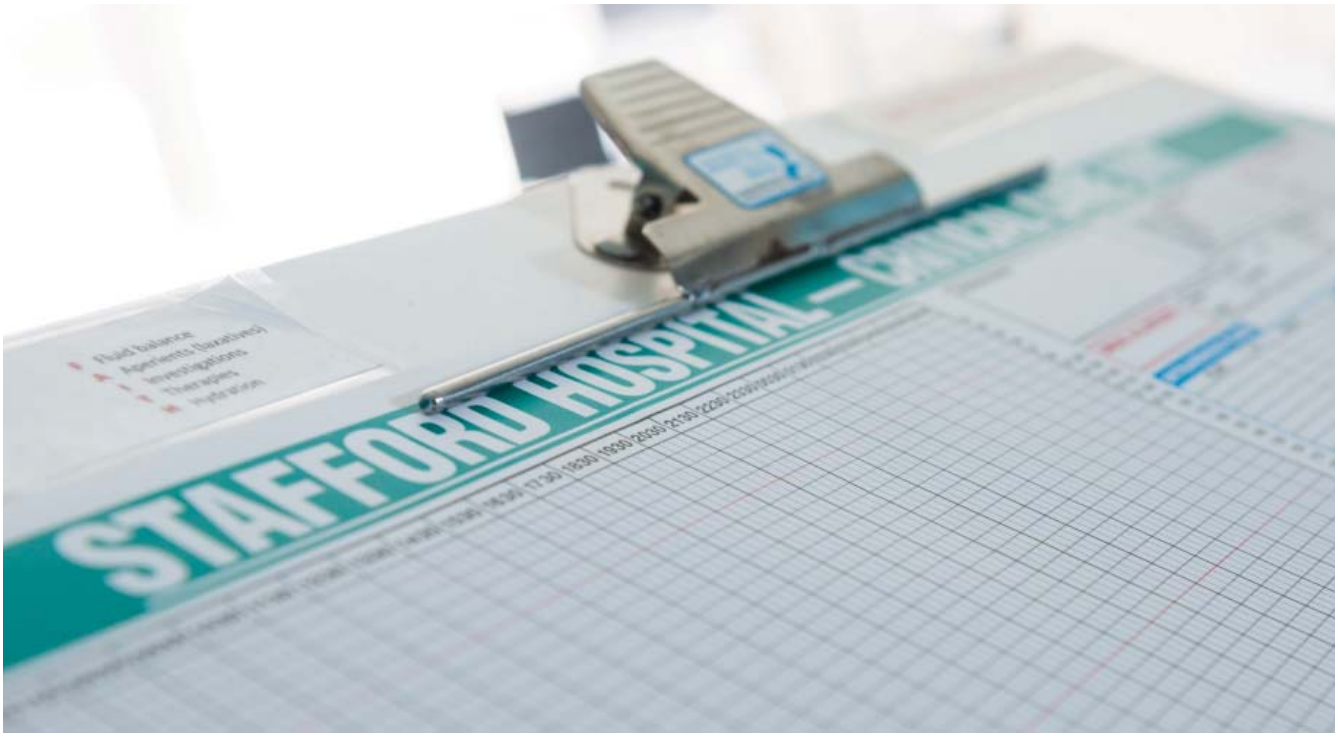
The TSAs' guiding principles have been to come up with a solution based on high quality, safe services provided as near to patients' homes as possible without incurring the significant financial losses that have been a problem to date. They are also determined that they won't simply shift the problem elsewhere.

The TSAs' draft recommendations are set out in detail in later chapters.

Location Specific Services (LSS) for Stafford and Cannock

By law, the TSAs began the process with a list of the minimum services that must be provided locally known as Location Specific Services (LSS). This list was drawn up by the Stafford and Surrounds and Cannock Chase Clinical Commissioning Groups (the CCGs). These groups buy health care services on behalf of local people. They say the LSS must continue to be local whatever additional services the TSAs may recommend.

The TSAs have developed proposals that provide services over and above the LSS. Further information on the TSAs' draft recommendations is set out in Chapters 6, 7 and 8.



The LSS are:

For Stafford	Outpatients services
	Patient-facing diagnostics (ie, x-rays, blood and urine specialist tests)
	Day case chemotherapy (a medical treatment for cancer patients)
	Pre- and post-natal care
	Inpatient hospital beds for patients who are no longer very unwell and can be moved nearer to home safely following treatment at a specialist centre
For Cannock	Outpatients services including pre- and post-natal care
	Patient facing diagnostics

The CCGs say that in addition to the above services, the LSS listed below must only carry on being local until other hospitals are in a position to take on more patients and provide these services instead of Stafford Hospital:

For Stafford	Current 14/7 A&E (this means no change to the opening hours and broadly the same service presently run out of Stafford Hospital)
	Routine obstetrics (services for women with normal pregnancies)
	Selected emergency (non-elective) admissions/inpatients (eg, frail people with pneumonia)
	Selected elective admissions for a range of medical specialities (eg, control of heart failure)
For Cannock	None specified

Finally, the CCGs recognise that if the LSS are provided in Stafford and Cannock, then the relevant support services, such as anaesthetics, will also have to be provided locally.

How do local commissioners say they will buy services in the future?

CCGs plan for the future as part of their role as buyers of health services on behalf of patients. They take into consideration the make-up of the population they serve and any particular characteristics, such as the number of older people, prevalent health problems and advances in how or where treatments are best administered.

The TSAs took into consideration the CCGs' planning in developing their draft recommendations. The CCGs want to reduce the number of patients that are admitted to hospital because it is no longer the best way for many patients to maintain their health. The CCGs want to make use of medical advances which now mean people can be treated in a planned way closer to home. Treating people this way is known to be a better use of NHS resources and experts say it helps people stay well and avoid hospital.

These "commissioning intentions" have been published by the CCGs and have influenced the formulation of the TSAs' proposals.

The CCGs also identified in their commissioning intentions that they would like more services to be delivered locally in addition to the LSS, as long as they can be delivered in a clinically and financially sustainable way.

The TSAs have talked with the CCGs about the delivery of the LSS and other services and the TSAs' draft recommendations reflect these discussions and have the support of the CCGs and NHS England.

How might other hospitals and health care providers help to provide LSS and more?

The TSAs are able to look outside the Trust to find a way forward. They have carried out a process called a "market engagement exercise" which was designed to allow any health care provider, including other hospitals, to propose a solution for delivering the services currently provided by Stafford and Cannock Chase hospitals. The TSAs said providers must at a minimum provide the LSS, which means keeping those services and providing them locally.

The TSAs widely advertised the process and detailed information was sent out to providers who expressed an interest. Those interested were given a list of requirements. This included making clear how the proposals would benefit patients. They were also asked to explain how quality and safety would be assured and to state the financial implications of their proposals.

Fourteen proposals were received from twelve organisations. The proposals which provided for the widest range of services and confirmed that they were able to deliver them in a clinically sustainable way were:

1. from University Hospital of North Staffordshire NHS Trust (UHNS) which submitted a proposed solution for Stafford; and
2. from The Royal Wolverhampton Hospitals NHS Trust (RWT) which included a proposed solution for Cannock.

These two proposed solutions now form the basis of the TSAs' draft recommendations. The proposals are simply being used to develop a possible blueprint for future services. There are still a number of parties, including, in particular Walsall Healthcare NHS Trust, who are interested in providing the services, especially to Cannock.

The TSAs understand that UHNS, RWT and other local health providers currently face their own challenges and are not yet ready to take on more services from Stafford or Cannock Chase hospitals. The TSAs' draft recommendations, if approved, would only be implemented when the affected health providers are deemed ready to take on the additional work from MSFT. It is anticipated that this would happen over a period of two to three years, subject to the safe provision of services in the interim.

Who is contributing to developing the draft recommendations?

The TSAs, following a legal process developed by Monitor, are required to engage with local CCGs, patients and staff, plus a range of national regulatory bodies including the Care Quality Commission (the CQC), clinical experts, other hospitals and health organisations and NHS England as part of their work in developing a solution for MSFT.

The TSAs have seen all these people as well as many others in a comprehensive series of meetings.

For example, as the clinical quality and safety of the solution is vital, Joint TSA Professor Hugo Mascie-Taylor has set up three advisory groups:

- a national Clinical Advisory Group (CAG) jointly chaired by the Academy of Medical Royal Colleges. The group's membership is made up of the Royal Colleges for all the relevant medical specialities including physicians, obstetricians, gynaecologists, surgeons, paediatricians, pathologists, radiologists, anaesthetists, public health physicians, GPs and emergency doctors;
- a national Nursing and Midwifery Advisory Group made up of senior nurses in the NHS; and
- a local clinical reference group of senior doctors from local hospitals and local commissioners.

The CAG and Nursing and Midwifery Advisory Group, together known as the National CAGs, used their knowledge of their respective Royal College guidelines and professions for safe care to advise on the proposed solutions including the issue of recruitment and retention of key staff, which is a particular problem for MSFT.

The local clinical reference group assessed the proposed solution from their professional viewpoint for safety and whether it will be workable locally in the long term.

