

Joint Health Scrutiny Task Group

Review of Burn Care Services

25 January 2010

Members of the Task Group

St Helens	Halton	Knowsley	St Helens LINK
Cllr Rimmer (Chair) Cllr Pearson	Cllr Philbin (Vice-Chair) Cllr Cargill	Cllr Kelly Cllr Swann	Margaret Leys Brenda Smith Claire Wildman

1. Background – National Burn Care Review

- 1.1 “Standards and Strategy for Burn Care” (2001) was a review of current standards of burn care in the UK. It found that:
- Current provision was adhoc, disorganised and inequitable
 - Many injuries were admitted to general hospitals under the care of non-specialists
 - Too many units were admitting complex major injuries on an occasional basis
 - No specialised services existed to optimise functional and psychosocial recovery.
 - No national major incident plans existed
 - No detailed data was available to base injury prevention, service planning or service audit.
- 1.2 It was agreed that the best way forward would be to concentrate the care of patients with the most serious burn injuries in fewer places to enable the treatment of such people to be maintained and developed.
- 1.3 At the request of specialised service commissioners, the National Burn Care Review Committee (NBCRC) was established in 2003 to review burn care services across the country in order to improve outcomes for burn injury patients. The major concern was that district general hospitals without dedicated burns units were treating patients without the necessary facilities and expertise, resulting in poorer outcomes.

2.0 The Northern Burn Care Network

- 2.1 In 2007/08, the NBCRC agreed services would be commissioned through four networks:

The Northern Network
The East and West Midlands Network

The London and South Eastern Network
The South West and South Wales Network

2.2 The Northern Network was hosted by Barnsley PCT. The network covers the geographical area of the North of England, North of Wales and Isle of Man. The NHS providers of specialised burn care within the Network are:

- **Alder Hey Children's NHS Foundation Trust**
- **Central Manchester University Hospitals NHS Foundation Trust**
- **Lancashire Teaching Hospitals NHS Foundation Trust**
- **Mid Yorks Hospitals NHS Trust**
- **Sheffield Children's NHS Foundation Trust**
- **Sheffield Teaching Hospitals NHS Foundation Trust**
- **South Tees Hospitals NHS Trust**
- **St. Helens and Knowsley Teaching Hospitals NHS Trust**
- **The Newcastle upon Tyne Hospitals NHS Foundation Trust**
- **University Hospital of South Manchester NHS Foundation Trust**

2.3 In January 2009, the Northern Chairs and Directors drafted and published a 'Commissioner's Statement of Intention' which set out the proposed direction of travel that Commissioners recommended for the Network. The Network was charged with the task of identifying which of the current burn care institutions would be accorded formal Supra Regional Centre status. The Northern Burn Care Network (NBCN) Strategy Board set about ensuring their decision was based on hard evidence.

2.4 In order to develop proposals for the provision of supra-regional care, it was decided to undertake a formal option appraisal.

2.5 It was agreed by the Network Strategy Board on the advice of service lead clinicians that existing Burn units would remain the hub of burn care services in their network areas for the treatment of the majority of burns but would have access to a supra regional centre for treatment of the few most complex cases.

2.6 Overview and Scrutiny Committees (North of England) Involvement

The Department of Health advised that an event for Overview and Scrutiny Committee Chairs would be an appropriate and pragmatic way for the Network to engage with Overview and Scrutiny. Scrutiny agreed the type and level of engagement required in the development of the proposals and subsequent action. However, only nine people including members and officers were in attendance when this agreement was reached.

- A Consultation event was held 2nd February but due to adverse weather conditions only 9 people attended. The Networks Team was supported by the attendance of the North West SHA Reconfiguration Lead.
- A second consultation event was held 11th June at Wakefield. Again only 14 members and officers attended this event.
- A National Clinical Advisory Team (NCAT) consultation event was held on Thursday 23rd April 2009 at Haydock Racecourse to contribute to review of the proposals. Invitations were sent out to all Scrutiny Chairmen and Scrutiny

Officers. Due to the language used in the invitations, many members and officers were unclear as to the purpose of the event.

