

Appendix A
**Proposal to Transfer South Wiltshire Primary Care Trust (PCT) Clinical/ Provider Services to
Salisbury Foundation Trust**

August 2006

Introduction

Following some months of discussions within the PCT regards the future direction of PCT provider (clinical) services in South Wiltshire the PCT Board in November 2005 recommended that an options appraisal was undertaken. After the consideration of the options appraisal by the PCT Board in January 2006, and the subsequent agreement to proceed to staff consultation by the Strategic Health Authority, this paper proposes the transfer of the majority of clinical services to Salisbury Foundation Trust (SFT).

This consultation paper describes the options appraisal and proposes the future destination of the provider services and related support services. The scope of the consultation is primarily for staff potentially affected by the proposals; however the paper will be shared with other key stakeholders, for example, General Practitioners, Wiltshire County Council, to provide them with the opportunity to express feedback.

The Patients Forum and Staff Side have been involved in developing the proposals, the PCT do not consider that the proposals constitute a significant variation and therefore do not require public consultation; however this is to be determined by the Overview and Scrutiny Committee in September.

Background

The Department of Health (DOH) are leading a process on the reconfiguration of PCT's with the aim of having fewer and larger PCT's which have strengthened commissioning functions. Following a consultation period on PCT reconfiguration, the Secretary of State announced that from October 1st 2006, South Wiltshire PCT will be part of a Wiltshire PCT, which incorporates the current Kennett, North and West Wiltshire PCT's.

These changes to PCT configuration added to previous discussions on the future organisational management arrangements for the current PCT provider services, given that the PCT role was changing.

When exploring the options for provider models, wider National Policy was considered, particularly two strands of change being introduced;

- Development of commissioning through Practice Based Commissioning (PBC)
- Providing a variety of contestable services. By contestable we mean the introduction of a range of providers through tendering processes.

Provider Models: Options Appraisal

Process

In response to the PCT Board request for an options appraisal on the future direction for the PCT provider services a meeting was held to undertake the options appraisal. Participating in the meeting was:

- Patient Forum chair
- Staff Side chair
- Professional Executive Chair
- PCT Non Executive Director
- Director of Human Resources
- Director of Operations, Professional Practice and Patient Experience

Options criteria

The following criteria were established and weighted, the highest weighting representing the criteria viewed as most important, the maximum weighting was 10.

1. Recognise the geography & the natural communities in the area
Weighting = 7
2. Ensure services for patients are delivered as close to home as possible
Weighting = 1
3. Facilitate services to deliver along care pathways
Weighting = 5
4. Ensure services are responsive to individual & community needs
Weighting = 8
5. Minimise perverse incentives
Weighting = 2
6. Improve coordination with partners such as Local Authority & Independent contractors
Weighting = 1
7. Provides terms & conditions which will retain staff & treat them fairly
Weighting = 6
8. Ensure national & local targets & standards to be achieved
Weighting = 9
9. Enable services to reshape and redesign to deliver new or improved models of care
Weighting = 1
10. Secure high quality, safe services within a financial envelope
Weighting = 10

The group spent sometime debating the criteria and each weighting particularly criteria two. However the group arrived at a consensus, and felt that the ethos of criteria two was also reflected in other criteria, which had a higher weighting. In addition, if this option had a higher weighting the outcome (in terms of the option scoring highest) would remain the same.

Options

Following establishing the criteria and discussion on a range of provider options, the group agreed on six options to appraise as these covered the key potential providers:

1. Transfer provider services to the new Wiltshire PCT
2. Transfer provider services to the Acute Trust (Salisbury Foundation Trust)
3. Transfer provider services to a new NHS Trust provider unit
4. Transfer to provider services to General Practitioners

5. Transfer provider services to the Local Authority
6. Transfer provider services to multiple hosts e.g.: limited companies, voluntary sector and non profit making organisations

Option 2; transfer of provider services to the Acute Trust scored highest, followed by option 5; transfer of provider services to the Local Authority.

