



SUMMARY

Public consultation on proposed future arrangements for hospital and community health services



HAVE YOUR SAY



See the back page for details of the survey.

Closing date 21 June 2016.

www.rightcaretimeplace.co.uk

Who we are

We are NHS Calderdale and NHS Greater Huddersfield Clinical Commissioning Groups (CCGs). We are local organisations that plan and buy health services in your area. The organisation is made up of GPs and other NHS staff; together we try to create a health care service that works for everyone, now and in the future.

Telling us what you think

We would like to know what you think about our proposed plans to change hospital and community services in Calderdale and Huddersfield.

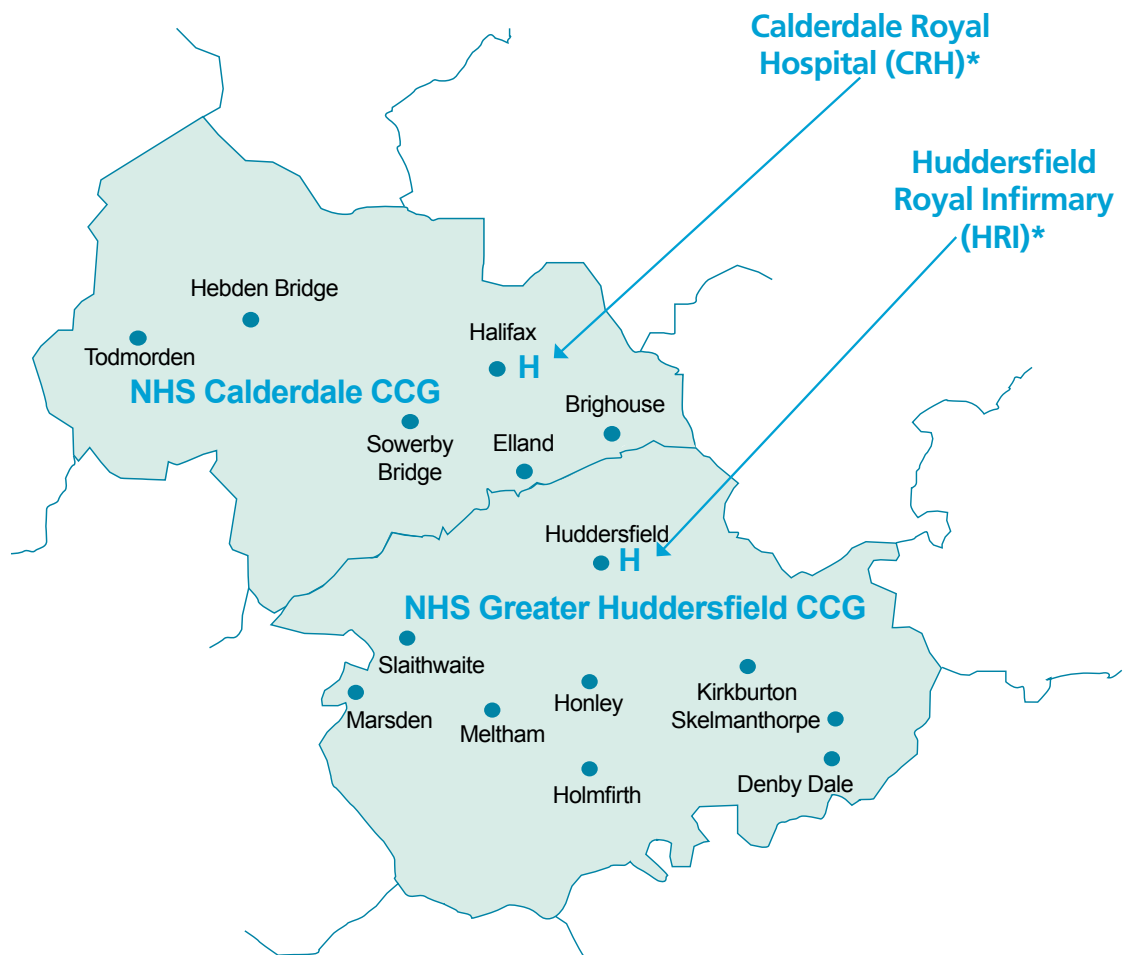
This leaflet tells you about the proposed changes we would like to make. We want any proposed changes we make to help make hospital and community health care safer and better.