2.7 Deciding the locations of the Supra-Regional Centres

A formal option appraisal process was undertaken which resulted in a number of recommendations regarding the location of the Supra-Regional Burn Care Centres being put forward for

A Paediatric Supra Regional Burn Care Centre at Central Manchester University Hospitals NHS Foundation Trust

And;

An Adult Supra Regional Burn Care Centre At University Hospital of South Manchester NHS Foundation Trust and Mid Yorkshire Hospitals NHS Trust

2.8 Immediately as those final recommendations were made to the Strategic Health Authority, a press release was issued on 2nd June by University Hospital of South Manchester (Wythenshawe) that stated that its hospital had been recommended by the Northern Burn Care Network as a supra-regional centre for burn care for the whole of the north of England, Isle of Man and North Wales.

2.9 In other parts of the country, there were natural supra-regional centres, and designation was straightforward. However, Merseyside sits in the Northern Burn Care Network that includes North East, North West, Yorkshire and the Humber, North Wales and the Isle of Man. This area has four regional burns units, in Liverpool, Manchester, Newcastle and Wakefield, and so the process of selecting one above the others has been more protracted and contentious.

3 Joint Health Scrutiny Task Group

3.1 Councillors within Merseyside expressed concerns at the recommendations put forward by the NBCN and the proposals that a supra regional centre be established at Wythenshawe, Manchester. These initial concerns were discussed at length and can be summarised below:

- It was possible that the proposals could lead to a diminution of burn care services for people in the existing Merseyside catchment area,
- There were queries around why existing burn care services in Merseyside, which appeared to be working well and to be well-regarded, needed to be changed
- The sense of investing in additional burn care services in Manchester when a major investment in a state of the art burn care facilities had already been made in the new Whiston hospital on Merseyside was questioned.
- The more immediate and longer-term impact of a supra regional burn centre in Manchester on burn care provision and staffing at Whiston on related hospital services such as plastic surgery and the financial viability of the hospital.

- The decision making process itself i.e. the extent of the consultation, it's independence and the absence of a business case.

3.2 In order to examine the concerns listed above in more detail, a Joint Health Scrutiny Task Group was established consisting of representatives from St Helens, Halton and Knowsley Councils. St Helens LINK supported the Task Group throughout the review.

3.3 Councillor Marie E Rimmer of St Helens Council Chaired The Group. Councillor Philbin from Halton was appointed Vice-Chairman.

3.4 The Task Group contacted the Merseyside Authorities asking for their support. Sefton Council offered their support and were happy for a review to be undertaken.

4. Methodology

4.1 The Task Group invited a number of witnesses to attend a series of meetings. Questions were prepared in advance and submitted to the witnesses prior to the meetings. In addition a site visit was held at Alder Hey Children's Hospital and a telephone conference was held between the Chairman, the Chief Executive (St Helens) and Mike Farrer, Chief Executive NHS North West. Correspondence was exchanged with Andy Burnham MP, Secretary of State for Health, Ann Keen MP Parliamentary Under Secretary of State and Eddie O'Hara MP. In addition to this, briefing notes were prepared and circulated to all Merseyside MPs. A number of documents/reports were also submitted to the Task Group for their consideration.

4.2 Task Group Meetings were held on the following dates:

- Thursday 20th August – St Helens and Knowsley Hospital Trust.
- Wednesday 2nd September – Visit to Alder Hey Children's Foundation Hospital
- Wednesday 22nd September – Progress update meeting
- Monday 5th October – Halton and St Helens PCT
- Friday 30th October – Northern Burn Care Network

4.3 The Task Group also considered the following documents:

(a) Northern Burn Care Network Documentation

- Stakeholder Involvement and Engagement Plan – September 2008
- Notes of Executive Team Meeting held 2/9/08
- Case for Change – October 2008
- NBCN – Recommendations from Gateway Review Report and how these will be addressed Nov 2008
- Statement of Commissioning Intentions 19/1/09
- NBCN Newsletter issued March 2009
- National Clinical Advisory Team Review 17/4/09
- Executive Summary from NBCN Issued 2/6/09
- NBCN Press Release Issued 9/06/09