Independent scrutiny of the recommendations

The TSAs want to ensure that their proposals are reviewed by a separate and independent group of credible and knowledgeable individuals, called the Health and Equality Impact Assessment Steering Group.

This group, which includes patient and public representatives, will independently and impartially assess and report on the impact of the TSAs' draft recommendations on the health of local people. Their final report will be published following the formal consultation period.

It will particularly focus on some of the characteristics protected by the Equalities Act 2010: age, disability, sex (gender), pregnancy and maternity, race, religions and beliefs. The Steering Group will also be reaching out to the community to understand the impact on sexual orientation and gender reassignment (transsexual people).

They have also decided to include socioeconomic deprivation and rural isolation as additional characteristics, and to look at the impact of the draft recommendations on people with combinations of characteristics, for example, the poor elderly.

The TSAs secured an experienced and independent chair: Sophia Christie, who has extensive experience of leading NHS organisations, with no connection to the TSAs or the Trust.

5 The TSAs' draft recommendations and the local context

Stafford and Cannock Chase hospitals cannot continue as they are. The impact of their current challenges is already being felt both within the hospitals themselves and by other neighbouring hospitals that are having to do more. There is no alternative but to make significant change. If things continue as they are, this change will happen in an unplanned, unmanaged and potentially unsafe way.

This will not only adversely impact patients at Stafford and Cannock but will also put even more pressure on other local hospitals. Therefore, change needs to happen in a planned and structured way over the coming months and years to ensure that patients continue to receive high quality, safe services for the future.

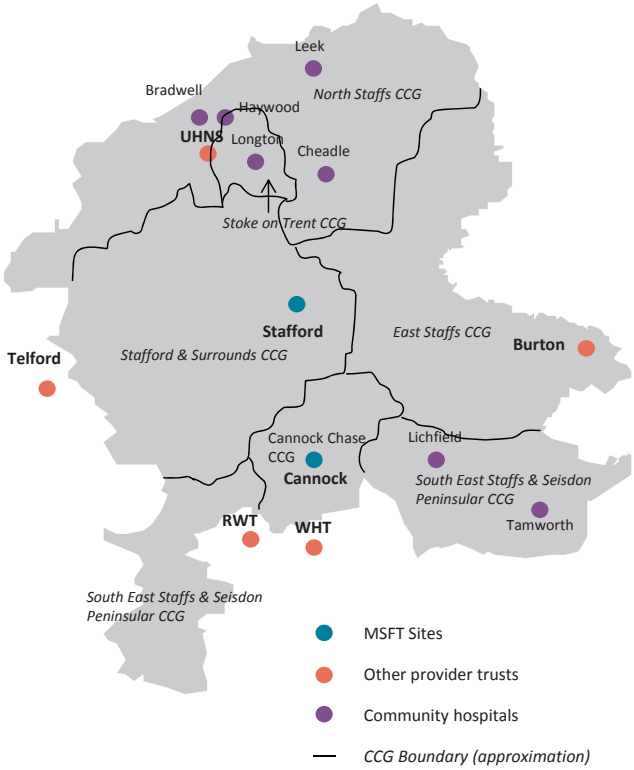
Faced with this problem, the TSAs' starting point in developing their draft recommendations has been the statements of the Stafford and Surrounds and Cannock Chase Clinical Commissioning Groups (the CCGs) of those services which must be provided in Stafford and Cannock, the so-called "Location Specific Services" (LSS). Applying the TSAs' guiding principles which seek to have safe, high quality services provided as close to patients' homes as possible within the budget available, the TSAs have had initial discussions with a number of health providers.

Through these discussions the TSAs have developed proposals that provide services over and above the LSS. Each of these services and the way in which they will operate in practice is set out in the next two chapters.

Hospitals in all areas work together. There are already examples of services that are provided for the people of Stafford and Cannock by other local hospitals, for example, cardiac services which are currently provided by University Hospital of North Staffordshire NHS Trust (UHNS) and stroke services which are currently provided by The Royal Wolverhampton Hospitals NHS Trust (RWT).

The map below shows the geographical locations of Stafford and Cannock Chase hospitals, other local provider trusts and community hospitals.

Local provider trust and community hospital map



At the heart of the TSAs' proposals is the critical need for Stafford and Cannock Chase hospitals to work seamlessly and efficiently with other local health and social care providers so that local people continue to get the best care now and in the future.

To achieve this however the answer does not just lie in what hospitals can do for patients:

- It is essential as part of any plans to change services, that agreements are reached with the relevant health organisations which ensure that people who either do not need to go to hospital or do not need to spend so much time in hospital, are treated in a planned way, closer to home.
- Critically, where the TSAs' proposals require more ambulance transfers, there will be a need to ensure that the ambulance service is given more resource to manage the extra demand.

The TSAs have been speaking to the relevant health organisations and the ambulance service.

The work the TSAs have done in the last 75 days has produced a proposed solution that will allow 91% of patient visits to Stafford and Cannock Chase hospitals to continue in the future.

Most people who go to Stafford and Cannock Chase hospitals do so as outpatients or to have diagnostic tests. Both of these types of services will continue to be provided under the TSAs' draft recommendations and in fact these services may even be enhanced.

At the public meetings held by the TSAs at the start of the process and in the correspondence received from the public since the TSAs' appointment, questions have regularly been raised about the accuracy of the travel times presented by the Contingency Planning Team. It is important to recognise that 91% of patient visits to Stafford and Cannock Chase hospitals will continue under the TSAs' draft recommendations. However, the TSAs are revisiting the impact of their proposed solution on the travel time on the 9% of patient visits to other hospitals. The TSAs will include their analysis of this in their final report.

The National Clinical Advisory Groups (the National CAGs) that have been advising the TSAs have both confirmed that, in their opinion based on the evidence they have seen, the TSAs' draft recommendations are clinically safe and sustainable and would also improve the recruitment and retention of critical staff at MSFT.

However, these medical experts are keen to continue working with the TSAs over the coming months as both they and the TSAs recognise that there is further detailed work to be done around staffing and night time cover arrangements.

The next chapters set out in detail the TSAs' draft recommendations:

- Chapter 6 looks at how the TSAs' draft proposals will affect services at Stafford Hospital;
- Chapter 7 covers the implications for Cannock Chase Hospital;
- Chapter 8 looks at who would run Stafford and Cannock Chase hospitals in the future under the TSAs' draft recommendations;
- Chapter 9 refers to the anticipated financial consequences of the TSAs' draft recommendations; and
- Chapter 10 looks at what these proposals would mean for you and your family.

These are the draft recommendations that are subject to this public consultation and on which the TSAs are seeking your views. Further information on the TSAs' draft recommendations can be found in the draft report which is available on the TSA website at www.tsa-msft.org.uk.

At the end of the public consultation the TSAs will consider the feedback received before finalising their recommendations which will go on to Monitor and the Secretary of State for Health for approval. If approved, the TSAs expect that these recommendations would be implemented over the next two to three years, subject to the safe provision of services in the interim.

More information on the next steps of the TSA process can be found in Chapter 12.

The following tables set out clearly which services will and will not be provided at Stafford and Cannock Chase hospitals under the TSAs' recommendations. It also shows which services are not currently offered at the hospitals. An explanation of the terms used below can be found in the glossary on page 58 and 59. Further detail on what the TSAs' draft recommendations would mean for you and your family are also included in Chapter 10.

Summary of Stafford Hospital services

Services to be provided at Stafford Hospital in the future

- 14/7 consultant-led A&E
- Acute medicine inpatients
- Level 2 critical care with Level 3 stabilisation and transfer
- Pre- and post-natal care
- Surgical and medical day cases
- Some urgent minor and trauma procedures
- Short stay elective surgery
- Outpatients (medical/surgical specialities and paediatrics)
- Day case chemotherapy
- Renal dialysis*
- Diagnostics
- 14/7 paediatric assessment unit

New or enhanced serviced under the TSAs' draft recommendations

- Physician led rapid access clinics
- Step down/rehabilitation beds
- Frail and Elderly Assessment service

Services currently provided at Stafford Hospital which will not be provided in the future

- Some emergency surgery
- Some emergency trauma
- Births
- Neonatal services
- Paediatric inpatients
- Level 3 critical care

A large number of services are not currently provided at Stafford Hospital, nor will they be in the future

These include:

- Major trauma
- Some medical conditions – including stroke and heart attack

* Services currently provided at Stafford Hospital by other local providers

Summary of Cannock Chase Hospital services

Services to be provided at Cannock Chase Hospital in the future

- 16/7 minor injuries unit*
- Day case medical procedures
- GP led intermediate care beds*
- Pre- and post-natal care
- Outpatients (medical/surgical specialities)
- Diagnostics

New or enhanced serviced under the TSAs' draft recommendations

- Elective surgery for some surgical conditions
- Day case surgical procedures
- Consultant intermediate care beds

* Services currently provided at Cannock Chase Hospital by other local providers

Services currently provided at Cannock Chase Hospital which will not be provided in the future

- All current services remain

A large number of services are not currently provided at Cannock Chase Hospital, nor will they be in the future

These include:

- A&E
- Acute inpatients
- Emergency surgery and trauma
- Obstetric or midwife-led births
- Paediatrics

6 Recommendations for Stafford

Emergency and urgent care

The TSAs do not propose any changes to how the vast majority of local patients currently use the consultant-led A&E department at Stafford Hospital.