Once the scoring had been undertaken each option was then risk assessed against three areas:

- Financial impact of transition
- Long term financial impact
- Likelihood of establishment of a new organisation

The assessment determined that Option 2; transfer of services to the Acute Trust had the lowest risk for each of the three areas. Whilst undertaking the risk assessment the group made the assumption that any transfer of provider services would have to be contained within planned resource allocations, but acknowledged that there would be both transitional and longer term cost pressures associated with any change. These would be easier to contain if services were handed over to another NHS organisation with established mechanisms. In addition public trust and confidence is less likely to be undermined with this option.

Conclusion and Discussion

This paper has identified a range of organisational models, which it may be possible to use as alternative providers for the current PCT managed services. Following the establishment of criteria against which to assess the range of alternative models, an options analysis was undertaken. The option which emerged with the highest score in meeting the criteria was to transfer the PCT provider services to the Acute Trust (SFT). The other options had lower scores and high associated risks.

During the transfer of the provider services to SFT a range of areas will need to be addressed:

- Staff concerns: the PCT and SFT will reassure existing community staff that their role will be properly understood and managed within SFT.
- Care pathways: the PCT and SFT will ensure that staff fears related to the momentum of innovations to move away from medical models of care and shifting the focus of care from secondary to primary care maybe inhibited, will be addressed.
- The PCT will ensure commissioning arrangements support the continued development of community services.
- The PCT will ensure the new arrangements support continued partnership working with key partners for example: working with the Local Authority and voluntary sector.

Proposal

The majority of the PCT clinical/provider services and staff are transferred to Salisbury Foundation Trust on October 1st 2006. Any services, which are identified as not appropriate to transfer to SFT, transfer to Wiltshire PCT. The services proposed to transfer to SFT are listed below, some services which cover provider services and corporate functions are proposed to split between SFT and Wiltshire PCT (WPCT) these are also identified.

SERVICE	TRUST
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Health Visiting	SFT
School Nursing	SFT
Child Health	SFT
Looked after Children	SFT
New Born Hearing Screening	SFT
Community Nursing and Therapy Team: Planned and Urgent Care (e.g. Community Rehab teams, Nunton Nurses Specialist Nurses and therapist: Parkinson's, M.S., Diabetes, Continence, Leg Ulcer, COPD, Heart failure, community matrons.)	SFT
Podiatry	SFT
Dietetics	SFT
Musculoskeletal	SFT
Physio Outpatients	SFT
Inpatient Therapy	SFT
Provider Services Administration	SFT
Provider Services Management Team	SFT
Out of Hours Service*	SFT
Hillcote	WPCT
Senior Mental Health Practitioners	WPCT
Child Protection: Named Nurse Function	SFT
Designated Nurse Function	WPCT
Community Team for Learning Disabilities	WPCT
Education and Training:	
Professional Development Nurse for Practice Nursing	WPCT
Practice Educator	SFT
Training & Development Manager & Coordinator	SFT
Administrator	SFT
Practice Nurse Mentors	WPCT
PALS & PPI:	
Head of PALS and PPI	WPCT
PALS and Complaints Officer	SFT
Clinical Governance Team:	
Clinical Governance Manager	WPCT
Clinical Governance Facilitator	SFT
Clinical Audit Facilitator	SFT
Clinical Governor Function	WPCT
Administrator	SFT
Finance:	
Management Accountant and Officer	SFT
Human Resources:	
HR Manager	SFT
Quality and Policy Development: Functions split	SFT/WPCT
Information: Provider Service Analysts	SFT

*Footnote: Further discussion is ongoing to determine the best destination for this service

People currently working in these services would transfer with the services and more detailed correspondence and discussion with staff and their representatives will happen during the

consultation period, to ensure staff affected will be up to speed with how these proposals will affect them personally.

The remaining PCT services not listed here will be transferring to Wiltshire PCT.

The consultation period is from the 11th August until the 11th September 2006; please send any feedback in relation to the proposal by the 11th September to Joanne McQueen, PA to Sally Sandcraft, Director of Operations, Professional Practice and Patient Experience, at the PCT Headquarters, Cross Keys House or by email to Joanne.mcqueen@southwiltshire-pct.nhs.uk