- (b) Correspondence
- Letter to Mike Potts – Chair of Network Strategy Board from Central Manchester University re Proposals for combined service model. 26/1/09
 - Letter to NBCN from Alder Hey re exclusion of combined option from shortlist of options
- (c) Notes from Overview and Scrutiny Committee Chairs Events
- 2nd February 2009 – Wakefield
 - 11th June 2009 - Wakefield

5. Findings

- 5.1 A number of concerns had been raised regarding the adequacy of the consultation and the lack of financial underpinning. Evidence was therefore sought from St. Helens and Knowsley Hospital Trust and Halton, Alder Hey Children's Foundation Hospital, Halton and St Helens PCT and the Northern Burn Care Network.

Meeting with St Helens and Knowsley Hospital – 20th August 2009

- 5.2 Ann Marr, Chief Executive St Helens and Knowsley Trust was invited to provide an overview on the hospital's perspective on the proposals and answer questions which the Task Group had previously provided. (A full copy of the questions and the summary responses are contained in the minutes from the meeting which can be made available separately)
- 5.3 St Helens and Knowsley Hospital Trust expressed a number of concerns about the decision making process. These are summarised below:

Selection of the short listed options

- The Manchester option from the long list was ranked at 8, and yet was included in a shortlist of 6. Liverpool (Whiston) was ranked at 9, yet was not included

Criticisms of the decision making criteria

- The process neither considered relative cost and cost effectiveness of the options, nor tested affordability. There was no underpinning business case. The financial impact on the unsuccessful Trusts had not been considered.
- No patient outcome data was ever used.
- The analysis had taken into account the populations of the two major conurbations – the Greater Manchester population was deemed to be 2.5 million compared to 1.4 million in Merseyside. No consideration was given to the populations of Cheshire, Wales or the Isle of Man, the majority of which use Merseyside hospitals.
- Throughout the whole process there had been considerable debate as to the accuracy and reliability of the data used. The Trust had not been able to reconcile the data used during this process with its own records.

The decision making process was flawed

- The NCAT review (to scrutinise the process) had acknowledged that information used about Whiston was incorrect, as the scoring was based upon the existing facilities and not the new build, which would be open by the time the change became operational.
- The overview and scrutiny process had been very limited. The Network claims to have met with Overview and Scrutiny Chairs, but the meeting coincided with bad weather and attendance had been poor.
- The decision had not been taken within the strategic context of other services and the financial impact on the new PFI development at Whiston had not been considered
- It had been stated that there would be “tangible new investment” in the new supra-regional centre that would result in more posts. Given the limited labour market for specialist burns personnel, and the proximity of the two existing centres, it was inevitable that key staff would be drawn away from Whiston to Manchester and the most complex and interesting workload.
- It was suggested that the effect of this would result in the downgrading of the unsuccessful centre (Whiston) and set off a chain of unintended consequences.
- The financial impact on the new PFI development at Whiston had not been considered.

5.4 Visit to Alder Hey Children’s Hospital 2nd September 2009

The Chairman of the Task Group and St Helens Council’s Chief Executive, Carole Hudson, visited Alder Hey Children’s Hospital and spoke with Sian Falder, Paul Hetherington, Nigel Lee and the Chair of the Trust. Their concerns were similar to those expressed by Whiston Hospital, and can be summarised below:

Criticisms of the decision-making criteria

- Outcome measures had not been featured in the list of criteria. It was their view that the decision had been taken on ‘softer’ criteria such as the proximity of main line railway station.
- The case for establishing the Super Regional Centre had not been adequately made in the current economic climate. Outcomes for patients were currently as good if not better than any other part of the country.
- Resilience to a major incident in North West would be reduced
- The effect of a decision would be to downgrade the unsuccessful centre and set off chain of un-intended consequences.
- The North has a much higher incidence of burns than the rest of the country and the North West especially so.