After you have read about our proposed changes we want to know what you think.

- Is there anything we have missed?
- Any other ideas you have?

We want you to have your say by filling in our survey; all the details are on the back page.

*** Hospital services for people living across these two CCG areas, at CRH and HRI, are managed by Calderdale and Huddersfield NHS Foundation Trust**





What we are doing

Changing our hospital and community services is very important; we want to get it right. We want to know what you think about our plans to change the way some services are provided.

For the past few years we have listened to local people, groups and organisations when we asked them how we should make local hospital and community health services better.

Health experts have completed two independent reviews into the hospital and its services.

We hope that after reading this leaflet you will understand why we have proposed to change hospital and community services and what the benefits could be now and in the future.

What else did we think about?

We did not come up with our proposed plan without looking at other options. We thought about what we could do to make health services right for patients now and make sure they were ready for the future.

We started with 11 alternative options. After exploring these alternatives, we found 5 that we wanted to think about in more detail. We looked at each alternative using five tests or 'criteria' to find the best options.

The table on the next page shows how our short list of three alternatives scored against the criteria.

Criteria we used	What this means	Alternative 1: making small changes to the current service	Alternative 2: Having one Emergency Centre at Calderdale Royal Hospital	Alternative 3: Having one Emergency Centre at Huddersfield Royal Infirmary
Quality of care	It would help us meet a good standard of care	✘	✓	✓
Access to care	Patients would be able to get the right care at the right time in the right place	✓	✓	✓
Value for money	We are making the best use of our money and can afford the care we need	✘	✓	✘
Deliverability and sustainability	The plan would work now and into the future	✘	✓	✓
Co-dependency with other strategies	The proposed change fits with other health and social care plans.	✘	✓	✓

What are our proposed changes?

We want to invest money in each hospital to make sure they are ready for the future. We are proposing a new Emergency Centre, which will include an Emergency Centre for children, in Calderdale and we want to build a new hospital on the Acre Mills site in Lindley, Huddersfield and close the Huddersfield Royal Infirmary which is now old and needs a lot of work to bring it up to standard. We are proposing changes to:

Emergency and acute care – Emergency care is the care you receive for a life threatening condition or illness. These patients would usually come to hospital by emergency ambulance or be sent by their GP.

We propose to develop a single Emergency Centre at Calderdale Royal Hospital.

This will ensure that patients with very serious or life threatening illness or injury or those who become poorly and need to go into hospital in an emergency are seen by the right health experts in the best place.

Patients will still go to other Emergency Centres such as Leeds for things like heart attacks and serious strokes.

Urgent care – Urgent care is the care you receive for a non-life threatening condition or illness. You could go to an urgent care centre for things like:

- Broken Bones
- Sprains
- Burns
- Sickness
- Infections

We propose to develop Urgent Care Centres at Calderdale Royal Hospital and the Acre Mill site at Huddersfield. These would be open 24 hours a day 7 days a week, with doctors and emergency care nurses helping patients.

This means people would still go to their local hospital, for conditions needing urgent care which are not life threatening.

Maternity – Maternity services will stay the same, with consultant led maternity services at the Calderdale Royal Hospital and midwife care in both Calderdale and Greater Huddersfield.

Paediatrics (children and young people's services) – The proposals include a Paediatric Emergency Centre at Calderdale Royal Hospital so all medical and surgical services for children would be on one site.

Planned care – Planned care includes routine operations like hip replacements and other non-emergency procedures.

We propose to develop a new hospital for planned care on the Acre Mills site at Huddersfield Royal Infirmary with 10 operating theatres and 120 beds for patients. Both hospitals will still have day surgery, outpatient clinics and therapy services.

As emergency cases would be seen in Calderdale, it's much less likely your planned operation would be cancelled or delayed at the last minute by another patient needing emergency treatment.