Stafford Hospital's A&E department will remain open between 8am and 10pm every day. Patients needing help overnight will continue to go to other hospitals as they do now.

The TSAs are of the view that other local hospitals may not be able to maintain safe A&E services should Stafford Hospital's A&E department close, given the additional pressure this would place on them.

The TSAs believe that the extremely difficult recruitment and retention issues currently experienced at Stafford Hospital A&E, could be much reduced by rotating senior doctors and nurses between hospitals in an agreement with a neighbouring hospital. The TSAs have been discussing with University Hospital of North Staffordshire NHS Trust (UHNS) how this could work. The TSAs are satisfied that this is a good solution to the safety issues that are caused by the recruitment problems at Mid Staffordshire NHS Foundation Trust (MSFT or the Trust) which means it has too few specialist staff to cover A&E's opening hours.

Under the TSAs' draft recommendations, ambulances will continue to take patients with signs and symptoms of stroke, some cardiac problems and major trauma to larger specialist centres such as UHNS. Patients with these signs and symptoms are not currently taken to Stafford Hospital.

The ambulance service will take patients who may need emergency surgery and very sick adults and children straight to a larger hospital. The local health providers and the ambulance service will work closely together to ensure the right patients are taken to the right place.

The TSAs agree with the leading doctors and nurses, who have been engaged during this process, that medicine is becoming increasingly specialised.

This means that it is highly likely that some patients who are currently treated at Stafford Hospital may over the course of time be better off getting treatment elsewhere to benefit from medical advances.

Recommendation 1

Stafford Hospital should continue to have a consultant-led Accident and Emergency (A&E) department between the hours of 8am and 10pm daily.

Question

How far do you support or oppose the recommendation around the Accident and Emergency (A&E) department at Stafford Hospital?


ACCIDENTS
&
EMERGENCIES
West Midlands Ambulance Service NHS
NHS Trust
EMERGENCY AMBULANCE
NHS
AMBULANCE
Ambulances are for life threatening conditions and emergencies only
Choose well and get the right treatment
Dial 999 for choking, stroke, chest pain, unconciousness and serious blood loss
Choose well.
AMBULANCE

6 Recommendations for Stafford

Inpatient services for adults

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

Recommendation 2

An inpatient service for adults with medical problems will continue to be provided at Stafford Hospital for those who need to be in hospital.

Question

How far do you support or oppose the recommendation around the inpatient service for adults with medical problems at Stafford Hospital?

As well as retaining acute services for adults, the TSAs believe that health services could be better organised for older people who make up a significant proportion of the local population and whose health needs are the greatest.

More could be done to prevent many of these patients from being admitted to hospital. If local health services were provided in a more integrated way then many local people would get the kind of care they need to stay well, independent and out of hospital.

This view is in line with the stated commissioning intentions of the Stafford and Surrounds and Cannock Chase Clinical Commissioning Groups (the CCGs), who buy health services on behalf of patients. The TSAs want to see closer working between health and social care providers to make sure patients are treated in the right place, helped to stay well and to avoid unnecessary hospital admissions.

The TSAs therefore also recommend the present inpatient service for older people is developed and patients who are not very ill, but cannot cope entirely on their own at home, are assessed appropriately so they can get their treatment at home or in the community when it is safe to do so.

In addition to providing the current inpatient service for people with medical problems, under the TSAs' draft recommendations this service will be enhanced to ensure the needs of frail elderly people are met. A newly created Frail Elderly Assessment service will receive referrals from A&E, GPs, community care providers and others. Consultants specialising in medicine for older people, known as geriatricians, will run the unit by day and senior specialist nurses will take over at night. Patients will be referred to other hospitals or care providers when required.

Recommendation 3

As well as retaining the present inpatient service, a 14/7 Frail Elderly Assessment service is created to provide a one-stop assessment for older people and to take referrals from a wide range of sources. The unit should be staffed by geriatricians to ensure greater links with the community. The Frail Elderly Assessment service should have clear referral systems in place so older people get the most appropriate care.

Question

How far do you support or oppose the recommendation around a Frail Elderly Assessment service at Stafford Hospital?

The TSAs also recommend that a "step down" facility is created to allow patients who have received specialist treatment at another hospital to be transferred back to Stafford to recuperate closer to home. As many people using these step down facilities are likely to be older people, the facilities would largely be staffed by community geriatricians. This would help ensure consistency in care when the patient goes home.

Recommendation 4

Beds should be available at Stafford Hospital for recovering patients, following a spell of inpatient treatment at a specialist hospital, to rehabilitate nearer to home.

Question

How far do you support or oppose the recommendation that beds should be available at Stafford Hospital for recovering patients?

Question

Overall, thinking about all of the recommendations together, how far do you support or oppose the recommendations around inpatient services for adults at Stafford Hospital?

6 Recommendations for Stafford

Maternity services

Approximately 1,800 babies are born at Stafford Hospital each year, making it one of the smallest consultant delivered units in the country. Leading national clinical advisors to the TSAs say this small number of births means Stafford Hospital will not be able to provide the recommended level of consultant cover to provide safe maternity services within budget in the long term.

The situation cannot be improved by getting neighbouring hospitals to rotate their staff through Stafford Hospital, as the TSAs propose for A&E services, as there are simply too few babies born in the hospital.

When the TSAs invited other health care providers to propose how they might take on the maternity services currently delivered by MSFT, for the same reason, not one offered a consultant-led maternity service at Stafford.

The TSAs therefore recommend that the service continues only until other local hospitals have the capacity to deliver a service for more pregnant women. The service should stop when other local hospitals have the capacity to deliver a service for more pregnancies. This capacity will be increased across a number of local providers to ensure patients have a choice of where they have their baby.

An alternative to this would be to have a Midwife-led Maternity Unit (MLU), however, the TSAs cannot recommend this again because of the small number of births at Stafford Hospital. Around 50% of births in Stafford would be suitable for midwife-led delivery, however, nationally collected statistics show of those women who could safely deliver at a MLU, many choose not to when given the choice. This means that a Stafford MLU would see on average less than one birth per day and the TSAs are concerned that this would be too few for the midwives to keep their skills up to date and deliver babies safely.

Whilst this safety issue could be resolved by networking with other local hospitals to safely provide an MLU in Stafford, the fact remains that the very small number of births simply makes this service too expensive to run. The TSAs have a responsibility to make proposals that are financially sustainable and this is why the TSAs recommend that no babies are to be born at Stafford Hospital in the long term.

Under the TSAs' draft recommendations pregnant women would however receive routine consultant led pre- and post-natal care at Stafford Hospital overseen by consultants from neighbouring hospitals. However, women with complications identified later on in their pregnancy or with high-risk complications would attend a larger specialist hospital. UHNS has proposed offering this service.

Recommendation 5

No babies should be born at Stafford Hospital's consultant-led delivery unit as soon as other local hospitals have the capacity to deliver a service for more pregnant women. The TSAs' plan is designed to ensure there is sufficient capacity at neighbouring hospitals so that mothers-to-be have a choice of where they have their baby.

Consultant led pre- and post-natal care should be delivered in partnership with UHNS so that local patients can still attend routine appointments at Stafford. Women will have the choice to go elsewhere if they prefer.

Question

How far do you support or oppose the recommendation around maternity services in Stafford?

6 Recommendations for Stafford

Services for children

There are currently too few consultants at Stafford Hospital to meet the safety guidelines from the Royal College of Paediatricians for an inpatient service for children. The TSAs cannot simply increase the number of consultants to solve this problem as there are not enough patients who use these services to justify this financially, nor would there be enough work for the doctors to be able to maintain their skills.

When children are so unwell they need inpatient treatment, the TSAs recommend this be provided at a larger specialist hospital where doctors see more patients and can quickly give the right treatment. Stafford Hospital will therefore no longer admit children as inpatients.

Recommendation 6

Children should no longer be admitted as inpatients to Stafford Hospital and the service should stop as soon as other local hospitals have the capacity to accept them safely. Patients should be transferred to larger specialist hospitals for appropriate inpatient care.

Question

How far do you support or oppose the recommendation around the inpatient service for children at Stafford Hospital?

Under the TSAs' draft recommendations, most children in need of urgent or emergency care will still go to Stafford Hospital to be assessed between 8am and 10pm every day, and will be seen by consultant emergency physicians in A&E.

Where the children cannot immediately be discharged by A&E and they are not very sick but they require short term monitoring, they will be assessed by the existing Paediatric Assessment Unit (PAU). Ambulances will take very sick children straight to a larger specialist hospital for treatment. If very sick children arrive at A&E by other means they will be transferred to a larger specialist hospital.

The TSAs recommend that the PAU at Stafford operates the same hours as A&E being 8am to 10pm and that it be led by specially trained nurses supported by paediatricians from University Hospital of North Staffordshire NHS Trust (UHNS), who are doctors specialising in children's care. This will allow the PAU to quickly and safely deal with many children. The TSAs have already had initial positive discussions with UHNS about this.