- No consideration had been given to clinical outcomes
- There was no other model that operates in the UK on this three-tier level of care for burns therefore its effectiveness was unproven.

5.5 Meeting with Halton and St Helens Primary Care Trust – 5th October 2009

The Task Group met with Jim Wilson (Chairman of Trust Board), Ian Williamson, (Interim Chief Executive) and Debbie Fairclough, (Assistant Chief Executive). A series of questions were submitted to the PCT in advance of the meeting (A full copy of the questions and the summary responses are contained in the minutes from the meeting can be made available separately) Responses are summarised below:

Criticisms of the decision-making process/criteria

- A full Business Case did not exist. Useful correspondence from the North West SHA that summarised proposals and showed that no cost appraisal had been undertaken. It was felt that the Board would not want to invest in services in Manchester.
- On the basis of information received Halton and St. Helens PCT would not support the NBCN proposals at this stage.
- Correspondence from the Strategic Health Authority indicated that not enough had been done on determining patient outcomes or on the financial implications of the report. There had been insufficient information on both these aspects in the way that the NBCN describes them and this more detailed information would not be available for some months.
- The Board had not considered a two-centre option. This would need to be part of its future consideration given that Whiston had a newly built hospital and a specialist Burns Unit.

Financial Considerations/Implications

- The PCT were not planning to invest in a Supra Burns Unit in Manchester. This would make no sense in a time of recession and the new burns unit of St. Helens and Knowsley Hospital Trust funded by PFI, was due to open in April 2010.
- The PCT were not proposing to invest in the Manchester Burns Unit. The PCT had £566 m to commission services for the local population of Halton and St. Helens. The NHS nationally needed to find £15 billion savings. It was recognised that from April 2010 onwards there would be no cash increase. The PCT recognised that they needed to invest in the hospital and wider agenda and to reduce smoking, obesity etc. There was a need to invest in high quality services locally and the PCT was not prepared to support investment into Manchester at the expense of their local hospital.
- Historically it had been the case in other parts of the NW region that if a new hospital was built and a funding gap existed, the NHS had been persuaded to underwrite the costs of the new hospital, mostly before payment by results.

Now the NHS was not simply able to underwrite these gaps and hospitals must pay their way based on activity.

- There was a general financial gap facing the Trust and the issues surrounding Whiston's Burns Unit formed only one part of that problem.

Impact for existing services

- There had been a concern about workforce implications even before the decision was made. The skills in the burn care field were specialist and the numbers of people with the relevant skills were few. It was suggested that the role of the NBCN was to support the co-ordination between units in the region and to discourage the poaching of staff. In this respect it was felt that proposals, which potentially promoted the poaching of staff, were therefore unacceptable.

5.6 Meeting with Northern Burn Care Network – 30th October 2009

The Task Group held discussions with representatives from Northern Burn Care Network (NBCN) A series of questions were submitted to the NBCN in advance of the meeting (A full copy of the questions and the summary responses are contained in the minutes from the meeting can be made available separately) The following representatives from NBCN were present at the meeting.

Mike Potts Chair, Northern Burn Care Network
 Jayne Andrew Manager, Northern Burn Care Network
 Dr Keith Judkins, Clinical Director, Northern Burn Care Network
 Roy Dudley-Southern, Associate Director (Strategy), North West Operational Services Group Chair.

- 5.7 A presentation was made to the Task Group by Mike Potts, Chief Executive Kirklees PCT, Chairman of the Northern Burn Care Network on the process to determine the configuration of the Surpa-Regional Burn Care Services.

Responses to the questions submitted and queries raised during the presentation are summarised below:

Decision making process/criteria

- The Northern Burn Care Network Review had looked at the UK wider picture across the country and were not working to a one size fits all model. There had been an improvement in all Burns Care Services in the last 7 years but this improvement had ceased.
- Alder Hey had been given three opportunities to produce a plan demonstrating how Liverpool and Manchester could provide collaborative major/complex burns care. However, on each occasion they had failed to define clearly and convincingly how such a collaborative service could work and not effectively be two supra-region centres working independently. In that context, the consultants had earlier agreed that it was impractical for them.

