

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

22 March 2013

North Kirklees Clinical Commissioning Group and the Wakefield Clinical Commissioning Group – “Meeting the Challenge” Consultation

Purpose of Report

1. This report provides a framework for Members to give a response to the “Meeting the challenge” consultation on how hospital services are organised in the North Kirklees and Wakefield area.

Background

2. In December 2012 the Mid Yorkshire Hospitals NHS Trust (MYH Trust) published its Outline Business Case for the Development of a Clinical Services Strategy. The Strategy sets out the long term options for its 3 hospitals - Dewsbury, Pontefract and Pinderfields. Communities in the Selby area will be affected.
3. As a part of work to implement the Clinical Services Strategy the North Kirklees and the Wakefield Clinical Commissioning Groups have launched a joint consultation.
4. The summary consultation document is attached as APPENDIX 1.
5. Martin Carter, Head of Communications and Engagement and Jayne Beecham, Head of Communications from NHS Calderdale, Kirklees and Wakefield District (possibly accompanied by CCG colleagues) will be attending the meeting to provide more information and respond to Members’ questions.

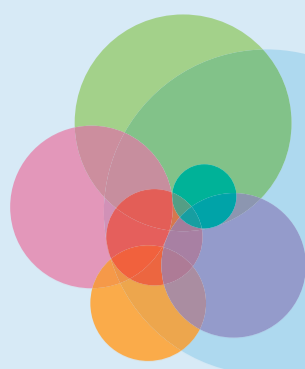
Recommendations

6. That Members:
 - a) agree a response to the consultation.
 - b) consider requesting that a further report setting out the Clinical Commissioning Groups’ decision on the results of the consultation is brought back to this Committee during the summer of 2013.

Bryon Hunter
Scrutiny Team Leader
County Hall, Northallerton

13 March 2013

Background Documents: None



Meeting the challenge

North Kirklees
Clinical Commissioning Group

Wakefield
Clinical Commissioning Group

www.meetingthechallenge.co.uk

Consultation

We're asking for your views. Find out how you can let us know on the centre pages.

Closing date:
31 May 2013

Summary
March 2013

Local NHS meets challenge of 21st century health services



Why have you got this?

This document is about your local NHS services. We've sent it to you so that you know about some changes we want to make. It's mainly about hospital services but some parts are about other health services in your area, such as your local doctors'.

We want to let you know about what we need to do to save more lives, provide better care and services and help patients have the best recovery possible.

We want to know what you think about our plans.

Who are we?

We are local GPs, and we're responsible for commissioning local NHS services after the end of March 2013. Commissioning means looking at what people need from health services. Then we have to make sure that we have the right services in the right places to meet those needs.

We are the NHS organisation responsible for providing hospital services at Dewsbury and District Hospital, Pinderfields Hospital in Wakefield and Pontefract Hospital. We also provide health services in the community in the Wakefield district, such as district nursing and health visiting.

We involve patients and other local people in planning and delivering your health services. That is why we hope you will read this document. It lets you know how you can tell us what you think about the plans.

Dr Phil Earnshaw
Chair, NHS Wakefield Clinical Commissioning Group (CCG)



Dr David Kelly
Chair, NHS North Kirklees Clinical Commissioning Group (CCG)



Stephen Eames
Chief Executive,
The Mid Yorkshire Hospitals NHS Trust



What do we want to change?

We need to change the way we organise hospital services in North Kirklees and Wakefield District, which is the area covered by The Mid Yorkshire Hospitals NHS Trust (In this document we will call them the 'Trust').

But it isn't always necessary to go to hospital when you are ill. So we also need to develop services that you can have either in your own home or elsewhere in your local area.

This document is only a summary. There is a detailed consultation document that explains more about the changes.

Ask us for a copy by phone, post or email. Check out the back page for details.

Or see meetingthechallenge.co.uk



What's the point of changing?

Across every part of the North Kirklees and Wakefield area:

- We want to save more lives.
- When people need treatment we want it to be a better experience for them.
- We want our patients to have recovery rates that match the best in the country.
- We want to make the best use of taxpayers' money.

That's our challenge. So in this document you will read about the changes that are needed to meet that challenge, mainly in our local hospitals but also in the community.

Why change?

A lot of the illnesses we once knew are a thing of the past. The treatments we receive when we are ill have changed dramatically. People don't stay in hospital as often, or stay in for as long as they used to.