Recommendation 7

Children will continue to be assessed at Stafford Hospital's existing Paediatric Assessment Unit (PAU) during its present opening hours of 8am to 10pm every day. The PAU will be led by specially trained nurses who will consult with paediatricians from UHNS. Referrals will either be through A&E, GPs or other health care professionals as they are now.

Question

How far do you support or oppose the recommendation around the Paediatric Assessment Unit (PAU) at Stafford Hospital?

UHNS currently provides a Paediatric Hospital@ Home service which primarily cares for children who are discharged from hospital but who continue to need additional support at home.

The TSAs are working with the local commissioners to determine the potential for having a similar service in South Staffordshire, which will enhance the current community paediatric service already provided in the area by Staffordshire and Stoke on Trent Partnership Trust. This service helps to reduce the number of children admitted to hospital and allows some children to be treated safely and more appropriately at home.

Question

Overall, thinking about all of the recommendations together, how far do you support or oppose the recommendations around services for children at Stafford Hospital?

6 Recommendations for Stafford

Major emergency surgery

The TSAs recommend patients who need major emergency surgery are treated at larger specialist hospitals with only minor procedures continuing to be performed at Stafford Hospital.

This already happens for patients with serious injuries, known as major trauma, and those requiring vascular surgery who are already taken by ambulance to University Hospital of North Staffordshire NHS Trust (UHNS).

The change means ambulances will take people who obviously need major emergency surgery direct to a larger specialist centre instead of Stafford Hospital. This will affect patients with emergency surgical needs, for example, to have an appendix removed or with bowel obstruction.

The TSAs took this decision because medical experts say the number of patients who are treated for these sorts of conditions at Stafford Hospital is too small.

To put this into perspective, there are currently only four unplanned procedures performed in theatre at Stafford Hospital each day, most of which are not major or life threatening. This is too low for it to continue because the theatre team will not be able to keep their skills up-to-date. In addition, most of the time the emergency team is not needed but to provide the service it must be staffed around-the-clock which makes it very expensive to run.

If a patient does arrive at A&E and is in need of surgery, or if a patient is already at Stafford Hospital and requires surgery, Stafford Hospital will provide diagnostic services and consultants at Stafford will consult surgeons at UHNS about the patient's needs. The patient will then either undergo a minor surgical procedure at Stafford Hospital or, if needed, the patient will be stabilised and transferred to UHNS. This model of care is regarded as acceptable by the Royal College of Surgeons and the Royal College of Physicians. There are different proposals for services that affect emergency treatment of very young and older people and pregnant women who need emergency or urgent hospital treatment. See pages 26-30 to find out more about how these services are affected by the TSAs' draft recommendations.

Recommendation 8

Major emergency surgery should no longer be carried out at Stafford Hospital with the exception of minor surgical procedures which can be dealt with by A&E or where the patient can be stabilised by A&E and scheduled to return to Stafford Hospital for minor surgery. Most major emergency surgery would instead be provided by a local larger hospital such as UHNS or The Royal Wolverhampton Hospitals NHS Trust. The TSAs have already had initial positive discussions with UHNS about this.

This means there will no longer be a surgical assessment unit on-site. A&E consultants at Stafford Hospital will be able to consult surgeons remotely at larger hospitals about patients' surgical needs. Patients would then be transferred to another hospital for surgery where required.

Question

How far do you support or oppose the recommendation around major emergency surgery at Stafford Hospital?

6 Recommendations for Stafford

Critical care

Critical care is a service which provides close monitoring and support for very sick patients. Under the TSAs' draft recommendations there will be a change in the need for critical care at Stafford as major emergency surgery would no longer be provided at Stafford but instead performed at University Hospital of North Staffordshire NHS Trust (UHNS).

Some critical care will, however, need to remain at Stafford Hospital to support very ill patients who arrive at A&E or inpatients that become very unwell. This will include a high dependency area and the 24-hour, daily presence of anaesthetists who could intubate patients and supervise their ventilation prior to transfer to UHNS.

This model of critical care would allow patients who require a short period of intensive care to be treated at Stafford Hospital. However, very unwell patients who need this type of care for more than a few hours would be stabilised and then transferred to a larger specialist hospital.

This approach is already successfully used across England to transfer sick children to regional centres. The TSAs recommend that a similar system of stabilisation and urgent transfer to a larger specialist hospital be used for adult patients. The TSAs have already had initial discussions with the ambulance service about how patients could be safely and effectively transferred in this way.

The specialist staff currently employed in critical care should be integrated into a network which means they will be rotated with other staff in neighbouring hospitals to ensure that they get enough experience day to day of patients to keep their skills up to date. The TSAs have already had initial positive discussions with UHNS on this and this approach is strongly recommended by the National Clinical Advisory Groups (the National CAGs).

Recommendation 9

A small critical care area should be retained at Stafford Hospital so that very ill patients who come to A&E or inpatients who become very unwell can be kept stable prior to urgent transfer to a larger specialist hospital.

Current staff on the critical care unit should work as part of a clinical network established with a neighbouring hospital. UHNS has proposed offering these services and the specialist staff to network with Stafford.

An urgent transfer service should be established for very ill adults which is the same as the approach already used successfully across England to transfer sick children to regional centres.

Question

How far do you support or oppose the recommendation around the critical care unit at Stafford Hospital?


Lloyds TSB

6 Recommendations for Stafford

Elective care and day cases

Elective care is the term used to describe care which is planned, for example, most surgical operations. Day cases are examples of planned care when the inpatient treatment is completed within a day. Hospitals can plan for this type of care as they know what the problem is and the treatment that is required in advance. This allows the hospital to make best use of its resources, such as operating theatres and other facilities.

Elective surgery

Elective surgical procedures are carried out by a range of different surgical specialists. At Stafford, under the TSAs' draft recommendations elective surgery would include orthopaedic, ENT, oral and maxillofacial and plastic surgery operations. University Hospital of North Staffordshire NHS Trust (UHNS) has proposed delivering these services from Stafford Hospital. All other specialities will be provided at UHNS for Stafford residents unless they choose an alternative provider.

The TSAs recommend that Stafford patients have their orthopaedic operations nearer to their homes in Stafford Hospital following discussions with UHNS. Orthopaedic operations for Stafford residents are currently provided at Cannock Chase Hospital.

Day case services, including general surgery, orthopaedics, urology, gynaecology and oral surgery will also continue to be available at Stafford Hospital.

Medical treatment

Patients with a range of medical conditions requiring elective care may be offered treatment on a day case basis, for example, chemotherapy for patients with cancer and endoscopy.

The TSAs recommend that day case medical treatment such as endoscopy and other services remain at Stafford Hospital.

Recommendation 10

Elective care and day cases should remain in Stafford. This would include orthopaedic surgery.

Question

How far do you support or oppose the recommendation around elective care and day cases at Stafford Hospital?


GUILDHALL
SHOPPING CENTRE
Stafford
Market
Stafford
BOROUGH COUNCIL

7 Recommendations for Cannock

The TSAs recommend existing services that are currently provided at Cannock Chase Hospital continue to be provided at the site and that the range of services be extended where possible. Discussions continue with the National Clinical Advisory Groups (the National CAGs) about the level of overnight staff cover required. This will be confirmed before the range of services is extended.

The local commissioners say that the TSAs' draft recommendations must include Location Specific Services (LSS) for Cannock for the long term. The LSS for Cannock are defined as outpatient services including pre- and post-natal care and patient facing diagnostics. More information on LSS can be found on page 16.

The TSAs' draft recommendations in addition to the LSS for Cannock are based around three broad areas:

- step down care and rehabilitation (patients who have received treatment at another local hospital to be transferred back to Cannock Chase Hospital);
- elective inpatient surgery (non-emergency operations that can be planned in advance); and
- day cases (surgical and medical hospital treatment provided without an overnight stay).

The TSAs acknowledge that, over time, the delivery of health services evolves and must change to meet patients' needs as defined by the CCGs.

Whilst the TSAs are looking at ways to increase the services currently provided at Cannock Chase Hospital, given the size of the building, it remains a possibility that the hospital buildings will still not be 100% used and the TSAs may have to consider how to use the extra space.

It is also important to recognise that Cannock residents currently use a range of services at Stafford Hospital. This section also highlights how recommendations for Stafford Hospital in previous chapters affect Cannock patients.

There are a range of services currently provided in Cannock, by providers other than Mid Staffordshire NHS Foundation Trust (MSFT or the Trust). These services include the Minor Injuries Unit (MIU) and the intermediate care service (Littleton Ward). The TSAs' draft recommendations will not affect these services.

Emergency and urgent care for the population of Cannock Chase

Cannock patients with minor injuries will continue, as they do now, to go to the MIU at Cannock Chase Hospital, which is open between 8am and midnight every day.

Patients with more serious health emergencies will not always be taken to Stafford Hospital. Ambulances will sometimes instead go to The Royal Wolverhampton Hospitals NHS Trust (RWT) or Walsall Healthcare NHS Trust A&E departments.

