

**Proposal to transfer the majority of the PCT provider services
staff to Salisbury Foundation Trust
Overview and Scrutiny Paper
19th September 2006**

Introduction and Background

In early 2005 South Wiltshire Primary Care Trust (PCT) Board and Professional Executive Committee (PEC) began to explore the future direction of the PCT provider [clinical] services. This discussion was undertaken, in the context of the comparative small size of the PCT population and its provider services and financial recovery.

Following this, at the November meeting of the PCT Board, the Board recommended that an options appraisal should be undertaken, engaging a range of stakeholders, including the Patients Forum Chair, Staff Side Chair, the PEC Chair (a General Practitioner), two Non Executive Directors and two Executive Directors of the PCT.

Options Analysis

The members of the options appraisal group were provided with information on the PCT's potential options in terms of contracting arrangements, including potential providers of community services.

Prior to commencing the options analysis the members agreed on the six options to appraise and a criteria and weighting process against which to appraise the options [detailed in the staff consultation paper, Appendix A]

The options analysis clearly identified that Salisbury Foundation NHS Trust (SFT) scored highest in meeting the agreed criteria. Furthermore, the Trust also scored lowest in terms of risk when undertaking a broad risk assessment. Areas considered in the risk assessment were:

- the financial impact of transition;
- the long term financial impact;
- the likelihood of the establishment of an organisation to receive staff. This was taken into consideration recognising that some of the options in the analysis were not already existing organisations.

The outcomes of the options analysis and process were presented to the Board in January 2006, where it was agreed that the preferred option for South Wiltshire PCT provider services staff was to transfer to Salisbury Foundation NHS Trust.

Following this agreement, developments at a national level with the publication of 'Commissioning a Patient Led NHS', and the national debate on the future role of provision within PCT's meant that South Wiltshire PCT had to discuss further its decision to ensure consistency with national policy. This restricted the PCT in engaging at this point with wider stakeholders, including the Overview and Scrutiny Committee.

However, in the middle of August 2006, the PCT gained the agreement of the NHS South West Strategic Health Authority, to proceed to staff consultation on the proposal to transfer the majority of clinical services staff to SFT.

Services and Staff Affected by the Proposal.

The table below details the proposals for each service including those services which support provider services and other functions within the PCT. If the proposal is supported approximately 511 staff would transfer, including bank staff.

SERVICE	DESTINATION TRUST IN PROPOSAL
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, Contenance, 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/WPCT [to be determined]

Hillcote	WPCT
Senior Mental Health Practitioners	WPCT
Child Protection: Named Nurse Function Designated Nurse Function	SFT 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

The proposal on which services would remain in Wiltshire PCT and which services are proposed to go to SFT was based on considering patient flows and clinical networks. It became evident when undertaking this process that some clinical services had strong networks across the County, and some are part of an integrated service with Wiltshire County Council. Therefore it was felt appropriate for these services to remain in Wiltshire PCT.

The provider services proposed to remain in Wiltshire PCT are:-

- Community Team for Learning Disabilities
- Specialist Mental Health Practitioners for Children

- Hillcote, Learning Disabilities Respite Service
- South Wiltshire Out Of Hours Service

The latter two services have a major change agenda, with potential to review commissioning arrangements across Wiltshire.

Support Services

The functions of the support services were reviewed to understand the relative activity related to the provider services, and then the respective roles within the services and the budgets were split to reflect this. Support services include clinical governance, and education and training.