People are living longer than ever before and more people are getting better from accidents and illnesses that once would have either ended their life or caused long term disability.

We all want the latest treatments and technologies to help us through illness and on to recovery. We need to change the way care is provided so that not only our own generation, but our children's generation too, can be sure of the best possible outcomes.

1 In North Kirklees and the Wakefield area we have many people with long term conditions. That's things such as asthma, diabetes or breathing problems. Because people are living longer there are more people with one or more of these illnesses. Death rates from cancer, heart disease and stroke are also higher than average here. That means that more people need healthcare and more people go into hospital. We want to help people to stay healthy and to give them the care they need as close to home as we can.

2 We've consulted the experts and looked at what works best for patients across the country. This shows that:

- Getting emergency or seriously ill patients to the right level of specialist care saves more lives than just taking them to the nearest hospital. It also gives them the best recovery.
- If we separate out the care and treatment people need in an emergency (often called unplanned care) from operations and appointments that have been planned, it will mean better results for all patients. We would be less likely to have to cancel operations because of beds being taken up by emergency admissions. We would get even better at stopping hospital infections. The care that people need when they are most ill would be in a specialist hospital with consultants there 24 hours a day, seven days a week.
- Specialist doctors need to see enough patients with serious conditions to keep their skills up to date. In any case, there are not enough specialists nationally to be able to provide this level of expert care for every condition in every hospital.

3 We've looked at how many doctors and other staff we need and how many will be coming out of training. This shows that in several areas there will not be enough doctors to have the same service in all three of our hospitals.

4 How long patients stay in hospital is getting shorter all the time. That's because we have better treatments. Quite often people have surgery using a 'keyhole' technique which means they have a smaller scar and get better quicker. Many can even go home on the same day as their operation.

5 Quite often a patient does not need to go to hospital. That's because we can give many more treatments at a local clinic, or at the local doctors' surgery, or sometimes at home.

6 Most important is what patients tell us. They want first class results. They want to be treated with dignity. They want to have as much of their care as close to home as possible.



Seeing well

A new service for eye patients is keeping care closer to home. Twenty five year-old Emma Smith, recently experienced the service at first hand.



I originally went to the opticians for a contact lens trial but when my optician examined me she noticed that I had a small mark in the corner of my eye. I thought I would have to go to see my GP or, worse, be referred to an eye specialist. To my surprise my optician was able to prescribe me some antibiotics there and then, so it saved me such a lot of hassle and my eye is now much better.

Emma Smith



News in brief

- » In North Kirklees about 185,000 patients are registered with our GPs. That's people from around Mirfield, Spen, Batley, Birstall, Birkenshaw and Dewsbury.
- » In the Wakefield district we have about 385,000 people registered with our GPs. That's people from Wakefield, the Five Towns and the Hemsworth and South Elmsall areas.
- » Over the next five years we expect there will be over 14% more people aged over 65. These are the people who tend to need healthcare the most.



What are we proposing?



We're proposing more focus on care outside of hospital and more joined-up care for patients who do need hospital care.

We want to separate planned and unplanned services. Pinderfields would become the centre for complex and emergency care and Pontefract and Dewsbury would be centres for planned care.

Pinderfields would become the major centre for:

- Complex medical care.
- Emergency and complex surgery.
- Critical care.
- Consultant-led births.
- Inpatient children's services.

Pontefract and Dewsbury hospitals would become centres for planned care and surgery, with:

- A full range of diagnostics (tests to help diagnose what is wrong with patients).
- More operations, including planned orthopaedic surgery such as hip and knee replacements.

Both hospitals would also have an A&E department for treating a wide range of emergency and urgent, but non-life threatening conditions – including some emergency ambulance attendances.

When patients are seriously ill and call an ambulance, paramedics are trained to decide which is the best place for them to go for treatment.

Dewsbury would stay as the centre for neuro-rehabilitation. It would also offer more planned surgery specialties, such as ear, nose and throat (ENT) or urology.

Specialist teams would provide outpatient appointments and planned operations at Dewsbury and Pontefract. This would mean that patients would see the specialist for their particular procedure at their local hospital. Specialist care gives better results and fewer complications. So the changes we are proposing would mean safer services for the most seriously ill and injured patients and make sure that tests, planned treatments and outpatient care are available as close to home as possible.

