



Further update about the Our Health Our Care programme - 9th July 2020

The Our Health Our Care programme have received notification from the statutory Trust Board of Lancashire Teaching Hospitals NHS Foundation Trust that they now feel that the clinical conditions are such that they can set a timeline around working towards re-opening the Emergency Department at Chorley and South Ribble District General Hospital in September on a 12 hour per day opening model, 8am to 8pm. Other services affected by the emergency measures will be re-established at the site on a phased basis.

The Trust Board have explicitly linked this timeline to the delivery of important investments in workforce and estates, and continued reassurances about the manageable impacts of Coronavirus in central Lancashire. The actions of the Trust Board reflect the commitment they made in late March to review the emergency measures at the earliest possible stage.

The Our Health Our Care programme welcomes this development and will work with the Trust collaboratively on this basis. The programme will also engage its established patient forums to discuss the links between these developments and a public consultation.

The Our Health Our Care programme expects to receive information from NHS England relating to its plan to assess the pre-consultation business case developed by the programme in the coming weeks. An announcement relating to this will be made at the relevant stage. An open, fair, and transparent public consultation will take place when the pre-consultation business case has been approved both by NHS England and the Our Health Our Care Joint Committee.

The focus of any public consultation will be on the options to deliver the best possible clinical outcomes and patient experience for patients in central Lancashire, including those who use hospital services. The programme will seek to consult on options with the public which it believes to be clinically and otherwise viable, taking account of the independent clinical reports published earlier this year and the learning that it has picked up from significant pre-consultation engagement work with the public.

Commenting on the statement, Senior Responsible Owner for the Our Health Our Care Programme, and Chief Accountable Officer for NHS Chorley and South Ribble and NHS Greater Preston Clinical Commissioning Groups, Denis Gizzi, commented:

“Now, more than ever, the impact of Coronavirus has demonstrated why health and care services locally will need to focus on delivering better, joined up care in the future. There will be a series of options which we will want to discuss with the public via an open, transparent and fair consultation about how we can best achieve this.

Over the past few months, health and care colleagues from across community, primary and secondary care have delivered outstandingly, and in unprecedented circumstances.

As we move into the next phase of managing the pandemic, it is important that we continue to plan to restore services wherever this can be done safely. However, we are also clear that our local hospitals, without change, continue to face significant workforce challenges which will make it difficult for them to deliver essential quality standards for patients in the long-term.”

<ENDS>

Background information relating to the update:

From late March, the statutory Trust Board of Lancashire Teaching Hospitals NHS Foundation Trust made several decisions covered by the emergency powers set out within their Constitution. These included making temporary changes to the delivery of services at Chorley and South Ribble District General Hospital and Royal Preston Hospital.

These changes included the difficult decision to reduce the status of the Accident and Emergency Department at Chorley and South Ribble District General Hospital to an Urgent Treatment Centre, effective from 1st April. The rules governing this process are ultimately set by Parliament.

The Our Health Our Care programme recognises that these changes were difficult for some people to accept and have led some people to question the Trust's willingness to reverse the emergency measures. We also understand that some people have been concerned that an open, fair, and transparent Public Consultation on the best long-term future for acute services in central Lancashire would now not take place because of Coronavirus.

In accordance with the process determined at the time where the emergency powers were used, the Trust Board have recently reviewed the position. They have determined that it is now possible to work towards the re-opening of the Emergency Department at Chorley and South Ribble District General Hospital in September. This is subject to essential criteria linked to staffing and estates being delivered, and the impact of Coronavirus continuing to be managed. This position has been supported by NHS England.

The Trust Board has also determined that an interim clinical model is appropriate for the restoration of critical care services. This will provide the necessary cover to treat, assess, and stabilise patients with critical care needs at Chorley and South Ribble District General Hospital, with onward care being provided at Royal Preston Hospital as appropriate. This plan will operate alongside the increase of elective surgery and other services across both hospital sites.

The Trust Board has also reiterated its support for the commencement of a public consultation around the best long-term model for providing these services. A timeline for this public consultation is expected to be developed in the coming weeks.

Headline Information – Impact for Patients

What does this mean in terms of access to services for patients?

