

## **West Sussex Health and Adult Social Care Scrutiny Committee (HASC) Checklist for NHS Service Change Proposals**

### **Purpose:**

- For the NHS to identify what proposals should be notified to HASC
- For HASC to identify whether proposals are substantial and should be subject to scrutiny
- To set out a number of trigger questions/criteria for HASC to consider in liaison with the NHS

### **Background – NHS duty to consult**

NHS bodies (and providers and commissioners of NHS services) have a statutory duty to consult the HASC on any proposals they may have for any substantial development of or variation to the health service in the area. This is additional to the duty NHS bodies have to consult and involve patients and the public. It is also additional to the discussions that NHS bodies will have with the local authority about service developments especially where they link to local authority services.

There is no definition of “substantial”, and it is expected that NHS bodies and the HASC will reach a local understanding. The aim of this checklist is to help this. Where it is agreed that proposals are substantial, HASC will also discuss with the NHS what public consultation is required.

### **Process**

Providers/commissioners of NHS services should notify HASC as early as possible in the process of developing a proposal for service change, to enable a discussion about whether or not it is substantial and what the scrutiny process (if any) should be. This may be through HASC liaison members and/or the WSCC lead officer for HASC. Where time allows, the HASC Business Planning Group will give initial consideration to whether the proposal constitutes a substantial change/variation in service (using this checklist), in liaison with the NHS provider/commissioner. The Business Planning Group will then advise the HASC (through a report to the next meeting of the Committee) whether or not the service change proposal is substantial and whether or not it should be scrutinised. Alternatively, the proposal may go direct to a meeting of the HASC for consideration. Only the Committee can decide whether or not a proposal constitutes a substantial change/variation.

Where HASC agrees that a proposed service change is substantial, it will not necessarily decide to scrutinise it, for example if it is seen as positive change or where the Committee has other priorities and has to balance its workload. Where HASC does decide to carry out scrutiny of the proposal, the process for this (including timetable) will be discussed with the relevant NHS bodies.

Some service change proposals will impact on a wider area than West Sussex, and the NHS body will need to consult other health scrutiny committees. If more than one health scrutiny committee considers the proposed service change to be a substantial change/variation, then a joint health scrutiny committee may need to be formed.

## Trigger questions – the checklist

Theme	Characteristics suggesting that the service change:	
	a) Is substantial	b) Is not substantial
<b>What are the reasons for the proposed change?</b>	<ul style="list-style-type: none"> <li>• A permanent reduction or closure of service provision</li> <li>• Service change primarily driven by financial, staffing or other managerial factors</li> <li>• The service change plays no part in improving patient experience/outcomes, improving clinical quality or reducing risk</li> </ul>	<ul style="list-style-type: none"> <li>• A service improvement or enhancement</li> <li>• New/additional service</li> <li>• To improve health and wellbeing outcomes for local people</li> <li>• To improve patient experience and outcomes</li> <li>• To improve clinical quality and safety and reduce risk</li> <li>• It is a temporary change</li> </ul>
<b>How will the accessibility of services and how they are delivered change?</b>	<ul style="list-style-type: none"> <li>• Patients (and their families/carers) will have further to travel to access services</li> <li>• There is no public transport access to relocated services</li> <li>• There is limited parking at relocated services</li> <li>• There is a reduction in opening times</li> <li>• Changes reduce access for some sections of the community (e.g. older people; people with learning disabilities, physical and sensory disabilities, mental health needs; black and ethnic minority communities; lone parents; rural areas)</li> </ul>	<ul style="list-style-type: none"> <li>• Services are being relocated to improve patient experience and outcomes</li> <li>• Improved physical access (e.g. extended hours; better facilities; better transport infrastructure and parking)</li> <li>• Co-location with other relevant health and social care services</li> <li>• Improved access for all sections of the community</li> <li>• Services will be delivered using new technology (e.g. telecare)</li> <li>• Additional transport will be provided (e.g. special bus/Patient Transport Service)</li> <li>• The needs of families/carers have been taken into account</li> </ul>
<b>How will patients be affected?</b>	<ul style="list-style-type: none"> <li>• More than 25% of the potential/current patients will be negatively affected by the service change</li> <li>• The change will affect the whole population of the service's catchment area? (e.g. A&amp;E)</li> <li>• A small number of patients is affected, but they represent all the users of a specialised service (e.g. renal services)</li> <li>• Patient choice is reduced</li> </ul>	<ul style="list-style-type: none"> <li>• Affected patients' needs have been fully taken into account and alternative service provision meets their needs</li> <li>• A small number of patients have been using the service which is designed to be accessed by more people: the service will become more viable and accessible to more people as a result of the service change</li> <li>• Patient choice is improved</li> </ul>