We also want to expand the range of services available outside of hospitals so that patients only need to go to hospital when they need care which cannot be provided closer to home. This is a very important part of these proposals.

We know that getting to hospital and visiting a relative or friend can be a concern. We have set up a travel group, made up of patients and their representatives, councils, bus companies, the local NHS and the voluntary sector to look at possible solutions. This group has identified a number of ways we might be able to help people access services in the future. These include:

- More flexible appointment times that take travel time into account.
- Training staff to give advice about travel for appointments booked through your GP surgery.
- Extending shuttle bus and bus route 111 timetables.
- Bookable community transport for groups meeting certain criteria.
- Making more use of voluntary transport to take patients to and from the shuttle bus.
- Support for patients arriving at hospital by ambulance to get home
- Free Metro cards for Pinderfields A&E patients who cannot get home any other way.
- Better travel information at health premises.
- Providing a travel helpline.
- Printing travel information with outpatient appointment letters.

We've invited five local experts to explain the changes we are proposing in more depth in the next section.



What our senior doctors think about the proposed changes

Caring closer to home

Specialist teams from the hospital now work with staff in GP surgeries to see diabetic patients who used to have to go to hospital. This is much easier for patients. It is also helping them to manage their illness so that they don't suffer as many unexpected flare ups.



After attending the consultation at my local GP surgery, I quickly received the help and advice I needed. It was a speedy process from start to finish, and has saved me a lot of worry and concern about my condition. I was very pleased that I was treated quickly without having to make any extra trips to the hospital.

Mr Barraclough



On an average day in North Kirklees and Wakefield...

- » Around 500 to 600 people go to our A&E departments.
- » Of those, more than 200 patients have to stay in hospital overnight.
- » More than 260 planned procedures are carried out.
- » More than 1,900 people are seen in hospital outpatient departments.
- » Around 20 babies are delivered in the Trust's maternity units.
- » Community health services are provided for around 480 patients.
- » District nurses make more than 1,500 patient visits.
- » Health visitors see around 17 new babies.

A view from the maternity team



Dr Kath Fishwick, Consultant in Obstetrics and Gynaecology and Head of Women's Services

"I have been treating the women and babies of this area since 1998. Along with the rest of the team, our aim is to provide the safest and best services for all women and babies.

"This means having the right number of doctors, midwives and nurses to give the very best care at each unit. Under these proposals we would be able to provide care close to home when it is safe to do so. We would have consultants on hand far more of the time for mums and babies who need special care. We would give women choice about how and where they have their baby.

"We believe this is the only way we can provide care for all mums that matches the best in the country."



...the 12 years between the operations saw substantial improvements in surgical techniques, making the second operation a much more pleasant experience.... After the first operation it was more than a week before I could raise the operated leg from the bed, whereas in 2009 I could do so on the same day as the operation.

A retired GP who had two new hips, one in 1997 and one in 2009



What happens now?

- Women who are not likely to have any complications can choose to have their baby at Dewsbury, Pinderfields or Pontefract hospitals.
- If mum (or baby) is likely to have complications, she has her baby at Pinderfields or Dewsbury hospitals – or can go to a hospital somewhere else if she wants to.
- Both Pinderfields and Dewsbury can look after babies who need special care. Pinderfields also has a neonatal intensive care unit. This is for the small number of babies who need the most intensive care.
- Antenatal and postnatal care is provided locally in all three areas.

What are we proposing?

- Dewsbury, Pontefract and Pinderfields hospitals would all be able to look after mums who are not likely to have complications. These units would be run by midwives.
- If mum (or baby) is likely to have complications, she would have her baby at Pinderfields. This unit would have a consultant in charge. The consultant would be on the ward for most of the time, which is much longer than happens at either Dewsbury or Pinderfields now.
- Mum could still choose to go to another hospital somewhere else if she wanted to.
- All special care and neonatal intensive care would be at Pinderfields.
- Antenatal and postnatal care will still be provided locally in all three areas.

Why would this be better?

- When there might be complications, it is much better for mums and babies to have a consultant on hand. These proposals mean we would have consultants on the wards for much longer than they are now.
- When there are no complications women find birth better if they are looked after in a more relaxed way by midwives.
- Women will have a choice of service wherever they live.
- Having the neonatal unit on one site would mean more consultant cover. This would give an improved, safer service.

