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By email

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By email

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Dear David and David

Re: Joint NHSE/NHSI Stage 2 assurance of Path to Excellence Phase 1a proposals

I am pleased to share the final NHS England assurance position on the Path to Excellence Phase 1a service proposals following the culmination of a post-consultation assurance review at the North Regional Management Team this week and subsequent approval from the Regional Director. As you are aware, this process is intended to assess the readiness of proposals to progress to decision-making and, in this case, has been undertaken jointly with NHS Improvement colleagues and has been informed by input from Health Education North East.

NHS England previously supported the CCGs' case for change for all three clinical service areas, given the evident workforce challenges and resulting service vulnerabilities and quality risks. It remains clear that existing arrangements are unable to deliver sustainable care which could compromise the quality of care for local communities. The CCGs' range of proposals represent credible solutions to these challenges, ensuring services are retained as locally as possible but in a way which safeguards them in both the short and longer term.

The challenge of proposing changes to such services is not underestimated however, and the dedication of your respective teams, working in partnership with the Foundation Trusts, is applauded. The progress made since the pre-consultation stage of the service change process has been specifically reviewed as part of this assurance checkpoint.

Further work has been undertaken to demonstrate compliance with the Four Tests of service change, together with the Fifth Test relating to changes in bed numbers. There is clear endorsement of the proposed changes to stroke, obstetrics and gynaecology and interdependent special care baby unit services from independent external clinical experts.

External clinical views on the paediatric proposals have also been sought and are being carefully considered as part of decision-making preparation process.

The CCGs have ensured that patient and public engagement has been present through the process, from pre-engagement to informing options development and into a full, robust and externally-validated consultation process. GP support is in line with the CCGs' constitutions, reflected in executive GP involvement at all key stages of the change process, wider GP engagement during consultation and Governing Bodies' support at the appropriate points. Relevant legislation and guidance on choice has been appropriately considered and embedded into both the pre and post-consultation methodology to ensure full consideration of choice at all key stages. The CCGs have paid particular attention to choice in relation to maternity services, with obstetrics and gynaecology options in line with national policy. Changes to hospital bed numbers as a result of the service changes have been underpinned by assurances of appropriate alternative provision with the workforce to deliver the new models.

NHS England acknowledges that a significant amount of further work has been undertaken to assess the deliverability of the proposed models as the CCGs move towards decision-making. Work to fully understand likely demand and capacity needs across obstetrics, gynaecology, special care and paediatrics has been refreshed together with additional work to demonstrate future workforce availability. Joint working with the North East Ambulance Service has ensured the CCGs have a greater understanding of likely ambulance transfer volumes, type and risks to both the services subject to change and wider ambulance service capacity and performance impact, with potential risk-mitigating solutions available. The CCGs are advised to obtain a final written position from NEAS prior to decision-making with clear, affordable solutions for mitigating any remaining risks.

It is clear that appropriate impact assessments have been undertaken in relation to the implementation of the proposals including assessing travel and transport implications, emergency department performance impact and the impact on equality, health and health inequalities. NHS England takes confidence from the development of a joint health and local authority travel and transport working group to mitigate some of these risks and is hopeful that this will deliver some proportionate, achievable and affordable solutions. As the CCGs move into implementation, it is recommended that equal attention is given to mitigating equality and health inequalities risks. While these risks are far outweighed by the clinical quality and sustainability benefits of the proposals, it is important that organisations work with vulnerable groups to address potential accessibility challenges to ensure these benefits can be fully realised.

Given that Sunderland CCG is continuing to make progress with its urgent care review, the CCGs are encouraged to work with providers to understand any further implications this may have on the implementation of Phase 1 Path to Excellence proposals, specifically ED capacity and 4-hour performance.

The high-level approach to implementation has been considered as has the approach to evaluate the new models once in place and NHS England expects these to be further developed once final options are agreed.

Staff involvement in the refinement and mobilisation of the new service models will be integral to their success and the CCGs will no doubt wish to seek assurances around the identification of sufficient organisational development resource to support service implementation. While the autonomy of providers to deliver new service models is fully acknowledged, CCGs are encouraged to consider what support they may be able to make available to ensure this happens for paediatrics particularly i.e. through the use of external, objective clinical parties such as the Child Health Network or Royal College for Child Health and Paediatrics. The CCGs have also recognised the need to ensure appropriate business continuity plans are in place when the new models become operational.

The proposals have been financially assured with an acknowledgement that they will be cost neutral to the CCGs. CCGs are advised to ensure future contracting arrangements and planning rounds recognise and mitigate financial risks relating to patient drift to non-South Tyneside and Sunderland providers and ambulance service impact.

Overall, NHS England is **assured of the stroke proposals**, given that there is a strong clinical evidence base for service consolidation and resounding external clinical support. A temporary version of the preferred model is already in place with early indications of improved clinical outcomes and low levels of risk in relation to the implementation of the remaining elements of the changes.

NHS England is **assured of the obstetrics and gynaecology proposals** which the CCGs have demonstrated to be in line with national strategy, informed by consideration of research evidence base and endorsed by external, clinical experts. Further, post-consultation work has strengthened capacity and demand planning, provided workforce assurances and quantified ambulance conveyance and transfer requirements. While some prompt further action is required prior to decision-making to confirm neighbouring provider capacity to absorb patient drift outside of the South Tyneside and Sunderland areas, the deliverability risks have reduced to such an extent that both proposals can now be fully supported.