Benefits of the Proposal

As previously described SFT scored highest in meeting the criteria, (described below), considered of importance for the delivery of healthcare in South Wiltshire. The criteria were agreed as being able to:

- Recognise the geography & the natural communities in the area
- Ensure services for patients are delivered as close to home as possible
- Facilitate services being delivered along care pathways
- Ensure services are responsive to individual & community needs
- Minimise perverse incentives [this includes overcoming incentives to admit people to hospital]
- Improve coordination with partners such as Local Authority & Independent contractors
- Provide terms & conditions which will retain staff & treat them fairly
- Ensure national & local targets & standards are achieved
- Enable services to reshape and redesign to deliver new or improved models of care
- Secure high quality, safe services within a financial envelope

In addition the PCT consider the key benefits of transferring the provider services staff to SFT to be:

- Patient confidence and trust in SFT
- The potential to enhance service delivery designed around patient pathways
- The fact that SFT is a high performing three star organisation
- Trust Governance systems are robust
- SFT are financially robust
- Support structures for staff are robust
- Foundation Trust regulations support staff, stakeholder and public engagement

- Enhances a local focus which supports existing patient pathways

SFT consider the benefits of receiving and being responsible for the provider services staff in South Wiltshire include:

- **Improved integration between acute and community services** – closer integration will allow SFT to provide care management to the patient which is more co-ordinated. For example the post-operative care of patients requiring wound dressing changes in the community will be arranged in close collaboration with the discharging ward. Children’s services will be able to achieve a greater degree of integration between acute and community services and working with local authority providers. Closer integration will improve patient care and also offer improved organisational efficiency. For example patients may be discharged more quickly because the discharging ward has liaised closely with community services that are clear exactly what care needs are to be provided for the discharge to be made successfully.
- **Supporting alternatives to hospital care** – the expanded Foundation Trust will have more opportunity to explore community alternatives to hospital care. This will include both admission avoidance schemes and the provision of care in community environments. With appropriate contractual arrangements, the SFT can be incentivised to promote alternative care pathways which financially benefit both the PCT and the SFT.
- **Investment in Community Services** - In its Strengths Weakness Opportunity Threats analysis undertaken for the Service Development Strategy, the Trust highlighted the relative low levels of community delivered services and the implications this had for the acute sector. The proposed change offers the Trust the opportunity to invest in community services as means to improve the overall effectiveness and efficiency of the patient pathway.
- **Local service** – the integration of community services with the acute Trust ensures that local services remain local.
- **Clarity of Commissioning Arrangements** – the focus of the new PCT will be clearly on its commissioning function which in the longer term will benefit both organisations.
- **Efficiency of Management Structures** – the merger of two management structures offers the opportunity for greater economies of scale through combined management. In particular, finance, information, clinical governance, PALS and complaints services will be combined and will consequently be able to develop economies.
- **Training and development opportunities** – as outlined above there are opportunities to share learning and expertise between acute and community staff.
- **Income generation** – it is not expected that the transfer of community services to SFT will in itself be profitable, however there may be future opportunities to increase income, for example: by expanding the Trust's

community provision, marketing health promotion type services to local businesses, expanding sports injuries services. All of these opportunities would be enhanced by the SFT's management of community services.

These proposals will not have any implications for the LIFT sample schemes in South Wiltshire.

Staff Consultation Process

The staff consultation timetable and process was agreed with staff side who were keen to have a timetable which would enable the services to transfer to SFT on the 1st October in line with PCT mergers.

Staff Consultation Timetable

The staff consultation commenced on the 11th August 2006 for one month, concluding on the 11th September. On conclusion of the staff consultation and depending on the outcome of the proposal being considered by the Overview and Scrutiny Committee to determine whether a public consultation was required, the plan was for the PCT Board to consider the outcome of the staff consultation and the business case for the proposal at the Board meeting in September, initially with the aim of achieving a transfer date of the 1st of October if the consultation and the PCT Board agreed the proposal.

However, following further consultation with other stakeholders, including the Strategic Health Authority, local GPs and the new Wiltshire PCT, it has now become evident that the South Wiltshire PCT Board will not be in a position to agree implementation of any recommendations coming out of the consultation for 1st October 2006. This would have also been influenced by the OSC decision on consultation requirements.

The South Wiltshire PCT Board will be able to consider the outcome of consultation and make its views known to the new Wiltshire PCT Board both in terms of direction of travel and timeliness of decision making. As a result all staff will transfer under TUPE to Wiltshire PCT on 1st October 2006.