Theme	Characteristics suggesting that the service change:	
	a) Is substantial	b) Is not substantial
<b>Will there be any impact on the wider community and other services?</b>	<ul style="list-style-type: none"> <li>• There will be a negative impact on the economy and environment of the locality</li> <li>• There will be significant additional demand on the local transport infrastructure (e.g. extra car journeys)</li> <li>• Other health and social care services will be required to meet additional need due to the service change</li> <li>• Rural areas will be disproportionately affected</li> </ul>	<ul style="list-style-type: none"> <li>• There will be little local impact as a result of the service change</li> <li>• Other services have been consulted and support the service change (e.g. Adult Social Care, other NHS providers, district/borough councils as the local planning authority)</li> </ul>
<b>What are the views of key stakeholders?</b>	<ul style="list-style-type: none"> <li>• The service change is not supported by Healthwatch West Sussex</li> <li>• The service change is not supported by other key stakeholders (may include: Adults' Services, Health and Wellbeing Board; patient/service-user representative groups, local County Councillors, County Local Committees)</li> <li>• There has been little or no patient (and family/carer) or staff engagement in developing the service change</li> </ul>	<ul style="list-style-type: none"> <li>• The service change is supported by Healthwatch West Sussex</li> <li>• The service change is supported by other key stakeholders</li> <li>• There has been good and timely patient/staff engagement in developing the proposals</li> </ul>
<b>Do the Proposals meet the DH 5 key tests for service change?</b>	<ul style="list-style-type: none"> <li>• No evidence of support from CCGs</li> <li>• No evidence of strengthened public/patient engagement</li> <li>• Lack of clarity on the clinical evidence base</li> <li>• Proposals are inconsistent with current and prospective patient choice</li> </ul>	<p><b>The 5 tests are:</b></p> <ul style="list-style-type: none"> <li>• Support from GP commissioners</li> <li>• Strengthened public and patient engagement</li> <li>• Clarity on the clinical evidence base</li> <li>• Consistency with current and prospective patient choice</li> <li>• Proposals which include plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions *</li> </ul>

\*Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new

workforce will be there to deliver it; and/or show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

## Supporting Information HASC will need

Where available, the NHS should provide the following supporting information to help HASC understand the context for the proposal and to identify whether or not the change is substantial:

- **Data on the current service:** The number and type of patients using the service (and where they are from); needs/demand analysis; patient flow data; any cross-border implications
- **Timescales & decision-making process:** Planned implementation date for service change; timing of any decision-making processes
- **Communications & Engagement:** Outcomes of any pre-consultation or engagement; the views of key stakeholders (e.g. staff, service users, patient representative groups); information on how key stakeholders have been involved in developing the proposals; information on how other service providers have been involved and how the NHS is ensuring system sustainability

If HASC agrees that the proposed service change is substantial and that it should be scrutinised by the Committee, further detailed information will be required (e.g. financial/resource implications – high level financial modelling; Equalities Impact Assessment; Risk Analysis; Business Case; communications and consultation plans)

## Outline of Process