Feedback form

It would also help us if you would answer these questions below:

Please pull out these centre four pages when you have read the whole document. Complete the form, put it in an envelope and send it back to us at the FREEPOST address shown at the end of this form. No stamp is required. If you need to, include additional sheets.

1 Do you think these proposals will achieve our aims to save more lives, improve outcomes and patient experience?

Yes No Not sure

Please tell us why.

2 Are there any aspects of these changes you disagree with?

Yes No Not sure

If so, please tell us what they are and why?

3 Do you think there are any other options we should be considering?

Yes No Not sure

If so, what are they?

4 How important are the following to you?

Getting the best results from your treatment. Very Fairly Not very Not at all

Knowing that services are safe and meet national standards and best practice. Very Fairly Not very Not at all

Being able to access care quickly. Very Fairly Not very Not at all

Being able to see a consultant. Very Fairly Not very Not at all

Keeping services in the North Kirklees and Wakefield areas. Very Fairly Not very Not at all

Hospitals working as efficiently as possible. Very Fairly Not very Not at all

Having access to care at night and weekends. Very Fairly Not very Not at all

Services being designed to take account of future needs, as well as current. Very Fairly Not very Not at all

Reducing the number of patients who have to be moved between different hospitals. Very Fairly Not very Not at all

Having more services available in GP surgeries and people's homes. Very Fairly Not very Not at all

Being able to have your outpatient appointments at your local hospital. Very Fairly Not very Not at all

Being able to see your GP quickly and on the day you want to. Very Fairly Not very Not at all

Care closer to home

5a Which of the following do you think we should invest in to improve the services and care you can get in your home, your local doctor's surgery or in places other than large hospitals elsewhere in your local community?

- Using new technology such as video links (eg Skype) to help people manage their conditions.
- Health and social care teams working closely together in each area.
- Clinics where people can get advice and support in an emergency to help avoid them having to be admitted into hospital.
- 'Virtual wards' - teams of GPs, community matrons, nurse practitioners, staff nurses and social workers working together to support people who are likely to need hospital care due to chronic illness, disability or a recent diagnosis.
- Services to provide care in patients' homes, with the support of beds in community facilities if required.
- A service offering a single contact point for patients for all their queries and support needs.
- 'Re-ablement' – support programmes to help people get back to normal life after a period of illness or injury, or the onset of a disability.
- Overnight sitting services and home care support to help patients be discharged earlier from hospital.

5b Are there any other services that you think we should consider providing in the community, local doctors' surgeries or at home rather than hospital? If so, what are they?

Emergency care

6a If you require urgent care or have a minor injury, how important are the following to you:

Being able to see someone who specialises in treating your injury or illness. Very Fairly Not very Not at all

Being able to see a consultant. Very Fairly Not very Not at all

How long you wait. Very Fairly Not very Not at all

Being able to be treated at your local hospital. Very Fairly Not very Not at all

6b If you call an ambulance because you are seriously ill or have had an accident, how important are the following to you:

Being able to see someone who specialises in treating your injury or illness. Very Fairly Not very Not at all

Being able to see a consultant. Very Fairly Not very Not at all

How long you wait. Very Fairly Not very Not at all

Being able to be treated at your local hospital. Very Fairly Not very Not at all

6c Which of the following services do you think should be available at your local A&E department?

- Resuscitation if your heart stops.
- Immediate assessment, treatment and transfer to a specialist centre if needed.
- Assessment and treatment for children in a child-friendly area and by doctors who are trained to care for children.
- Access to assessment and treatment 24 hours a day, seven days a week.
- Treatment for simple fractures or broken bones (which do not need surgery).
- Tests to identify what is wrong with you (eg x-rays, scans, blood tests).
- Good communication between A&E staff and your doctor's surgery.

7a Have you used one of the A&E departments in the last two years?

- Yes No

7b If yes, how did you get there?

- Ambulance Car Taxi
 Public transport Walked Other

7c If you were taken to A&E by ambulance, how did you get home afterwards?

- Ambulance Car Taxi
 Public transport Walked Other

7d Did you think about using another way of getting to A&E?
If so, what was it and what stopped you from using it?

11 Are there any other comments you would like to make?

Travel

8 For the relatively small number of people who would have to travel further to get the services they need, should we be doing more to help them get there?