This announcement means as follows:

- There will be no significant changes to the current service model between now and the point where the Emergency Department is restored – subject to important issues of staffing and estates being addressed, and the impact of Coronavirus continuing to be managed beforehand. A specific date will be advised once this can be known.
- At the point where the necessary conditions are met, a 12-hour Emergency Department at Chorley and South Ribble District General Hospital will be restored in a way which is immediately safe, based on basic operating requirements. Patients should feel confident in using the service should they require to do so.
- All services made available to patients via the Urgent Care Centre will continue to be available at Chorley and South Ribble District General Hospital.
- Services at Royal Preston Hospital are not affected by this announcement.
- There is no plan to restore an Emergency Department at Chorley and South Ribble District General Hospital to a 24-hour operating basis. The model, once restored, will operate from 8am to 8pm, as it did prior to 1st April. Patients requiring emergency care in the hours between 8pm and 8am every day should continue to attend another unit.
- The impact of Coronavirus has made it more difficult to deliver this service than was the case before April, particularly in terms of workforce issues - but the Trust worked hard, cooperating with all of its partners, to respond to public sentiment, in a way which also protects immediate safety issues as its fundamental obligation.
- The Emergency Department services which were not provided at Chorley and South Ribble District General Hospital prior to 1st April will continue not to be delivered from this site. This means that the service will continue not to be provided to a normal “Type 1” or “full A&E” standard. Ambulances will continue to take patients to other neighbouring hospitals in cases where Chorley and South Ribble District General Hospital is unable to provide the required service safely.
- The Trust would continue to encourage patients to consider alternatives to accessing Emergency Department services where there is a better alternative available. Advice can be sought from NHS 111 or www.nhs.uk in cases where patients are unsure.

Frequently Asked Questions:

About what has been decided....

What has been decided by the Trust Board?

The Our Health Our Care programme has received notification from the statutory Trust Board of Lancashire Teaching Hospitals NHS Foundation Trust that they now feel that the clinical conditions are such that they can set a timeline around working towards re-opening the Emergency Department at Chorley and South Ribble District General Hospital in September on a 12 hour per day opening model, 8am to 8pm. Other services affected by the emergency measures will be re-established at the site on a phased basis.

What about critical care and elective surgery?

The Trust Board has also determined that an interim clinical model is appropriate for the restoration of critical care services. This will provide the necessary cover to treat, assess, and stabilise patients with critical care needs at Chorley and South Ribble District General Hospital, with onward care being provided at Royal Preston Hospital as appropriate.

A further plan to fully restore services is being developed. This plan will operate alongside the increase of elective surgery and other services across both hospital sites.

The Trust Board has also reiterated its support for the commencement of a public consultation around the best long-term model for providing these services. A timeline for this public consultation is expected to be developed in the coming weeks. The Our Health Our Care programme welcomes the support it has received from the Trust Board.

Does the de-escalation plan mean that Chorley and South Ribble District General Hospital will permanently have a 12-hour A&E department?

No. The external, independent clinical evidence still directs that, in the long-term, it will not be possible to continue with the existing service model because it is not clinically viable.

The same evidence also indicates that it will not be possible to either upgrade the department back to a 24/7 operating model, or add the services to Chorley and South Ribble District General Hospital so that it can fully meet the "Type 1" specification.

About the timing of the announcement...

Why has it taken until now for the Trust to share details of its plan to restore services?

The Our Health Our Care Programme recognises that the steps involved in working towards restoring to the model in place before April and, in particular, re-creating a 12-hour Accident and Emergency department at Chorley and South Ribble District General Hospital, are complex.

They are complex because the ongoing Coronavirus pandemic means that more clinical and support staff are needed to segregate patients with either confirmed or suspected Coronavirus, from those who do not have Coronavirus.

To respond to this problem, the Trust must always ensure that:

- ✓ Safe clinical staffing rotas are always protected at both Royal Preston Hospital and Chorley and South Ribble District General Hospital.
- ✓ Essential support services such as critical care and acute respiratory support, can also be restored in a safe way.
- ✓ National requirements linked to social distancing can be achieved in terms of how and where services can be delivered.

The Trust, working with all relevant partners, has been monitoring the impact of Coronavirus and has been exploring ways to overcome all these issues. This has included refreshing their position with relevant partners over the course of the last week, including reference to the most recent details of the Government's advice and the ongoing impact of Coronavirus in central Lancashire.

The Our Health Our Care programme appreciates that the challenge faced by the Trust is made more difficult arising out of its responsibilities to other regional organisations as a specialist provider of care covering the whole Lancashire and South Cumbria region. Also, with reference to the fact that independent clinical evidence directs that the existing service model at Chorley and South Ribble District General Hospital is not clinically viable in the long-term, which remains the case.

Why has no other update been provided by the Trust before this announcement?