Staff Consultation Feedback

Four staff roadshows have been undertaken the last being on the 4th September, approximately 120 staff have attended the roadshows. In addition, to date (8th September) 22 staff have provided written feedback on the proposal, 21 of these staff are in support of the proposal. Extracts from staff feedback are illustrated in Appendix B.

The feedback from staff demonstrates that staff are in support of the proposal.

There has been concerns raised by the South Wiltshire Out of Hours Service staff (SWOOSH) that SWOOSH was not proposed to transfer to SFT on the 1st October, along with other provider services staff. SFT felt they needed to have more time to review the implications of being responsible for the service and therefore would not wish the service to transfer on the 1st October. However the revised timetable for decision-making may alleviate these anxieties.

A meeting is booked with staff side the week after the end of the consultation period to review staff feedback.

Public and Stakeholder Consultation

In preparation for engaging with the Overview and Scrutiny Committee to determine whether the proposal constitutes a significant variation the PCT have undertaken an internal impact assessment [using the agreed OSC criteria], Appendix C, which has indicated that the proposal does not constitute a significant variation, primarily as the proposal is an organisational rather than service change. This internal view is supported by the Patients Forum Chair.

The PCT have engaged with a range of other stakeholders during the staff consultation process. The staff consultation paper was also shared with all South Wiltshire GP's, and Wiltshire County Council.

To date there have been 8 written responses from GP's, extracts are illustrated in Appendix D.

Initially some GP's expressed concerns about the proposals, particularly in relation to the impact on commissioning and the demand management schemes. However, after discussions to clarify the commissioning arrangements, anxieties appear to be reducing. However some GP's continue to have some concerns regards an Acute Trust being a community provider. Work is ongoing with GPs to mitigate these concerns and ensure that robust commissioning will ensure risks are minimised.

Members of the PCT Executive team are attending the Primary Medical Care Committee on the 11th September to engage with GP's further.

The Patients Forum, through their Chair has been engaged throughout the process and is in support of the proposal. The District Council OSC panel Chair is also aware of the proposal and has raised no concerns.

Commissioning Arrangements

To ensure the continued development of community services and the delivery of the national agenda to shift services from secondary to primary care, if the services do transfer to SFT, work has begun in preparedness to ensure that the commissioning arrangements support the ongoing developments and achieve commissioning objectives; this would build on the existing contracting arrangements with SFT and a draft contract is being developed. Included in the

contract would be service specifications which detail the community services activity and service description, any development on service specifications will be undertaken in consultation with stakeholders, including clinicians engaged with practice based commissioning.

The new Wiltshire PCT, would be in a position to work with a range of providers to commission services, and to respond to the evolving patient choice agenda. The South Wiltshire provider services tend to work within the existing locality reflecting the geographical nature of South Wiltshire and the respective patient and public flows. It is therefore not anticipated that the proposal will have a detrimental impact on the existing provider services in the rest of Wiltshire.

The proposal enhances the local delivery of services in South Wiltshire and will provide an opportunity to continue to improve the engagement locally of commissioners and providers through practice based commissioning.

SFT would plan to have a Community Directorate and have expressed a commitment to continue to support community development.

Financial Framework

The total annual direct budget for the provider services is £9,992,594. The staff and non staff budgets associated with the provider services proposed to transfer to SFT account for £7,494,715 of this total budget excluding the South Wiltshire Out of Hours Service (SWOOSH). The provider budgets excluding SWOOSH, (budget of £1,271,000.) that would remain with Wiltshire PCT if the proposal is supported by the current and new PCT is £1,171.636, leaving a budget of £55,243 which will be split.

Further work is being undertaken with SFT and within the Wiltshire PCT merger transition work stream to agree the financial framework of provider services and the management and corporate budgets which would also transfer. This work will ensure that equity is applied and that neither organisation will inherit inequitable financial consequences.

The transfer is intended to be cost neutral to both parties.

Recommendation

The OSC are asked to consider the proposal and support the PCT and Patients Forum view that the proposal does not constitute a significant variation and therefore does not require public consultation.