Yes No Not sure

9 We have set out some suggestions to help people travel to hospital on page 3. Which of these would be most helpful to you? Do you have any other suggestions?

10 How do you think we should advertise any schemes to make sure as many people as possible know about them?

12 Please tell us the first part of your postcode:

13 Are you responding as:

- Organisation (name below)
 Local resident
 NHS staff

Equality monitoring

In order to ensure that we provide the best services for all of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules.

This information will be kept confidential and you do not have to answer all of these questions, but we would be very grateful if you would. Please tick the appropriate response.

14 What gender are you?

- Female
 Male
 Prefer not to say

15 Transgender - is your gender identity different to the sex you were assumed to be at birth?

- Yes
 No
 Prefer not to say

16 Pregnancy and Maternity?

- I am pregnant
 I have given birth within the last 26 weeks
 Not applicable
 Prefer not to say

17 What is your age?

- Under 16
 16 - 25
 26 - 35
 36 - 45
 46 - 55
 56 - 65
 66 - 75
 76 - 85
 86 +
 Prefer not to say

18 What is your sexual orientation?

- Bisexual (both sexes)
 Heterosexual/straight (opposite sex)
 Gay man (same sex)
 Lesbian/gay woman (same sex)
 Prefer not to say

19 Do you consider yourself to belong to any religion?

- Buddhism
 Christianity
 Hinduism
 Islam
 Judaism
 Sikhism
 No religion
 Prefer not to say

Other (please state)

20 What is your ethnic background?

- | Asian, or Asian British | Black, or Black British | Mixed/multiple ethnic groups | White |
|------------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> African | <input type="checkbox"/> Asian & White | <input type="checkbox"/> British |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Black African & White | <input type="checkbox"/> Gypsy/ Traveller |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other | <input type="checkbox"/> Black Caribbean & White | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

If any other ethnic background, please state here

- Prefer not to say

21 Do you consider yourself to have a disability? Please tick all that apply.

Under the Equality Act 2010 a disability is defined as 'a physical, sensory or mental impairment which has, or had a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities'.

- Long-standing illness or health condition eg cancer, diabetes, HIV, etc
 Learning disability/difficulty
 Mental health condition
 Physical or mobility
 Visual
 Hearing
 Prefer not to say

Other (please state)

22 Do you look after, or give any help or support to, a family member, friend or neighbour who has a long term physical disability, mental ill-health or problems related to old age?

- Yes
 No
 Prefer not to say

Please return this form by Friday 31 May to:

FREEPOST MEETING THE CHALLENGE CONSULTATION

Or you can fill in the question form online at www.meetingthechallenge.co.uk

You can also send us an email at info@meetingthechallenge.co.uk or you can call us on **01924 317757**.

If you have any questions about this document or about the consultation, please get in touch with us at the same address.

No stamp needed

Closing date: 31 May 2013

A view from the surgical team



Mahesh Nagar, Consultant Anaesthetist and Clinical Director for Surgery

“Since I first started my career I have seen big changes in how we treat patients and all for the better.

“I am proud to work with a team of expert surgeons. Their skills make all the difference to patients. I want the most skilled specialists to be available for the people who need them most, but I know we can't do that on every site.

“I also know that many patients who have got an operation planned get very frustrated when it is put off because an emergency has cropped up. That's why we need to separate planned care from emergency care. To give good care with reliable dates for planned operations, and specialist centres for people who need more complex care.”

What happens now?

- All three hospitals do day case operations and provide outpatient care.
- Most complex or emergency surgery is done at Pinderfields. (All except gynaecology, general and some bowel operations, which are done at Dewsbury as well).
- If you need a planned general operation, or a planned operation on bones and joints or eyes, that is also done at Dewsbury.
- Some short-stay planned operations are done at Pontefract. More operations will be done there in future because we are putting specialist eye and bones/joint operations there too.

What are we proposing?

- All three hospitals would still do operations that only need a day in hospital.
- Complex and emergency operations (which usually need support from critical care) would be at Pinderfields.
- For planned non-complex procedures and short-stay operations patients could choose to go to Dewsbury or Pontefract hospitals where more services will be available.
- Operations for patients who need emergency surgery on bones or joints, would still be at Pinderfields.
- Patients having a simple planned operation may need to go to Pinderfields if they have got some other health problem.

Why would this be better?