The Our Health Our Care programme supports the Trust in wanting to avoid providing a running commentary. Providing clear updates, at the relevant time helps to ensure that our messaging to the public is always clear, which is very important.

The Trust Board have explicitly linked this timeline to the delivery of important investments in workforce and estates, and continued reassurances about the manageable impacts of Coronavirus in central Lancashire.

Why has no absolute, final date for restoring services been set?

It is not possible for the Trust to do so currently. The Our Health Our Care programme supports the position set out by the Trust Board that any timeline or process that it sets out should be realistic, however it also supports the intentions to restore services at the earliest possible, and most clinically appropriate stage.

Why is the department not open yet when the Secretary of State gave a commitment to re-opening Chorley in May?

The Trust, and the Our Health Our Care programme, have answered a number of parliamentary questions about the current closure. The position outlined by the Secretary of State to Parliament in May is, in our view, aligned with the position described in this statement and in previous communications. The position outlined in this update reflects the agreed review, and recent discussions.

Has the Trust not just dragged its feet?

No. The public will appreciate the significant, ongoing impact of Coronavirus on our health and care service. This includes the unfortunate reality that Coronavirus is still present in our community and is responsible for many patients being very seriously unwell.

Coronavirus has of course, not only affected our ability to care effectively for patients affected by the pandemic but has also significantly impacted on our ability to maintain and restore other essential services. It is also significantly affected how and where services are delivered.

The Trust has carefully prioritised its efforts to make sure that it is able to maximise the breadth of care which it can provide to the local population, thereby limiting any secondary adverse impact of Coronavirus. This has included considering the potentially harmful impact of working towards any premature re-opening of Emergency Department services at Chorley and South Ribble District General Hospital relative to access to other services, like elective surgery.

Why has the Trust not updated the public before now?

Both the Our Health Our Care programme and the Trust are aware of recent discussions in local media outlets around why the de-escalation plan has not already been published.

The reason for this was simply that the Trust needed to be sure that current public health advice, and the local forecasted impact of the Coronavirus were both unlikely to prevent them being able to stick to the current plan before we shared any more substantive update with the public.

We have judged that maintaining proactive, straightforward communication with the public is better than having any confusion or mixed messages over at what stage it may be possible to de-escalate the current measures. This includes not publishing criteria for reviews which are in themselves subject to being reviewed and revisited.

However, this statement is distinct from what it is possible to safely achieve, in the short-term only. This explains our current position.

Has the Trust kept the Health Scrutiny Committee informed about the changes?

Yes. The Trust, working with colleagues from the Our Health Our Care programme, has kept in regular contact with the Committee and has responded to questions put to it.

About the impact of Coronavirus...

What happens if there is a second wave of Coronavirus before the Emergency Department is re-opened?

The Our Health Our Care programme would expect that the Trust Board will not hesitate to put immediate and critical patient safety issues ahead of any re-opening, should clinical circumstances dictate.

What happens if the necessary improvements in estates, staffing and other issues cannot be resolved?

The Our Health Our Care programme knows and expects that all efforts will now focus on re-establishing services in a safe and practical way, and the programme will work with the Trust to help this to happen.

However, the Our Health Our Care programme would expect that the Trust Board will not hesitate to put immediate and critical patient safety issues ahead of any re-opening, should clinical circumstances dictate.

Why is it that Chorley is the only A&E to have been closed during the pandemic?

This is not the case. There are a wide range of hospital services across the country which have been reconfigured at pace to cope with Coronavirus. Other examples include Cheltenham General Hospital and Weston General Hospital in Weston-Super-Mare.

The decision taken by the Trust Board reflected clinical evidence and local circumstances.

Does Coronavirus not underline why we need two permanent Type 1 Accident and Emergency facilities in central Lancashire?

No. Unfortunately, the opposite is true.

Coronavirus has placed great strain upon an urgent and emergency care system which was not clinically viable, even before the impact of the pandemic. The challenges of the pandemic have made it more difficult than expected to remove the emergency measures, because of the underlying weaknesses in the clinical staffing position.

We are very proud of the work that all health and care staff have done in central Lancashire to protect population health at this time.

We feel that some of the excellent examples of integrated working – such as the improved use of telephone and video consultations; improved discharge planning; and collaboration across traditional organisational boundaries represent features of a transformed health and care service in central Lancashire that patients will welcome, and we are proud to offer them.

Did the Trust not just take advantage of the Coronavirus pandemic to implement its plan to close Chorley?

No. This statement is wrong on many levels.