- A copy of the national burns major incident plan for the country indicated that any of the scenarios suggested would swamp not only any regional service but also the national services in their totality. This fact was central to the major incident escalation plan and was not a valid argument for altering the provision for day-to-day 'domestic' burn care delivery.
- The Network Board, including clinicians, agreed that the process of involving them in the Scrutiny Review had been transparent and fair. Everyone else had acknowledged this to be the case.

Implications for Existing Services

- Any changes would not result in the downgrading of any of the existing services but would build up the ones designated to take the most major/complex burns to the level that was required for supra-regional care by the National Burn Care Standards. Whiston and Alder Hey would therefore continue to treat the majority of burn injury patients.
- The major/complex burn injury patients would only be treated by a Supra-Regional service for the acute phase of their recovery – from the Liverpool 'catchment area' this amounted to approximately 9 adults and 3 children a year. These patients would then be repatriated back to Whiston and Alder Hey for specialist rehabilitation and longer-term care.
- In addition, there would be commissioner support for the relocation of appropriate acute burn injuries currently treated in district general hospitals into the specialist burns services (such as those at Whiston), as per the national specialised burns service definition document. This suggested that the workload for each of the burns services across the country would increase rather than stay static or decrease.
- Evidence from elsewhere in the world and indeed in those areas of England where the process has been faster than in the Northern network suggested there had been minimal alteration in staffing levels as a consequence of these plans being enacted. It was acknowledged that there would undoubtedly be some movement as services settle into their new roles. However current evidence suggested that there was no indication of services being destabilised as a consequence of the small numbers of patients being moved to receive treatment in a Supra Regional Centre.

Financial implications

- Burn patients being directed from district general hospitals (DGHs) either physically to Regional Burn Care Centres or to outreach burns services would result in a re-alignment of investment rather than requiring new money.
- There were 10 hospitals within the Network that provided some level of burn care services. However, because of the small numbers of major/complex patients involved at each hospital, if all were to be developed to meet the major/complex care standards, expensive resources would be under-utilised for a good deal of the time. This would mean it would be difficult to recruit and maintain the skills of the larger teams required. It was suggested that the overall additional investment required would be unsustainable by

commissioners and would not provide high quality services and value for money.

The development of a supra-regional centre would improve outcomes for severely injured patients and be a more effective and efficient use of resources for PCTs and specialised commissioners. The NBCN felt that if UK burn care was to move from occasional excellence to consistently achieving world class outcomes for patients achieved elsewhere in the 'developed' world, it was essential to concentrate the treatment of major/complex burns cases in a supra-regional centre.

Future Proposals/Consultation

- It was reported that as part of the SHA service change assurance process the Network would develop a Business Case over the next 6 months based on the recommended direction of travel.
- Users and Carers had been very supportive and it was accepted that it would have been helpful if this had been made clearer within the draft document 'Towards Determining Supra-Regional Centre Level Care'. However, user and carer involvement had been built into the overall project. The Network maintained a contact database of users and carers who had expressed an interest in being involved in its work.
- There were 50 Overview and Scrutiny Committees across the Network. Advice had been sought through the SHA who had taken advice at national level as to how best to engage with all relevant scrutiny stakeholders and obtain a consensus on the form of engagement and involvement. The Network suggested that it would welcome all 50 Scrutiny Committees coming to an agreement amongst themselves on appropriate engagement arrangements for Phase II of the Network's work if they felt it was necessary to change the existing arrangements.
- The Network was due to commence detailed work to produce a Business Case. This would be completed in the spring of 2010 and shared with the NWSHA as part of the service change assurance process. All stakeholders including Overview and Scrutiny Committees would continue to be involved and engaged during this development phase.