- Patients across the whole area would be treated by a specialist if they needed an emergency operation. This would help them have better results and recovery.
- Patients at most risk would be seen by a senior doctor more quickly. The full range of scans, critical care beds and emergency theatres would be on hand straightaway. National standards say this is what we should do.
- By providing planned treatment at Dewsbury and Pontefract we could build these up as centres of excellence. This would give the best results for patients. It would also help us to keep services local.
- There would less chance of planned operations being cancelled.
- There would be less risk of infection.
- Waiting times for planned operations would get shorter.
- Patients would not need to stay in hospital as long.
- Overall, patients would have better results and fewer complications.

Living with illness

Improving services in the community by bringing health and social care staff together is not only making a difference to patients with long term conditions. It's also helping people who care for them.



Although the hospitals were good, it doesn't beat being in your own home. It's nice to see everyone working together and having an input and it's just nice to be able to stay in your own home.

A woman who cares for her blind husband who also has diabetes



Patients in control

Many patients across North Kirklees are now monitoring blood pressure at home. It just takes a simple visit to their doctor's surgery to have a monitoring machine fitted.



Not only is this scheme more convenient for patients, it also gives their GP a true reading of blood pressure levels over 24 hours when patients are relaxed and happy in their own environment. A true reading of blood pressure means we can make accurate decisions about medication.

Dr Yasar Mahmood, a local GP





A view from Children's services

Dr Karen Stone, Consultant Paediatrician and Clinical Director for Integrated Care

"Nobody likes being in hospital. For children and their families, it can be even harder. We want to help children get better quicker and keep them out of hospital wherever possible.

"We know that when children do need to stay in hospital, specialised children's services give better results because we can provide around the clock specialist care."



A view from the emergency care team



Dr Matt Shepherd, Consultant in Emergency Medicine and Clinical Director for Medicine

"We want to make sure that people get the best possible care in the best possible place when they need help the most. If we can have all our specialist doctors and nurses in one place, with all the backup they need, we know that this will save more lives and give better recovery rates.

"Under our proposals we would have an A&E department on three sites but the specialists in treating life-threatening and complex conditions would work together on one site."

What happens now?

- Pinderfields is the only one of the three hospitals that can treat some conditions. For example, serious strokes, broken hips and people who have been badly injured. Some serious cases, such as heart attacks, go to more specialist centres such as Leeds.
- Dewsbury can treat most conditions except for the most serious illnesses or injuries. These are already taken to Pinderfields or other more specialist hospitals.
- Pontefract is able to treat people who have less complex conditions. Ambulance staff know what conditions can safely be treated there. They decide whether someone should be taken to Pontefract or to another hospital.

What are we proposing?

- Pinderfields would still see all emergencies, including critically ill and injured patients.
- All three hospitals would deal with urgent conditions that can be seen without the patient having to stay in hospital. These include cuts, sprains, broken bones, head injuries, eye problems and skin infections.
- Both Dewsbury and Pontefract hospitals would have a specialist team of emergency care doctors and nurses. There would be consultants in the hospital during the day and on call. Staff with the skills to resuscitate people will be there 24 hours a day, seven days a week.
- There would be better and quicker access to essential tests such as x-rays and blood tests at all three hospitals.
- New ways of organising emergency care so you could have a test at the hospital without needing to go to A&E or wait in hospital for the results.

Why would this be better?

- The most seriously ill patients would be taken to the specialist centre, which would give them better results.
- We know that across the country there are not enough specialist trained emergency doctors. If we bring them together in one place we could still provide 24 hour cover, seven days a week.
- By taking the most seriously ill patients to Pinderfields, the local A&Es would be freed up to treat the growing numbers of patients who need urgent care and see them quicker.

In mid March the NHS will have a new phone number – 111 – people can ring if they think they need medical help but aren't sure if their problem is serious enough to need a trip to A&E. Calling 111 will ensure you get urgent treatment quickly and if you need an emergency ambulance to take you straight to A&E one will be sent. From mid March the only three numbers you should need to deal with your health problems or concerns will be 999 for serious emergencies, 111 and the number of your family doctor's surgery.

What happens now?

- All three hospitals offer outpatient services for children.
- All three hospitals can assess and treat a child in A&E.
- Children who need an operation are treated at Pinderfields (or further afield for more specialist conditions).
- Children who have an illness and need to stay overnight are treated at Pinderfields or Dewsbury (but not at Pontefract).
- Pinderfields has a dedicated children's burns unit and can also care for children with spinal injuries

What are we proposing?