Firstly - none of the options under consideration by the Our Health Our Care programme include a proposal to close Chorley and South Ribble District General Hospital.

Secondly - as outlined to the public, all proposals include plans to provide more and better care closer to home. This includes the development of more outpatient care at both local

hospitals and closer to home where possible. This also includes the creation of a Centre of Excellence for Planned Care at Chorley and South Ribble District General Hospital. Between 8 and 9 out of every 10 patients who currently go to Chorley for urgent and emergency care still having access to their care in this place.

Thirdly, it is the Our Health Our Care programme – via the Joint Committee of the local Clinical Commissioning Groups (and not the Trust Board) who will make the final decision about the status of hospital services at both sites. The Clinical Commissioning Groups are formed from local doctors, clinicians, corporate leaders, and Lay Members. Lay Members specifically look at options from a patient perspective.

What has the Trust done to monitor the impact of the changes that it made?

The Trust has considered detailed clinical information in relation to issues including safety, quality, access, and performance relating to the impact of the temporary measures. A full risk analysis has been carried out relating to the emergency measures and the timeline set out in this announcement.

What about the impact on other Trusts linked to the emergency measures?

This matter has also been reviewed in partnership with other local organisations. The emergency measures have not resulted in unacceptable impacts to other local organisations.

About the process followed by the Trust:

Why did the Trust Board act to close services in the first place?

The decisions were made by the Trust Board in accordance with its Constitution. There was, and still is, an overriding public interest and duty to protect population health given the continuing impact of the Coronavirus pandemic.

What evidence did and does the Trust Board consider?

At all times, the Trust Board considered a wide range of factors including how it can, and how it expects to cope with excess presentations, admissions, and critical care requirements for patients affected by Coronavirus.

The evidence behind the decisions both to close services initially, and now work towards restoring them, came from the expert clinical judgement of health and care professionals who are responsible for delivering care to the people of Chorley, South Ribble, Preston and the wider region of Lancashire and South Cumbria every day, including through these most challenging times.

Why did the Trust Board not listen to Members of Parliament who wanted the Accident and Emergency department at Chorley and South Ribble District General Hospital to be kept open?

In the period running up to the temporary closure, the Trust liaised extensively with local Members of Parliament, providing as much information as we could about the emerging problem, including workforce deficits. In all matters, the Trust values its relationship with local Members of Parliament and always takes their views seriously.

The Trust also takes seriously the views expressed by Members of Lancashire County Council and any statements made by the local Councils of Chorley, South Ribble and Preston respectively.

However, in matters linked to protecting population health, the Trust Board is duty bound to consider clinical evidence in guiding its decision-making, a position it believes that most people will accept. It follows that the Trust Board will not be led by political considerations in issues which relate to population health and safety.

The Trust, and indeed all partners, maintain the clear view that these emergency measures have been successful in their initial purpose – protecting population health and helping to save lives.

Some Members of Parliament have complained about why the decisions about Chorley are not taken by people who are elected. Are they right?

The rules governing the process around how NHS Trusts operate, how emergency measures are used, and how consultations take place, are ultimately set by Parliament.

However, as the public would expect, these decisions are taken apolitically, and are guided by the clinical evidence, and established rules and processes for such matters at all times.

The Trust will not be led by political considerations in issues which relate to population health and safety, including the instigation, review and setting of criteria and timelines of reviews for any emergency measures it deems necessary to protect population health and safety.

Why did the Trust not consult with patients before making its initial decision?

Unfortunately, the nature of the emergency has made it difficult to consult with patients at this time. The clinical circumstances of the pandemic escalated rapidly, meaning that the Trust Board had to act immediately.

The Our Health Our Care programme will engage with relevant patient groups in relation to this announcement.

Is it just clinical evidence that a Trust Board considers when using emergency powers?

No. Any Trust Board would consider a wide range of factors when it comes to essential matters such as protecting population health.

For example:

- Workforce and capacity constraints, and the risks of not implementing any change.
- Sustainability of existing service models based on its understanding of relevant clinical evidence.
- Constraints associated with Trust's physical estate and infrastructure.
- The current organisational form - in particular, only a minority of NHS Trusts in England encompass two or more district general hospitals with Type 1 Accident and Emergency departments within their make-up.
- Demographic factors relating to the communities served, particularly for secondary and specialist care services.

The wide range of uncertainty which existed at the time relating to this health emergency. There was a foreseeable risk, as discussed nationally, that local urgent and emergency care services could have become overwhelmed.

About the Public Consultation...

A Public Consultation about Our Health Our Care – will it still go ahead?