The exact nature of the emergencies that would go to hospitals other than Stafford will need to be agreed between the hospitals and the ambulance service. It would also depend on where in Cannock the patient is taken ill or injured.

Step down care and rehabilitation

The TSAs recommend that a step down and rehabilitation facility is created to allow patients who have received specialist treatment at another hospital to be transferred back to Cannock Chase Hospital to recuperate closer to home.

The TSAs want to see closer working between health and social care providers to make sure patients are treated in the right place, helped to stay well and to avoid unnecessary hospital admissions.

This view is in line with the stated commissioning intentions of the local CCGs who intend to commission fewer services from hospitals and aim to transfer more care nearer to or in patients' homes.

Recommendation 11

Beds should be available at Cannock Chase Hospital for recovering patients, following a spell of inpatient treatment at a specialist hospital, to rehabilitate nearer to home.

Question

How far do you support or oppose the recommendation that beds should be available at Cannock Chase Hospital for recovering patients?

Elective inpatient surgery

Elective inpatient surgery means planned operations that involve an overnight stay for one or more days. There are many different types of surgical procedures that can be described in this way.

The TSAs recommend that these types of procedures carry on at Cannock Chase Hospital.

Patients from Cannock and Stafford requiring orthopaedic surgery, which is typically a procedure involving bones and joints, are presently treated at Cannock Chase Hospital.

The TSAs recommend that Stafford patients have their orthopaedic operations nearer to their homes in Stafford Hospital following discussions with University Hospital of North Staffordshire NHS Trust (UHNS) which has proposed delivering services for Stafford Hospital.

However, one of the hospitals proposing to provide services at Cannock Chase Hospital has also proposed increasing the scope of elective inpatient surgery, including orthopaedics, for patients in and south of Cannock. This proposal is under review.

The TSAs recommend spare operating theatre time may be used for other types of surgery.

At Cannock, under the TSAs' draft recommendations, an enhanced range of elective surgery such as general surgery, breast surgery, urology and gynaecology could be provided. Where there is a choice of locations to receive treatment, patients and GPs will, as now, have a choice of where to go. This is likely to be influenced by where the patients live.

Recommendation 12

Elective surgery is retained at Cannock Chase Hospital. There should be new surgical specialities introduced, enhancing the current range of elective inpatient services for Cannock patients. This recommendation assumes that the ongoing discussions with the National CAGs regarding safe overnight staff cover can be successfully resolved.

Question

How far do you support or oppose the recommendation around elective inpatient surgery at Cannock Chase Hospital?

Day cases (surgical and medical)

Advances in medicine mean that more planned procedures can be carried out in a day or less which means patients don't need to stay overnight.

The TSAs recommend Cannock Chase Hospital continues to offer this service for patients needing surgical and medical treatment, including rheumatology, as it does now.

It is possible that the range of conditions that can be treated on a day case basis at Cannock Chase may increase. Current discussions with RWT indicate that general surgery, breast surgery, urology, ENT, orthopaedics, dermatology, plastic surgery and gynaecology could be provided at Cannock Chase Hospital.

Recommendation 13

The current range of day case procedures (surgical and medical), including rheumatology services, should continue at Cannock Chase Hospital and the range be increased where possible.

Question

How far do you support or oppose the recommendation around day case procedures at Cannock Chase Hospital?

8 Who runs Stafford and Cannock Chase hospitals in the future?

The TSAs have endeavoured to make Stafford and Cannock Chase hospitals the places where most people go to get treatment wherever possible. However, as part of the TSAs' draft recommendations some services would move to other larger hospitals.

To enable this all to happen in a clinically and financially sustainable way, the hospitals' current services must operate as part of a "clinical network" with other local hospitals and social care providers. This is central to the TSAs' draft recommendations.

It is vital for the future safety of the services operated out of the hospitals that staff are rotated as part of a clinical network. This resolves a major problem common to many services provided at Mid Staffordshire NHS Foundation Trust (MSFT or the Trust): there are insufficient patient numbers to keep specialist doctors' and nurses' skills up to date and it is difficult to provide enough specialist consultants to give round-the-clock cover.

Networking also means health services can be reorganised to meet patients' needs more effectively as the TSAs recommend close formal working between all local health and social care providers to give patients better care. For example, this is the way the Frail Elderly Assessment service will work (see pages 26 and 27).

To allow for the TSAs' draft recommendations to work in a way that does not negatively impact the safety of services at other hospitals or their financial position, it is proposed that MSFT as an organisation be dissolved. This means that whilst Stafford and Cannock Chase hospitals will remain open they will no longer be operated by MSFT.

The most obvious outward sign to patients will be a change of the "name over the door" at both hospitals to indicate which trust operates the services.

Recommendation 14

To allow for the TSAs' draft recommendations to work in a way that does not negatively impact the safety at other hospitals or their financial position, it is recommended that MSFT as an organisation be dissolved.

Question

How far do you support or oppose the recommendation for MSFT to be dissolved, with the services at Stafford and Cannock Chase hospitals managed and delivered by another organisation or organisations in the future?

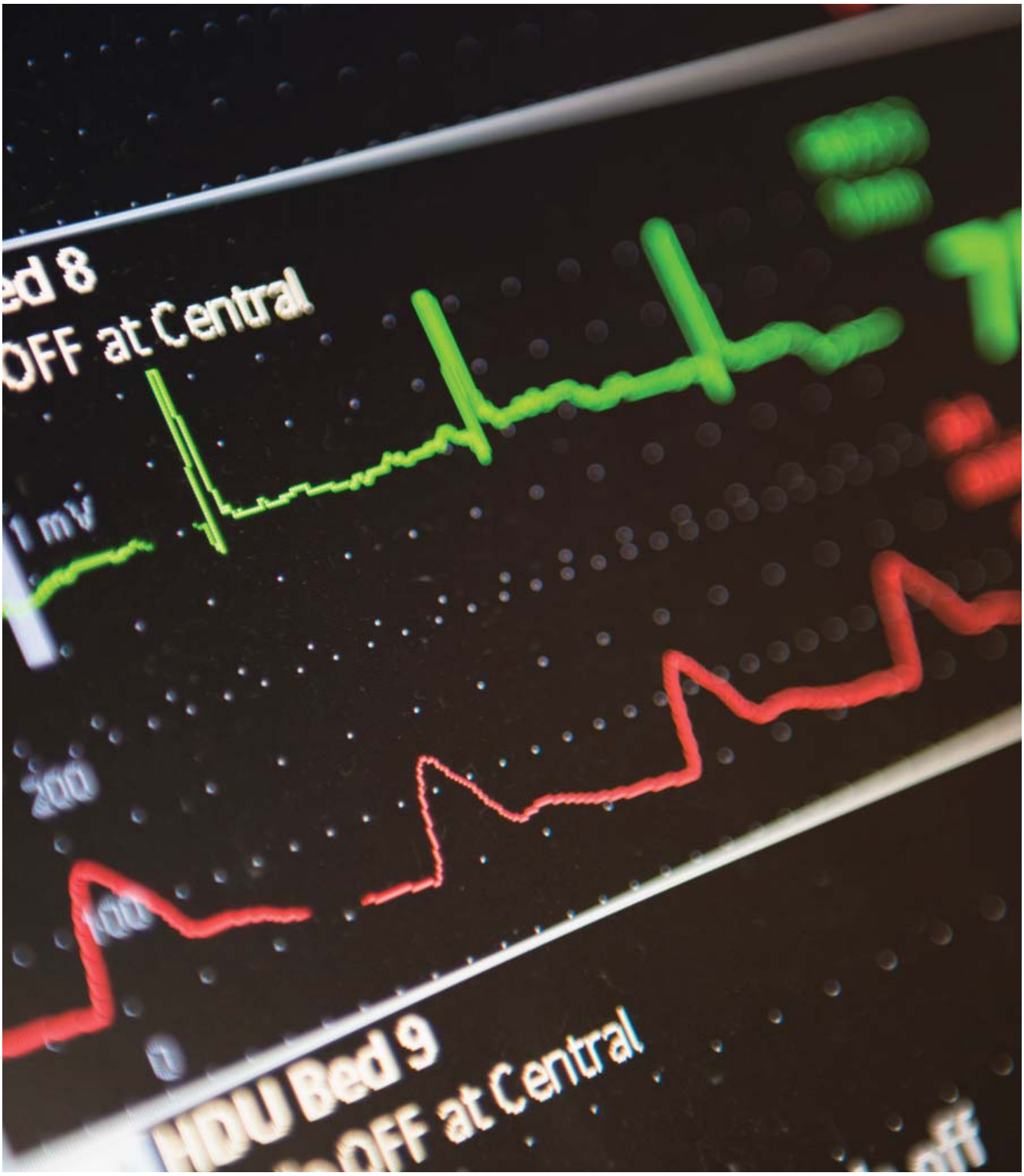
The discussions that the TSAs have had so far with other local trusts and through the market engagement exercise show it is likely each of the hospitals will be run by different organisations. Although nothing has been decided based on the TSAs' engagement with providers to date, it is unlikely that one trust or organisation will wish to run the services on both sites.

