

# HEALTH AND WELL-BEING REVIEW COMMITTEE

8<sup>th</sup> April 2009

## SUBSTANTIAL DEVELOPMENTS AND VARIATIONS IN NHS SERVICE

Strategic Priority : Healthy City, C101, C104

Joint report of the Chief Executives of the Sunderland Teaching Primary Care Trust, City Hospitals Foundation Trust, the Northumberland, Tyne & Wear Trust and North East Ambulance Services

### 1. Why has this report come to the Committee?

- 1.1 To consider a response to a list of possible 'substantial developments' and 'substantial variations' in local NHS services (attached at Appendix A). The Link to Work Programme is Consultation.
- 1.2 This report gives members the opportunity to review and make recommendations relating to substantial variations in local NHS Services.

### 2. Background

- 2.1 The NHS has a duty to consult with local Overview and Scrutiny Committees on issues of 'substantial development' and 'substantial variation' in service. No definition of 'substantial' was however provided by Department of Health Regulations or subsequent Guidance. The City Council, working with colleagues across the former Northumberland Tyne and Wear Strategic Health Authority (SHA) area, agreed the following definition should apply:

*'The primary focus for identifying whether a change should be considered as substantial is the impact upon patients, carers and the public who use or have the potential to use a service. It is envisaged that an informal discussion about a potential substantial variation or development will precede any submission to the Review Committee.'*

- **Changes in accessibility of service:** - any proposal which involves the change of patient or diagnostic facilities for one or more specialty from the same location (other than to any part of same operational site)
- **Impact of proposal on the wider community and other services:** - including economic impact, transport, regeneration (eg: where re-provision of a hospital could involve a new road or substantial house building, the Review Committee would need to consider how to consider these aspects)

- **Patients affected:** - changes may affect the whole population (such as changes to A&E), or a small group (patients accessing a specialised service). If changes affect a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years (for example renal services)
- **Methods of service delivery:** - altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based
- **Issues to be considered as controversial to local people:** - (eg where historically services have been provided in a particular way or at a particular location)
- **Changes in governance:** - which affect NHS bodies' relationships with the public or the Review Committee
- The requirement to consult will not apply if an NHS Trust genuinely believes a decision must be taken immediately because of risk to safety/welfare of patients/ staff (e.g. ward closure due to contagious infection). The Trust will, however, notify the OSC immediately of any decision taken and the reasons why there was no consultation. As good practice the Trust will also say how patients and carers have been kept informed and what alternative arrangements have been made

2.2 When looking at an item the Review Committee will focus on:

- Whether there has been adequate consultation by the NHS Trust; and/or
- The merits of the proposal

### 3. Current position

3.1 The report consists of 25 substantial variations of which;  
- 25 are ongoing

### 4. Conclusion

4.1 Work continues to progress on each of the 25 reported substantial variations.

4.2 In accordance with the protocol the Review Committee is asked to advise how it wishes to consider the variations being highlighted. Members may:

1. Note the proposals outlined and make no further investigations
2. Request written up-dates to the committee for information
3. Refer the issue:
  - a. To the relevant Patient and Public Forum with the views of the Health & Well-Being Review Committee
  - b. For consideration as part of another item of business already on the committee's Work Programme

c. For regional overview and scrutiny

4. Request written updates to enable comments to be made at a later date (with reference to the timetable outlined)

5. Determine that close scrutiny should be undertaken. If this is to take place a report will be brought to the following meeting of the committee with possible Terms of Reference and details of the scrutiny for Member agreement. The review will then be undertaken within the resources of the Review Committee and may consider the views of patients and carers, expert witnesses and assess arrangements elsewhere

4.3 In thinking of its response, the Committee is asked to consider the impact of any work on the whole work programme.

## **5 Recommendation**

5.1 To agree that completed actions are removed from the Substantial Variation Report after being reported as completed to the committee.

## **6. Background Papers**

6.1 Health and Social Care Act 2001, Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002

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