6. Conclusions

- 6.1 The Task Group considered in depth verbal evidence from Knowsley and St Helens Hospital Trust, Alder Hey Children's Foundation Hospital Trust, Halton and St Helens PCT and the Northern Burn Care Network. Various correspondence and reports were also analysed and taken into account.
- 6.2 Having considered the evidence received, the Task Group reached the following conclusions:
- There had not been a proper business case developed to support the proposals of the Northern Burns Care Network.
 - Little consideration had been given to the relative cost and cost effectiveness of the options and the financial impact of the proposals.

- The financial impact on the new PFI development at Whiston had not been considered. There would be substantial and unjustifiable cost despite there not being any economic appraisal as part of the decision making process.
 - There was insufficient evidence to show that effective consideration had been given to improved clinical outcomes. There was no evidence base to support the argument that the changes would result in better outcomes for patients. Outcome measures had not featured in the list of criteria and decisions had been taken on 'softer' criteria i.e. proximity of main line railway station.
 - The Scrutiny Task Group had serious concerns about the scope, accuracy, transparency and reliability of the data used. The data set appeared not to have acknowledged that a brand new burns unit was in the process of being built at the St. Helens & Knowsley Hospital Trust that met all burns care standards, at a capital cost of £29M to cover floor space, specialist theatres and specialist burns equipment.
 - There had not been sufficient consideration given to the number of specialist consultants that would be required at the supra-regional centre. There was a danger that specialist consultants would be drawn away from Whiston to Manchester. The effect of this would potentially be the downgrade of Whiston and set off a chain of unintended consequences.
 - Halton and St. Helens PCT would not support any option for a supra-regional burns unit unless there was satisfactory evidence provided and a more robust business case.
 - No consideration had been given to a two-site option. There was little evidence that the views of patients and the public had been appropriately taken into account.
 - Consultation with overview and scrutiny committees had been inadequate. Scrutiny members had been invited to attend a meeting at short notice but it coincided with a severe bad weather warning and only 9 elected Members attended.
- 6.3 Whilst this task group review was being concluded, the Strategic Health Authority had recently issued a press release which NHS North West, the SHA considered the published proposals for the North of England and concluded that there was no compelling evidence to demonstrate that the new supra regional service would improve on existing outcomes for those patients with the most severe burns.
- 6.4 NHS North West had therefore agreed that, if evidence should emerge in the future that demonstrates people with severe burns in the North West and across the North of England had significantly lower survival rates than in other regions, then the Authority would re-examine the proposals.
- 6.5 NHS North West had also made it clear that, should such evidence of improved survival rates emerge in other areas, then it would need to be assured that improvement in outcomes for those patients with the most severe burns were not at the expense of the outcomes for all burns patients. In other words, that a new supra regional service dealing with the most

severe cases would not undermine the ability of existing regional centres to deliver care to all patients with burns.

- 6.6 If, and only if, this could be established would the proposals then be passed for consideration to individual PCT Boards and their Specialised Commissioning Groups who, if minded to see this as a priority for expenditure, would be required to consult fully with the local population on the new service proposals.
- 6.7 In response to this, Health Secretary Andy Burnham issued the following statement on 11th November 2009.
- 6.8 "I am aware of the strong feelings on Merseyside about the future of burns services. In any debate about the future of burns care, it is important that successful services are not destabilised. The North West Strategic Health Authority have today given their view that there is no compelling evidence to make the case for change. In my view, this statement draws a line under the recent debate and takes these proposals off the agenda. "

7. Recommendations

- 7.1 That the Joint Task Group welcome the Strategic Health Authority and the Health Secretary's decision to listen to the concerns of local people and to recognise that there was insufficient evidence to support the Northern Burn Care Network proposal.
- 7.2 That the Joint Task Group authorise the Chief Executive of St Helens to write Mike Farrar, Chief Executive, Strategic Health Authority, requesting him to develop a comprehensive process for Health Services to engage with Scrutiny and Links functions in order to effectively meet the requirements of the National Health Service Act 2006.