Together, the proposals put forward by University Hospital of North Staffordshire NHS Trust (UHNS), which proposes running Stafford Hospital, and The Royal Wolverhampton Hospitals NHS Trust (RWT), which proposes running Cannock Chase Hospital, offer the widest range of services to be run locally. This is why the TSAs have opted for this combination on which to base their draft recommendations, however,

discussions continue with other health providers, including Walsall Healthcare NHS Trust in particular.

Any final recommendations approved by the Secretary of State for Health involving UHNS or RWT may require the integration of some parts of MSFT, UHNS or RWT. Further work and discussions are required not only with UHNS and RWT but also other local providers, the relevant health organisations and local commissioners to further progress this solution. Information about other stakeholders who may be consulted is included in the draft report.

The TSAs expect to be able to include more information in their final report on when MSFT will be dissolved and who would provide the services at Stafford and Cannock Chase hospitals. For further details about the timeline and next steps, please see Chapter 12.



9 Financial implications of the TSAs' draft recommendations

Good patient care depends upon the effective and efficient use of the limited money available to the NHS to spend.

Chapter 2 sets out Mid Staffordshire NHS Foundation Trust's (MSFT or the Trust) financial problems and why change is essential to ensure patients get the best care possible within the budget available.

At present the Trust costs far too much to run compared to the income it receives. Forecasting shows its anticipated day to day running costs will result in an overspend of £20m in the year to 31 March 2014. If capital costs, such as equipment, are included the funding needed increases to over £36m.

Carrying out the TSAs' recommendations, set out in Chapters 6, 7 and 8, coupled with improving the efficiency of the hospitals, could reduce this overspend considerably.

In addition, substantial cost savings will be achieved if MSFT no longer exists as an organisation and Stafford and Cannock Chase hospitals are run by other trusts. This is because this will enable a reduction in the management and back office functions which are currently undertaken at MSFT, therefore allowing savings to be made. Further information on who might run Stafford and Cannock Chase hospitals in the future can be found in Chapter 8.

The TSAs anticipate that their recommendations would be implemented over a transition period of two to three years from the current situation to the position once the draft recommendations have been agreed and implemented.

The chart on the page opposite illustrates how the £20.2m anticipated overspend could be reduced during this transition period.

The **purple** coloured bar shows the anticipated overspend of £20.2m for 2013/14.

The **blue** coloured bar shows a total of £40.8m of measures that will improve the financial position within two to three years.

The **orange** coloured bar shows a total of £29.1m of additional costs which will worsen the financial position during the next two to three years.

The **brown** coloured bar shows the anticipated overspend of £8.5m for the year to 31 March 2018, the first full year of the TSAs' proposals. However, this may be reduced if the TSAs are able, working in conjunction with other local trusts and commissioners, to make further improvements, either during the transition period or afterwards.

This chapter describes the measures that could improve the financial position, the additional costs which may worsen the financial position and the remaining issues still being discussed with local trusts and the Stafford and Surrounds and Cannock Chase Clinical Commissioning Groups (the CCGs) which may reduce the overspend to zero within the next few years.

Ways to improve finances

The TSAs have looked at a range of savings which come from either reducing costs or improving the way in which services are delivered to patients. The TSAs have used the vast experience of their team and the work they have done across the NHS, to estimate per annum savings in a number of different categories.

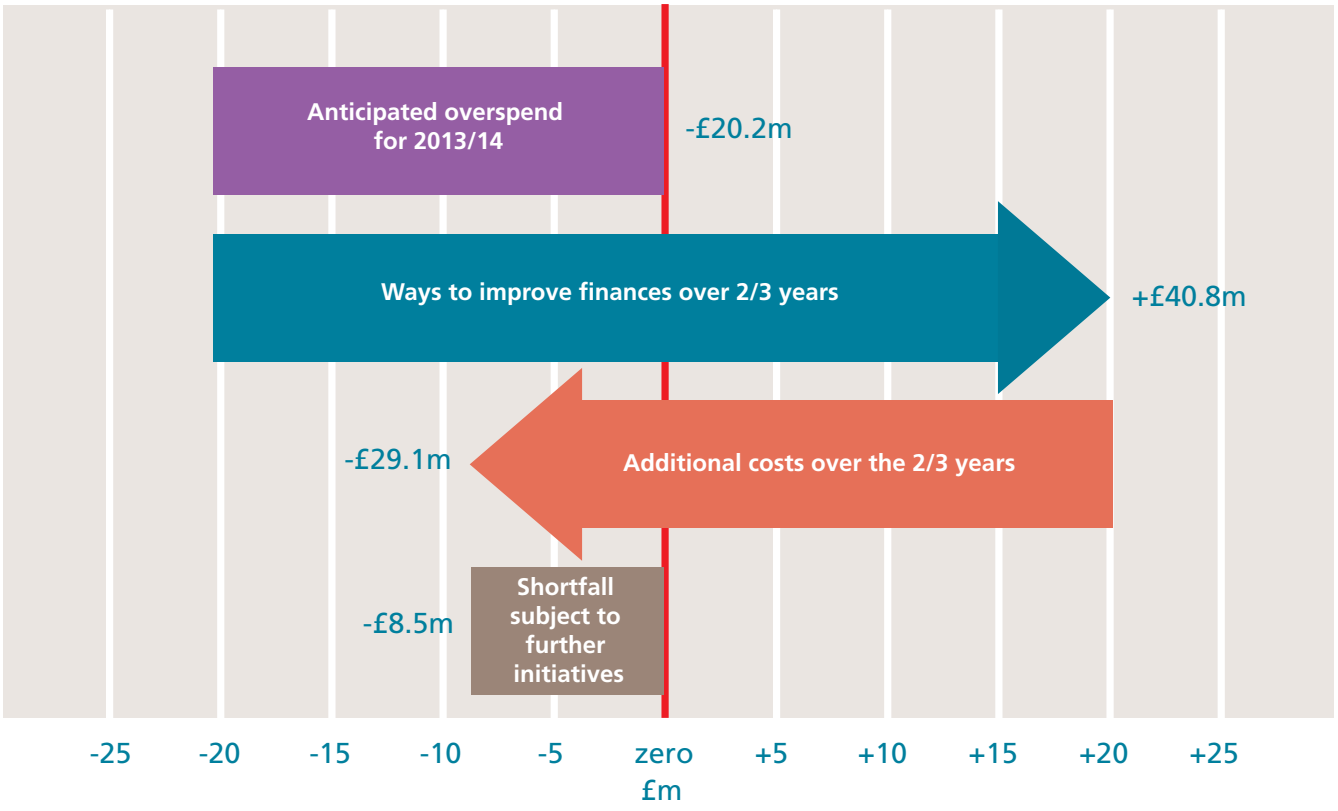
- Over £11.6m can be saved each year by reducing executive management and back office functions as a result of carrying out the TSAs' proposals and reducing the

general level of overheads to the NHS average. MSFT's current level of costs are 18% above average.

- £8.6m can be saved from a combination of a reduction in various clinical and ward costs that will no longer be required if the TSAs' draft recommendations are approved and there is a significant increase in the level of collaboration with other major local providers such as University Hospital of North Staffordshire NHS Trust (UHNS), The Royal Wolverhampton Hospitals NHS Trust (RWT) or Walsall Healthcare NHS Trust. Additionally the local providers, the TSAs and the CCGs believe the TSAs' draft recommendations will in effect reduce the time that people need to spend in hospital therefore decreasing the number of beds currently used at UHNS, RWT, Stafford and Cannock Chase.
- £6.2m can be saved from staff and non-staff services. Closer networking with other local hospitals will reduce Stafford and Cannock Chase hospitals' need for high numbers of temporary staff and correct the balance of senior posts to more junior posts.
- £4.0m can be saved by reducing surplus space at both hospitals. It could be rented out or returned to the Secretary of State for Health.
- The TSAs also estimate a further £10.4m of general cost improvements, such as more bulk purchasing, can be achieved during the transition. This is in line with savings expected of all NHS trusts.

Overall these performance improvements and cost savings which include the financial benefits of MSFT no longer existing as an organisation, total £40.8m and equate to approximately 8.5% savings/improvements per year. The TSAs believe this is achievable and would bring the running costs of Stafford and Cannock Chase hospitals in line with the national average.

Financial impact of the TSAs' draft recommendations



Additional costs

The TSAs' proposals will have significant clinical and financial beneficial effects, but there are some additional costs directly arising:

- In order to be ready for all the changes that the TSAs propose, there will be additional costs for building, equipment and a backlog of maintenance. Some of this money will be spent at other local hospitals to enable them to be part of the TSAs' solution. The rest will fund work at both the Stafford and Cannock Chase sites. The implications of this are an extra allowance which has been included to cover wear and tear on this new capital expenditure and the cost of borrowing these funds, which will total approximately £10.5m.
- Inflation affects the NHS in the same way as every other organisation. The TSAs know MSFT's costs will increase over the next two or three years with drug and other costs usually exceeding general inflation trends; prices are generally rising by an average of 4% per year. But the likelihood is MSFT's revenues will go down in the same period. The rates all NHS hospitals are paid for providing certain services are scheduled to fall in the same period. The combined impact of these two factors is estimated at £17.4m.
- The TSAs recommend some services are no longer provided at Stafford Hospital and are in future provided by nearby hospitals. This has led to discussions with the ambulance service about increasing their capacity to ensure that people can get to hospitals quickly in an emergency. This is forecast to cost a further £1.2m per year.