Yes. All partners, including us, are committed to an open, transparent, and fair consultation about the long-term status of hospital services in central Lancashire, including the A&E department at Chorley and South Ribble District General Hospital. A timeline for a public consultation will be outlined in the coming weeks.

The Trust supports the recent independent clinical evidence published by the Our Health Our Care programme.

The Trust reiterates that, as with any Public Consultation, they will work closely with the Our Health Our Care programme at all stages to ensure that the views of the public, and colleagues such as staff, and Governors, are fully considered before any final decisions are taken. This includes supporting them to consider any new, relevant evidence, as it emerges.

When will the Public Consultation take place?

Public Consultation will take place at the appropriate stage. A date cannot be set at this point, however an update to this position is hoped to be announced in the coming weeks.

Where are the plans for Public Consultation up to?

The Our Health Our Care programme is currently working with NHS England to ensure that a draft Pre-Consultation Business Case contains the necessary information about the options for change so that it can be approved. A Public Consultation will take place when NHS England has approved the draft Pre-Consultation Business Case and an approval has also been received by the decision-making body (OHOC Joint Committee). A timeline is expected in the coming weeks.

Like all organisations, NHS England has been severely affected by the Coronavirus pandemic and a decision was taken to suspend work on major service change programmes during the initial phases of the pandemic. The programme supports the priority previously given by NHS England towards managing the impact of the pandemic.

How can a Public Consultation take place whilst there is still Coronavirus?

The Our Health Our Care programme are working on a number of different approaches towards enabling an open, fair and transparent Public Consultation, to account for various possibilities in terms of the public health picture at the point where a consultation takes place. This may include using more digital, online, written and/or telephone-based approaches for people to have their say.

It may also include creating events and communication opportunities which are compliant with whatever restrictions are in place relating to social distancing at the time.

Why reopen Chorley and South Ribble District General Hospital's Emergency Department if a public consultation is set to take place with respect to its possible closure?

The public rightly expect to be involved in important decisions about the future of hospital services. The Our Health Our Care programme is committed to an open, fair, and transparent consultation about these issues.

The immediate public health crisis meant that it was not possible to consult with patients in the usual way before the emergency measures were imposed.

However, emergency measures should only be used where the relevant clinical and other circumstances dictate.

It follows that, if basic conditions for providing safe care can be delivered, then the department should re-open, pending a consultation about the best long-term model for providing care from the site.

About the restored Accident and Emergency service...

Will the service available at Chorley and South Ribble District General Hospital be a full Type 1 Accident and Emergency service?

No. The Emergency Department services which are not provided at Chorley and South Ribble District General Hospital prior to 1st April will continue not to be delivered from this site.

This includes care for patients requiring emergency surgery, or an inpatient paediatric (children's) services. The facilities to run these services have not existed for many years. This means that the service will continue not to be provided to a normal "Type 1" or full A&E standard.

Ambulances will continue to take patients to other neighbouring hospitals in cases where Chorley and South Ribble District General Hospital is unable to provide the required service safely.

Have the concerns about the future of services raised by the Royal College of Emergency Medicine and other independent clinical groups been addressed?

No. The concerns raised by these groups remain. The distinction is between what is possible to achieve as a temporary measure, formed around providing a basic Accident and Emergency service and the best possible model for the future. All independent clinical groups who have reviewed the plans have suggested that the long-term model needs to change to provide the best possible care.

Unfortunately, the experience of Coronavirus has underlined the concerns and the rational arguments put forward in these reports.

Where safe and appropriate, are there alternatives for patients than using Accident and Emergency services?

Yes. The Trust would continue to encourage patients to consider alternatives to accessing Emergency Department services where there is a better alternative available. Advice can be sought from NHS 111 or www.nhs.uk in cases where patients are unsure.

Information about the alternatives are regularly published by the Trust and Clinical Commissioning Groups via their social media platforms.

Is this announcement part of a plan to restore Accident and Emergency services on a 24 hours per day basis?

No. There is no plan to restore an Emergency Department at Chorley and South Ribble District General Hospital to a 24-hour operating basis. The model, once restored, will operate from 8am to 8pm, as it did prior to 1st April. Patients requiring emergency care in the hours between 8pm and 8am every day, should continue to attend another unit.

Are services at Royal Preston Hospital affected by this announcement?

No.

Will I still be able to access Urgent Care services from Chorley and South Ribble District General Hospital when the Accident and Emergency service re-opens?

Yes. All of the services which have been in place as part of the temporary measures will remain available to patients.