- All inpatient services for children would be brought together at Pinderfields.
- Dewsbury would have a children's assessment unit specially designed for them. If a child needed to stay in hospital overnight, or longer, this would be at Pinderfields.
- All three hospitals would still have children's outpatient clinics. We would still have many children's services in your local area.
- There would be no change to burns and spinal injuries care for children.

Why would this be better?

- Most of your child's care would be kept local.
- At the specialist centre we would have specialist children's doctors on the ward 24 hours a day, seven days a week caring for the most poorly children.



A view from your doctor's surgery

Dr David Kelly, GP and Chair of NHS North Kirklees CCG and Dr Phil Earnshaw, GP and Chair of NHS Wakefield CCG

"As GPs, we have seen many advances in health care. Many services that previously meant a trip to hospital are now available in local health centres, or in people's own homes. This is really good news for patients, especially if they suffer from long-term conditions like diabetes, heart or breathing conditions. It gives them a better quality of life and means they are much less likely to need urgent visits to hospital, which we know can often be difficult and upsetting for people.

"We want to provide many more of these services outside hospital. We also want to provide a more joined-up service between the NHS and social care services."

Open wide

The chances are that if you needed oral surgery you would previously have had to go to hospital for it. But now that doesn't have to be the case.



I needed surgery and was offered the chance to either have my appointment at the local hospital or come to a designated dental surgery. It was closer to home and far easier than navigating hospital parking so I opted for my nearest dental surgery. The operation went smoothly and I am really pleased with the service and the results.

A local patient



Getting you back on your feet

Just a few years ago 79 year-old Jean would have been virtually housebound after she broke her hip and needed a hip replacement. But after just a few weeks in a rehabilitation centre followed by re-ablement (a short-term intensive support programme to help her regain her independence).



The six weeks in the rehabilitation centre helped me to walk again, the six weeks on the re-ablement scheme helped me to live again.

I am a really outgoing person and I am an ex-dancer so my first love is dancing. Thanks to all the treatment, help and support I am grateful that I have the confidence to still get up and dance from time to time.

Jean



Here are some examples of what is already happening in different areas and which we would like to see across all of the North Kirklees and Wakefield district wherever possible.

What do we do now

Breathing problems

Specialist teams of nurses, with the support of consultants, gives care for people with breathing problems in their own homes.

Stroke

Specialist teams in Wakefield and North Kirklees help patients to go home from hospital as soon as possible and help cut down the chance of having another stroke. Rehabilitation is provided in the patients' own homes.

Joined up care

In North Kirklees, Community care teams of GPs, nurses, social workers and other professionals were set up in 2012 to help improve care for people with long-term conditions or who are at the end of their lives.

Intermediate Care Teams, made up of social care, nursing and therapy staff, provide urgent short term support to people with a health crisis to prevent hospital admission or support their rehabilitation. Integrated network teams were set up in Wakefield localities in 2010, to provide multi-disciplinary support for older patients and those with physical disabilities.

What difference is it making

- Last year 412 people were seen by the new service. Half of these patients were able to have their illness managed at home.
- Numbers of emergency admissions came down.
- Patients spent less time in hospital.

- Patients spent less time in hospital.
- About half of the 200 North Kirklees patients recovering from stroke each year are using the new service.
- They say care is more joined-up and helps them get better quicker.

- Patients are helped to stay independent.
- Fewer people need to stay in hospital.
- Patients feel more confident when they leave hospital.
- It helps patients at the end of their life to die in their preferred place.



How did we come up with our proposals?

Over the past couple of years we have worked with doctors and other health professionals to consider how we can provide services that give patients the best clinical results. We have looked at clinical evidence from across the country. We examined the strict standards set nationally and took stock of our resources. That includes clinicians, finances and our buildings. It became clear that doing nothing is not an option.

This led us to two options which we discussed widely with national experts, local people, patient representatives and politicians. In the full consultation document we explain more about both options. As a result we now believe that only one of these options will achieve all our aims to provide first class healthcare both for now and for the future. That's what we have described in this document.

Mythbusters – some questions answered

Are the changes really all about saving money?