These additional costs created under the TSAs' draft recommendations total £29.1m.

After taking account of the anticipated shortfall of £20.2m and the factors above, the TSAs believe the shortfall at Stafford and Cannock Chase hospitals at the end of three years would be £8.5m.

However, there are still points for discussions between the TSAs, other local hospitals and the CCGs which may reduce this overspend further, hopefully to zero.

The TSAs expect to be in a better position to say how they can further reduce the £8.5m by the time the final report is submitted to Monitor in October 2013.

The areas for further possible savings/improvements are set out below:

- The TSAs are talking to the local trusts to see if there are ways of reducing the bill for additional building, equipment and refurbishment costs at their hospitals as well as at the Stafford and Cannock Chase sites.
- The TSAs and local hospitals are talking to the local CCGs about further ways of appropriately shortening the time people need to be in hospital and, as importantly, finding ways of helping people to avoid going to hospital in the first place. This is a commitment across the NHS. Modern medical thinking is that this is better for the majority of patients and will ensure hospitals are used more effectively to treat those who are very ill.
- The TSAs working with local trusts to achieve further cost improvements, above and beyond those which have been previously referred to.
- The TSAs are looking at whether it is possible, in conjunction with other local trusts and organisations, to use even more space positively at Cannock. Other discussions are going on in parallel to see if there are other ways of using the space and generating more income if local trusts do not need to use all of the space.

Conclusion

The TSAs believe their recommendations provide an opportunity to significantly reduce the overspend at the Stafford and Cannock Chase sites and provide the opportunity for further savings/improvements to reduce this overspend to zero.

10 What would these proposals mean for you and your family?

Most people visit Stafford and Cannock Chase hospitals as outpatients or to have diagnostic tests. The TSAs' draft recommendations do not affect these services and in fact 91% of all current patient visits to Stafford and Cannock Chase hospitals will continue in the future. Further detail on the TSAs' draft recommendations can be found in Chapters 6 and 7.

The tables below set out a selection of the most commonly used services at Stafford and Cannock Chase hospitals and detail, in the majority of occasions, what will happen to those services under the TSAs' draft recommendations, allowing you to see what these recommendations mean for you and those who currently use the hospitals. Where there is a choice of locations to receive treatment, patients will, as now, have a choice of where to go.

Services for patients in the Stafford area

✓ **Services provided at Stafford Hospital**

	Current provision	Provision under the TSAs' draft recommendations
Ante-natal (women seen before the birth of their babies)	✓	✓
Asthma	✓	✓
Audiology	✓	✓
Back pain	✓	✓
Bariatric surgery	Specialist centre	Specialist centre
Below knee amputation	UHNS	UHNS
Bleeding in early pregnancy	✓	✓
Blood tests	✓	✓
Bowel surgery	✓	✓
Brain surgery	Specialist centre	Specialist centre
Breast screening	✓	✓
Breast surgery	✓	✓
Broken ankle	✓	✓
Bronchoscopy	✓	✓
Caring for new born babies/special care baby unit	✓	UHNS
Cataract	Cannock Chase Hospital	✓
Chest infection	✓	✓

	Current provision	Provision under the TSAs' draft recommendations
Child assessment unit	✓	✓
Child inpatient admission	✓	UHNS
Colonoscopy	✓	✓
Complicated skin diseases	✓	✓
CT scan	✓	✓
Cuts	✓	✓
Cystoscopy	✓	✓
Dehydrated elderly patients	✓	✓
Deliveries of babies	✓	UHNS
Diabetic patient with a hypo	✓	✓
Diabetic ulcer	✓	✓
DVT (formation of a blood clot in a deep vein)	✓	✓
Ectopic pregnancy	✓	UHNS
Epileptic fit/seizure	✓	✓
Fracture clinics	✓	✓
Gallstones removal	✓	✓
Gastroscopy	✓	✓
Gynaecological surgery	✓	✓
Health check for new babies	✓	✓
Heart attack	UHNS	UHNS
Hernia repair	✓	✓
Hip fracture (broken hip)	✓	UHNS
Hip replacement	Cannock Chase Hospital	✓
Home deliveries	✓	✓
Hysteroscopy	✓	✓
Investigation of anaemia	✓	✓
IVF	Specialist centre	Specialist centre
Kidney stones	UHNS	UHNS
Knee replacement	Cannock Chase Hospital	✓
Liver transplant	Specialist centre	Specialist centre
Lumps, bumps and cysts (minor surgery)	✓	✓
Minor abdominal pain	✓	✓
Minor head injuries	✓	✓

	Current provision	Provision under the TSAs' draft recommendations
Minor injuries	✓	✓
MRI	Cannock Chase Hospital	Cannock Chase Hospital
Neuro surgery	Specialist centre	Specialist centre
Oral surgery	✓	✓
Outpatient clinics	✓	✓
Pain clinic	✓	✓
Pancreatic cancer (surgery)	UHNS	UHNS
Plastic surgery	✓	✓
Pneumonia	✓	✓
Post-natal (women seen after the birth of their babies)	✓	✓
Rehabilitation and postoperative care	✓	✓
Renal dialysis	✓	✓
Self poisoning	✓	✓
Serious allergies	✓	✓
Shoulder surgery	Cannock Chase Hospital	✓
Simple fracture of arm	✓	✓
Spinal surgery	UHNS	UHNS
Sprains and strains	✓	✓
Stomach cancer (surgery)	UHNS	UHNS
Stroke	UHNS	UHNS
Sudden worsening of bronchitis	✓	✓
Suddenly confused elderly people	✓	✓
Suspected meningitis	UHNS	UHNS
Throat and nose procedures	✓	✓
Thyroid procedures	✓	✓
Ultrasond scan	✓	✓
Urinary tract infection	✓	✓
Xray	✓	✓

It is assumed that complex procedures are currently performed at other local hospitals.

Services for patients in the Cannock area

✓ **Services provided at Cannock Chase Hospital**

	Current provision	Provision under the TSAs' draft recommendations
Ante-natal (women seen before the birth of their babies)	✓	✓
Back pain	✓	✓
Bariatric surgery	Specialist centre	Specialist centre
Below knee amputation	UHNS	UHNS
Blood tests	✓	✓
Brain surgery	Specialist centre	Specialist centre
Breast screening	✓	✓
Breast surgery	Stafford Hospital	✓
Caring for new born babies/special care baby unit	RWT/WHT	RWT/WHT
Cataract	✓	✓
Child admission	Stafford Hospital	RWT
Colonoscopy	Stafford Hospital	✓
Complicated skin diseases	✓	✓
CT scan	✓	✓
Cuts	✓	✓
Cystoscopy	Stafford Hospital	✓
Deliveries of babies	Stafford Hospital	RWT/WHT/other provider
Ectopic pregnancy	Stafford Hospital	RWT/WHT/other provider
Gallstones removal	Stafford Hospital	✓
Gastroscopy	Stafford Hospital	✓
Gynaecological surgery	Stafford Hospital	✓
Heart attack	RWT	RWT
Hernia repair	Stafford Hospital	✓
Hip fracture (broken hip)	Stafford Hospital	RWT/WHT/other provider
Hip replacement	✓	✓
Home deliveries check	✓	✓
IVF	Specialist centre	Specialist centre
Kidney stones	RWT/WHT/Stafford Hospital	Cannock Chase Hospital/ RWT/WHT
Knee replacement	✓	✓
Liver transplant	Specialist centre	Specialist centre
Lumps, bumps and cysts	Stafford Hospital	✓

	Current provision	Provision under the TSAs' draft recommendations
Major stroke	RWT	RWT
Minor injuries	✓	✓
MRI	✓	✓
Neuro surgery	Specialist centre	Specialist centre
Ophthalmology	✓	✓
Outpatient clinics	✓	✓
Pain clinic	Stafford Hospital	✓
Pancreatic cancer (surgery)	UHNS	UHNS
Plastic surgery	Stafford Hospital	✓
Post-natal care	✓	✓
Post-natal (women seen after the birth of their babies)	✓	✓
Rehab and postoperative care	✓	✓
Renal dialysis	✓	✓
Sexual health	✓	✓
Shoulder surgery	✓	✓
Spinal surgery	UHNS	UHNS
Sprains and strains	✓	✓
Stomach cancer (surgery)	UHNS	UHNS
Suspected meningitis	RWT/WHT	RWT/WHT
Ultrasond scan	✓	✓
Xray	✓	✓

It is assumed that complex procedures are currently performed at other local hospitals.


Mid Staffordshire NHS
NHS Foundation Trust
Cannock Chase Hospital
Main Entrance - Level 2
Level 1 Entrance
Minor Injury Unit
This Hospital does not have an Accident and Emergency Department
The Nearest A & E Department is at Stafford Hospital,
Weston Road, Stafford, Tel 01785 257731

11 Having your say

Your views are extremely important and the TSAs are keen to hear from as many people, groups and stakeholders as possible. If you need help with reading this document in your first language or an alternative format, you can contact the TSAs using the details below.