For the **urgent and emergency paediatrics proposals, NHS England is assured of option 1 and partially assured for Option 2**. NHS England reinforces the clinical senate's view that a decision must be made, given the fragility of current paediatric services and to provide certainty for current and prospective staff. Option 1 has been deemed by the senate to be most in line with the national clinical evidence base, is clearly more deliverable in the short term and risks around ambulance transfers are reduced. As the Child Health Network has highlighted however, Option 2 may have real merit in supporting greater workforce and longer term service sustainability. A fully assured position on this could only be achieved if the model was strengthened through a review of the clinical evidence base and the mitigation of current deliverability risks, including identifying clear clinically-led mechanisms for ensuring the fitness of the model's future progression.

NHS England is **assured of the SCBU proposals that** will ensue from the proposed obstetrics and paediatrics models given their interdependencies. This is based on the deliverability assurances of providers, NHS England Specialised Commissioners and the Neonatal Network in terms of capacity.

In summary, NHS England is sufficiently assured to support the CCGs in progressing to make a final decision. NHS England's final assurance position comes with a number of pre-decision caveats that the CCGs are expected to pursue in partnership with Foundation Trusts' colleagues, together with some advisory considerations as you move to implementation. These represent principles of high quality service change that I am sure you will already have factored into your forthcoming processes. Caveats are detailed in a separate enclosure.

NHS England remains supportive of the Path to Excellence Programme which is a key strand of local sustainability and transformation planning. It is clear that the service change process to date has continued to evolve with evidence of ongoing learning that will be applied to the remaining clinical service review programme. With that in mind, the CCGs are encouraged to consider a vision-based approach to the remaining phase of the programme to bring greater clarity and confidence in future service provision to the CCGs' communities and reduce short term staff retention and sustainability risks. I would also like to draw your attention to the need for further NHS England assurance around the remainder of the clinical service review programme and would encourage you to build sufficient time for this into your planning process.

Finally I would like to personally thank your teams for their hard work and resilience during what I fully appreciate has been a challenging public consultation process. I wish the CCGs well for a smooth decision-making and implementation process.

Yours sincerely,

Alison Slater
Director of Commissioning Operations
NHS England North: Cumbria and the North East

CC:
NHS England:

- Christine Briggs, Director of Operations & Delivery, Cumbria and the North East

NHS Improvement:

- Tony Baldasera, Director of Delivery, North East & Cumbria

Clinical Commissioning Groups:

- Matt Brown, Director of Operations, South Tyneside CCG
- Scott Watson, Director of Contracting & Informatics, Sunderland CCG

Enclosure: NHS England assurance caveats

PRE-DECISION CAVEATS

Stroke:

- Obtain outstanding information from NEAS to understand the ambulance impact of the repatriation options and ensure fully informed decision-making.

Obstetrics & gynaecology services:

- Ensure a clear workforce plan for the proposed FMLU model underpins any final decision in order to demonstrate workforce assurances.
- Confirm neighbouring provider capacity to absorb patient drift outside of South Tyneside and Sunderland area
- Consider long term plans for maternity services, should FMLU demand deviate from modelled assumptions or impact on staff retention in future years, ensuring transparent evaluation and decision-making around this and considering the value of a specifically-designated group to assess the viability of the FMLU at key points post-implementation, should this be the option pursued

Urgent and emergency paediatric services:

- Ensure the final paediatric decision is informed by full consideration of the senate review report with all key risks mitigated
- Seek NHSE Specialised Commissioners' support for SCBU impact in writing to support decision-making
- Confirm neighbouring provider capacity to absorb patient drift outside of South Tyneside and Sunderland area

All specialities

- Obtain a written letter of support from NEAS outlining a clearly defined ambulance service impact together with a commitment to relevant risk-mitigation with clear and affordable options for doing so.
- Ensure medical training allocation timelines inform deliverability assessments as part of decision-making

POST-DECISION IMPLEMENTATION CONSIDERATIONS

Stroke services:

- Continue to work with Local Authority colleagues to reduce stroke lengths of stay for South Tyneside patients, considering full implementation of an Early Supported Discharge model and/or the role of a trusted assessor in doing so.

Obstetrics & gynaecology services:

- Ensure providers' whole-scale commitment to supporting all staff in making both a philosophical and operational shift in ways of working, through well-resourced implementation planning, including working with both service users and staff to expedite work to articulate proposed FMLU hub arrangements.
- Undertake robust work in mobilisation phase to agree protocols and pathways with NEAS

Urgent and emergency paediatric services:

- Continue to keep ED impact under review, to take specific action to assess Sunderland Urgent Care Review impact, to understand and mitigate risks relating to Option 2 if activity cannot be counted, working with NHIS and A&E Delivery Boards as appropriate.

All specialities

- Ensure robust joint-working with NEAS into the mobilisation phase with an emphasis on paediatric pathways and transfer protocols.
- Ensure providers have appropriate surge flexibility going forward, particularly in light of the demanding winter period.
- Ensure providers undertake rigorous scenario planning to support appropriate EPRR and business continuity arrangements, drawing upon expertise from the North East Business Continuity Forum
- Ensure appropriate oversight arrangements of both the safe and timely implementation of the new service model and ongoing monitoring of all key risks
- Ensure appropriate staff, patient and public communications and engagement plans underpin the implementation and delivery of all service changes
- Prioritise the mitigation of risks highlighted within integrated equality, health and health inequalities impact assessment as part of implementation planning and mobilisation, employing a co-production approach with vulnerable groups.
- Ensure that growth is built into all scenario planning prior to implementation and tested with relevant neighbouring provider organisations

- Continuing the excellent joint health/LA travel and transport work to ensure proportionate and affordable travel and transport solutions are agreed and in place prior to implementation of new care models, with particular reference to clinical senate paediatric review findings.
- Ensure changes are fully reflected in future planning rounds