



Richard Partington Managing Director

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Date: 10th November 2016

Dear David

RE: FUTURE FIT CHALLENGE

We write further to your latest response dated 28 October 2016 and to our meeting with you and Jo Leahy of the 3rd November. We note that the Future Fit Programme Board set for the 7th November was cancelled but wish to continue to highlight the continuing concerns of Telford & Wrekin Council as to the processes being followed by the Future Fit Programme Team. We do not propose to respond to your letter on each individual point but do not accept that your response has addressed any of our concerns.

Firstly, whilst your response was as SRO for Future Fit, the letter seems to express a collective view of both CCGs in addition to the Future Fit team and we would want to formally have some clarity as to who's views are referred to in your latest letter. Also having met with you and Jo we are aware that Telford & Wrekin CCG have also expressed their own concerns and that now as a consequence of the level of concerns raised, we understand that you are recommending a delay in any decision regarding the preferred option to allow sufficient time to address these concerns. Please can you confirm this.

Secondly, we would wish to clear up any misunderstanding that appears from your initial sentence of your letter. We are not trying to be 'combative' or 'parochial' but are raising concerns regarding the methodology of the analytical appraisal process and the correctness of procedures followed so as to ensure that it can be shown that any decision taken as to a preferred option or indeed the final solution has been arrived at fairly and correctly. We would like to emphasise that we are continuing to work with you in a positive way by providing greater detail of the nature of our concerns so you can consider them further. You have highlighted that the CCGs do not consider that it is appropriate for the Council to allow this process to continue whilst holding open the threat of Judicial Review proceedings indefinitely. Again we want to emphasise that we have said that undertaking a Judicial Review is as a last resort and something we would all like to avoid and that is why we are raising our concerns at this stage in the process.

The Council has been quite clear that its concerns are that the processes followed to date in respect of both the financial and non-financial appraisals are so flawed that to proceed

to a public consultation with information that arises out of the processes or a preferred option arising out of the same would be misleading to the public.

In respect of your various comments regarding the non-financial appraisal process the Council is now less clear as to its role and intended use of the results by the Joint CCG Committee as you are now referring to the non-financial scoring process as a means of providing 'feedback' to the CCGs in making these difficult decisions. It is important that all stakeholders and the public are clear with how the two CCGs will make the decision on the preferred option (s) for public consultation and how they will then make the ultimate decision post-consultation.

Our Response to Your Comments

It remains the Council's view that the methodology used in respect to the financial and non-financial appraisal is flawed.

With regard to the financial appraisal we have never said, that the Programme Team should not follow the methodologies defined in the Departments of Health's Capital Investment Manual. The point at issue is the errors made in the use and in the requirement to exercise judgement in following these methodologies.

To this extent we enclose a technical paper outlining in more detail how these errors and lack of judgement in the use of these methodologies could lead to flawed and unreliable evidence to inform the appraisal. Our research indicates that the methodology adopted delivers a weighting of 98:2 to the non-financial appraisal over the financial appraisal which is contrary to the Future Fit's team intention of a 50:50 weighting and is certainly contrary to the results of the Future Fit's independent stratified telephone survey of affected populations which found that the public strongly favoured financial factors with 51.3% strongly in favour and 21.6% strongly against financial factors and a further 26.9% not showing a strong preference. Unfortunately the results of the telephone survey was misrepresented in the evidence pack and you included this misconception to us in your latest letter.

With regard to the non-financial appraisal process, the Council fails to understand how you can justify allowing individuals who made presentations to the non-financial appraisal panel to then go on to be part of the appraisal and scoring process. We are not suggesting that the inclusion of either clinical or local experts in the assessment process was unacceptable. It is the fact that you permitted such experts to share their perspectives with the wider group prior to them taking part in the detailed group discussions and scoring which creates a clear appearance of bias.

Indeed the presentation of a 'perspective' from a clinical expert is tantamount to the giving a personal point of view, or is highly likely to be seen as such, as opposed to being seen as an impartial relaying of the bare facts of the case to be assessed. On the one hand you have confirmed that the panel 'was not supposed to be the provision of 'experts' views by a trained audience but the provision of views from a wide section of the community some of whom came to the event with specialist knowledge but others of whom were service users' and that you wanted to ensure panel members had no divisions and could share their views and perspectives but on the other hand you also felt it necessary to provide 'objective' evidence in the form of the pack and for some panel members to make presentations of this 'objective' evidence in a simple way so participants scored directly after the presentation of such 'objective' evidence.

With regard to the point about a lack of training of panels members, we need to re-iterate that we are not suggesting that the panel members needed to be expert in all the subject areas being assessed but they did however need to have a full understanding of the criteria, the weighting, and the assessment and scoring process they were about to undertake and the Programme Team should have taken sufficient steps to be able to show that this was the case.

You considered this issue sufficiently important enough for the aborted September 2015 process that you ran a training session on the process for panel members in May 2015. Members of the 2016 panel were significantly different from the 2015 panel members to warrant the provision of such training again. It appears that some of the presentations delivered on the day assumed prior knowledge in particular the access presentation refers members to the fact that the methodology was 'essentially the same approach as for the previous option appraisal (sept 2015)'.

With respect your response in paragraph K regarding Powys, our previous letter recognised that the needs of the population of Powys are material as we know that some Powys patients are served by the hospitals but our concern is that their needs are being given disproportionate weight in the light of the primary and statutory role and duties of the CCGs. Indeed in your letter you point out that it is part of 'the CCGs duty to consider the impact on **all** affected populations so as to ensure the provision of high quality services for as many patients as possible' but our point is that the two CCGs statutory responsibility is to their populations living in the areas covered by their administration, namely Shropshire and Telford & Wrekin. The Joint committee reflects this duty with voting membership from Shropshire and Telford & Wrekin CCG.

We are still awaiting a full and proper response to our freedom of information request in respect to all of the advice or information received about Trauma Unit Status. The risk of not maintaining/securing accreditation if the emergency centre was to be located at the Princess Royal Hospital is highlighted in the non-financial assessment evidence pack. If this is a material factor in the viability of any particular option we do not understand why formal analysis and evidence has not been provided for consideration. Without such impartial evidence the nature of any statement made by a senior clinical expert at the time of assessment would unavoidably influence panel members in preference to one option or the other, again unnecessarily creating bias.

Further, we would like you to join Leaders of both Telford & Wrekin and Shropshire Councils to seek support from NHS England to broker and enable transitional consultant support for SaTH from neighbouring clinical networks to maintain the current service until the right sustainable solution for hospital services across the county can be put in place.

Finally, in our letter of the 24th October we invited the Programme Board to rectify the defects in the appraisal process and to notify the council of the steps it is taking or alternatively proceed at their risk by seeking the CCG Joint Committee to make a decision as to the preferred option. Whilst your response of the 28th October did not acknowledge our concerns, the process appears to be paused leading us to conclude that there are sufficient concerns regarding the process that you have found that there is a need to take these seriously. We would like you to confirm that this is the case or not, and if it is, what steps are being taken to rectify the flaws in the process and the revised decision making timeline.

We look forward to hearing from you.

Yours sincerely

Richard Partington
Managing Director

Cllr Shaun Davies
Leader, Telford & Wrekin Council

CC: -

Dr Jo Leahy
Chair
Telford & Wrekin Clinical Commissioning Group

Dr Julian Povey
Clinical Chair
Shropshire Clinical Commissioning Group

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