The TSAs will be working with groups in your communities to involve people whose views are not always heard, for example, groups representing particular individuals such as older people or those representing people with a particular health condition.

Below are the key ways in which you can find out more, get involved and tell the TSAs what you think.

Response form

Please use the printed response form, available from Tuesday 6 August 2013, to give the TSAs your views on the draft recommendations set out in this document.

You can request a printed response form and Freepost envelope via freephone (0800 408 6399) or email (TSAconsultation@midstaffs.nhs.uk).

Alternatively, from Tuesday 6 August 2013 you can complete the response form online via the TSA website at www.tsa-msft.org.uk.

Public meetings

Public meetings are being held to enable anyone with an interest to find out more about the draft recommendations, ask questions and provide their views. Details of the public meetings can be found on the TSA website at www.tsa-msft.org.uk and have been advertised locally.

Patient and public representative groups

The TSAs will be meeting and working with patient and public representative groups such as Engaging Communities Staffordshire. You may wish to submit your feedback via these groups.

Deadline

To ensure your views are considered the TSAs must receive your response form by no later than midnight on **Tuesday 1 October 2013**. A second-class Freepost envelope is provided with printed consultation documents, so please ensure you post it in plenty of time. Responses received after **midnight on Tuesday 1 October 2013** will be too late to be accepted or considered.

Feedback analysis

Ipsos MORI, an independent research organisation, will collect and analyse all the responses to this consultation, including response forms and feedback given at public meetings. The findings will help the TSAs to form their final recommendations to Monitor and the Secretary of State for Health.

Further information

If you have any queries about how to complete the response form, questions about the consultation or would like to request additional copies or alternative versions of this document, please contact the TSAs on:

- Freephone: 0800 408 6399
- E-mail: TSAconsultation@midstaffs.nhs.uk

12 Next steps

This consultation closes at **midnight on Tuesday 1 October 2013**. To ensure your views are considered we must receive your response form before then.

The TSAs then have 15 working days to review the feedback received and to develop their final recommendations.

These final recommendations will be set out in the TSAs' final report which will be submitted to Monitor, the health care regulator, by **Tuesday 22 October 2013**.

The final report is then put forward to the Secretary of State for Health who will make a decision by **Tuesday 31 December 2013** on the TSAs' recommendations about the future of services for local people who use Stafford and Cannock Chase hospitals.

Ipsos MORI, an independent research organisation, will also prepare a report analysing the feedback received during the consultation. This will be published alongside the TSAs' final recommendations.

The Trust Special Administration timeline

Day 1	**Tuesday 16 April 2013** Appointment of the TSAs takes effect
Within 75 working days*	**Wednesday 31 July 2013** Publication of the TSAs' draft recommendations
Within 5 working days	**Tuesday 6 August 2013** The formal consultation process on the TSAs' draft recommendations begins
40 working days*	**Tuesday 1 October 2013** The formal consultation process on the TSAs' draft recommendations ends
Within 15 working days	The finalised report on the TSAs' recommendations is sent to Monitor
Within 20 working days	The final report is reviewed by Monitor and submitted to the Secretary of State
Within 30 working days	The Secretary of State decides on what action is to be taken

*On 19 June 2013 Monitor granted an extension of 30 working days for the publication of the TSAs' draft recommendations and an extension of 10 working days to the public consultation period

Glossary of terms

14/7	Fourteen hours a day, seven days a week
16/7	Sixteen hours a day, seven days a week
A&E	Accident and emergency is a service available for people who require treatment for medical emergencies
Acute	Conditions and illnesses with short durations and rapid onsets
Anaesthetist	Medical professional specialising in the administration of anaesthetics
Ante- and post-natal care	Maternity services before and after birth
CAG	A national clinical advisory group, set up by the TSAs and jointly chaired by the Academy of Medical Royal Colleges. The group uses their knowledge of their respective Royal College guidelines for safe care to advise on the proposed solutions including the issue of recruitment and retention of key staff, which is a particular problem for MSFT
Chemotherapy	Delivery of cancer drugs
Clinical Commissioning Groups (CCGs)/Commissioners	The buyers of hospital services
Clinical network	Operation of services together with other local hospitals and social care providers
Clinical reference group	A local group of senior doctors from local hospitals and local commissioners
Clinically sustainable	The ability to provide good quality, safe services for patients for the foreseeable future. The TSAs were asked to consider the next ten years
The CQC	The Care Quality Commission, the regulator of all health and social care services in England
Commissioning intentions	The CCGs' plan how they will buy services for the future. They take into consideration the make-up of the population they serve and any particular characteristics, such as the number of older people, prevalent health problems and advances in how or where treatments are best administered
Community Geriatricians	Medical professionals who provide care to older individuals covering the period before a medical crisis which may or may not result in an admission to hospital and after a medical crisis
Community hospitals	A local hospital providing healthcare services
The Contingency Planning Team	The team who undertook an assessment on the MSFT's future in 2012/13 on behalf of Monitor
Critical care	Provision of constant, close monitoring and support from equipment and medication to keep normal body functions going
Day case	Where the inpatient treatment is completed within the day
Dermatology	Medical conditions relating to the skin
Diagnostic services	Services which support the diagnosis of disease or injury ie, x-ray
Elective care	Care which is planned for, for example, most operations
Endoscopy	Visual examination of the internal body
ENT	Medical conditions relating to the ear, nose or throat
EY	A major consultancy firm at which Alan Bloom and Alan Hudson are senior partners
Financial sustainability	The ability of a hospital to balance its books for the foreseeable future
Geriatricians	Doctors specialising in the care of the elderly
GP	General Practitioner
Gynaecology	Medical conditions, usually of the genitourinary tract, relating to women
Inpatients	Patients admitted to hospital and stay at least one night
Intubate	Insertion of a tube through the mouth or the nose and into a patient's lungs to help them breathe

Ipsos MORI	An independent research organisation who will collect and analyse all of the responses to this consultation, including response forms and feedback given at public meetings
Level 1 critical care	Patients recently discharged from a higher level of care or needing additional monitoring or clinical support
Level 2 critical care	Patients receiving basic single organ support or requiring extended pre or post operative support
Level 3 critical care	Patients requiring advanced respiratory or multi organ support
Local people	Individuals who live within the Stafford and Surrounds CCG and Cannock Chase CCG catchment areas
Location Specific Services (LSS)	The minimum services which must be provided locally as determined by the Stafford and Surrounds and Cannock Chase CCGs
Market engagement exercise	A process undertaken by the TSAs allowing any healthcare provider, including other hospitals, to propose a solution for delivering the services currently provided by Stafford and Cannock Chase hospitals
Maternity services	Services provided to women in the run up to, during and shortly after pregnancy
MIU	Minor Injuries Unit
MLU	Midwife-led Maternity Unit
Monitor	The health care regulator who appointed the TSAs on 16 April 2013 following its decision to use its powers to intervene at MSFT
MSFT or the Trust	Mid Staffordshire NHS Foundation Trust, the organisation which runs Stafford and Cannock Chase hospitals
The National CAGs	The Clinical Advisory Group (CAG) and the Nursing and Midwifery Advisory Group
Nursing and Midwifery Advisory Group	A national group made up of senior nurses in the NHS set up by the TSAs. The group uses their knowledge of their respective Royal College guidelines for safe care to advise on the proposed solutions including the issue of recruitment and retention of key staff, which is a particular problem for MSFT
Obstetrics	Medicine relating to childbirth and midwifery
Oral and maxillofacial	Medical conditions related to the head, neck, face and jaws
Orthopaedic	Medicine relating to bones and muscles
Outpatients	Someone who attends a hospital or clinic to see a consultant or health professional for treatment that does not require an overnight stay
Paediatrics	Medicine relating to children
Paediatrics@home	A team of specially trained nurses who will make sure that children's conditions are satisfactorily resolved once sent home
PAU	Paediatric Assessment Unit
Pathology	The medical study and diagnoses of diseases
Patient facing diagnostics	Services which support the diagnosis of disease or injury ie, x-ray which is undertaken in an outpatient setting
Physician	Doctor specialising in medicine
Radiology	The use of imaging in the diagnosis and treatment of diseases
RWT	The Royal Wolverhampton Hospitals NHS Trust
Surgical assessment unit	Assesses patients who require an emergency surgical, orthopaedic and gynaecology review
The TSAs	The Trust Special Administrators who were appointed by Monitor, the health care regulator, on 16 April 2013
UHNS	University Hospital of North Staffordshire NHS Trust
Urology	Medical conditions relating to the urinary tract
Vascular surgery	Speciality of treating the blood vessels of the body
WHT	Walsall Healthcare NHS Trust

Visit our website
www.tsa-msft.org.uk

Email us
TSAconsultation@midstaffs.nhs.uk

Call us
0800 408 6399

Follow us on Twitter
@tsamsft

Send your response to us
Freepost Plus RSGR-CRGE-EHLE
MSFT-TSA Consultation
Ipsos MORI
Research Services House
Elmgrove Road
Harrow
HA1 2QG