No. Like other sectors, the NHS nationally is working in a very tough financial climate and needs to make significant financial savings to deliver high quality services to patients now and in the future. The position locally is no different and it is no secret that our local acute Trust, in particular, is facing major financial challenges.

It is inevitable, therefore, that some people may assume that the changes proposed in this document are first and foremost about saving money. However, we can give an absolute assurance that this is **not** the case. The over-riding reason for wanting to make these changes is to improve the quality and accessibility of clinical services across all parts of the local NHS.

Will Pinderfields be big enough to cope?

Yes. We are proposing to separate planned and unplanned care. This means that some of the services which are at Pinderfields now would be provided at one of the other hospitals. Our plans include up to £38 million investment into hospital facilities, including additional capacity at Pinderfields, so that wherever we can provide a service locally, we will.

Will you have enough beds?

Yes. We have worked out our proposed bed numbers very carefully and believe that we would need fewer beds than we have at the moment if we can provide more services closer to home and as efficiently as some other hospitals do now. We have taken account of the growing number of elderly people and the overall population growth. We are confident that we have got the right number because:

- Under our proposals we would be working more efficiently, with services grouped together instead of being scattered around different sites.
- The average length of stay for patients has been coming down for the past few years and is continuing to do so.

Please return the feedback form by Friday 31 May to:

**FREEPOST
MEETING THE CHALLENGE
CONSULTATION**

Or you can fill in the question form online at www.meetingthechallenge.co.uk

You can also send us an email at info@meetingthechallenge.co.uk or you can call us on **01924 317757**.

We are already providing more services outside hospitals. This trend is continuing at a growing pace. As you will see in these proposals we have plans for even more investment in services closer to home. This would help to keep services local and would mean that we need fewer beds in hospital.

Are you planning to close Dewsbury and District Hospital?

Definitely not. There are no plans to close any of our hospitals. They are all vital to providing modern healthcare. We want to keep as many services local as possible for the majority of patients. It would not be possible to treat all the people who need hospital services without all three sites. Our plans include extra spending on some of the buildings at Dewsbury to make sure the hospital is a really good place to be treated.

Are you closing A&E at Dewsbury and/or Pontefract?

No, there will be emergency care at Dewsbury and Pontefract 24 hours a day, seven days a week. We are extending the specialist A&E at Pinderfields for seriously ill patients. That is so that we can give really first rate care to the most seriously ill patients wherever they come from. But both Pontefract and Dewsbury would also have an A&E open for a wide range of conditions including some emergency ambulance attendances.

Don't you realise that extra travel is difficult for patients and visitors?

Yes, we do. We aim to improve the scope of local services such as outpatient appointments, diagnostic tests and planned surgery. That's why we also plan to make even more services available outside hospital in your local area. However, for seriously ill patients we will be centralising specialist services in order to keep them as local as possible. When we looked at the care we provide in hospital, we tried very hard to balance keeping services close to home while at the same time making sure that patients would get care that is a match for the best in the country. We will also be looking hard at how we might be able to help people with their travel arrangements.



Out and about

The consultation runs from 1 March to 31 May 2013. We will be out and about at roadshows in local shopping centres and hospitals throughout the three months. We're organising drop in sessions with some of our doctors and will be meeting local groups and committees to explain our proposals and listen to feedback. You can get more information about all of these activities on our website at www.meetingthechallenge.co.uk

Or you can phone us on 01924 317757 or write to us at:

**FREEPOST
Meeting the Challenge Consultation**

We're also holding some public meetings:

Date	Venue	Time
11 March	Dewsbury Town Hall	8pm
12 March	Wakefield Town Hall	7pm
19 March	Carleton Grange Community Centre, Pontefract	7pm
20 March	Morley Town Hall	7pm
14 May	Wakefield Town Hall	7pm
16 May	Pontefract Town Hall	7pm
20 May	Morley Town Hall	7pm
21 May	Dewsbury Town Hall	8pm

If you require this document in another language or another format such as large print or audio tape please contact PALS on: **0845 602 4832**.

اگر آپ کو یہ کتابچہ کسی اور شکل جیسے کہ بڑی لکھائی، سہی ٹیپ یا دوسری زبان میں درکار ہو، تو مہربانی فرما کر
پیشرفت ایڈوائس اینڈ لائی ایمن سروس (PALS) سے، اس نمبر پر رابطہ کیجئے: 0845 602 4832