Community services – We have already developed Care Closer to Home services in both Calderdale and Greater Huddersfield and plan to provide more services in the community helping people get the care they need at home or locally.

We would like to provide more services out of the hospital and in the community so we can help people stay independent and avoid going into hospital unless it is for a serious illness or injury.

Why things need to change

We have to change the way services are provided. Not changing is not an option.

Changing population

Our population is growing and more people are living longer with long term conditions, like diabetes, heart disease and chronic chest conditions. We need to support people to live healthier lives and be able to look after themselves and get help they need without going to hospital unless they really need to.

Quality and safety

Our main focus is on providing the highest quality and safest services we can.

Patients say they are not always happy with their treatment and compared to other hospitals, too many patients stay longer than they need or go back into hospital a month after leaving.

There are national 'medical standards' that are set by experts, these are rules that the hospital has to follow to keep services safe. The 'standards' say how many doctors need to be on call or how many patients a nurse can look after at one time, and many other things.

Some of our services don't meet these national standards and the number of patients dying in our hospitals is higher than the national average.

Staff shortages

We have problems finding and keeping staff and we don't meet national staffing guidance for some services. Some doctors and nurses don't like working over two sites and we also rely on temporary staff that can cost a lot of money.

Money

These changes are not all about money but we have a very difficult financial situation and if we do not change we will not have the money to deliver our services.

This means we will not be able to afford the improvements needed to deliver consistently safe, high quality, sustainable care.

To make our proposed changes we will need a lot of money from the government, without this the changes cannot happen.

National change

Things are not just changing locally; there is new national guidance so all over the country hospitals are changing to make best use of the staff, equipment and resources they have. Making our proposed plans we have been following this guidance.

PROPOSED FUTURE SERVICE ARRANGEMENTS



Services available at both hospitals

- Outpatient services for adults and children
- Therapies
- Day case surgery
- Midwifery-led maternity unit
- Diagnostics



Calderdale Royal Hospital

- **Urgent Care Centre, available 24/7:**
 - Walk in or ring NHS 111 for advice and to book an appointment
 - Staffed by doctors and emergency nurse practitioners
 - Minor injuries and minor illness service for all patients (under 5s encouraged to attend Paediatric Emergency Centre unless advised to go to Urgent Care Centre)
 - Range of diagnostic tests available, including x-rays and blood tests
 - Direct link to the Emergency Centre for specialist advice and support
- **Emergency Centre**
 - Specialist doctors, consultants and nurses available 24/7
 - Trauma centre
 - 24 hour access to CT/MRI scanning
 - diagnostic tests, x-rays, blood tests
 - Paediatric Emergency Department/Centre for children
 - 24 hour consultant-led maternity (obstetrics)
 - Inpatient paediatrics
 - Acute endoscopy – for patients with serious internal bleeding
 - Coronary care unit
 - Intensive care unit
 - Dedicated theatre and operating team for emergency surgery – for very sick patients who may need to go into intensive care after surgery

New hospital on the Acre Mills site

- **Urgent Care Centre, available 24/7**
 - Walk in or ring NHS 111 for advice and to book an appointment
 - Staffed by doctors and emergency nurse practitioners
 - Minor injuries and minor illness service for all patients (under 5s encouraged to attend Paediatric Emergency Department unless advised to go to Urgent Care Centre)
 - Range of diagnostics available, including x rays and blood tests
 - Direct link to the Emergency Centre for specialist advice and support
- Medical day cases
- Endoscopy – for planned diagnostic testing
- Planned inpatient surgery – which does not need to be done in an emergency – there would be 120 beds and ten operating theatres there.

How to have your say

- The survey will be available at local events and places like your GP practice and community venues
- The survey is also available online at: www.rightcaredtimeplace.co.uk
- If you need help to fill in the survey you can call us on 01484 64212.
- You can complete the survey and post it back to us for FREE at;

FreePost Plus
RTAA-XTHA-LGGC

Heron House
120 Grove Road
Fenton
Stoke on Trent
ST4 4LX

(We have an independent organisation analysing the surveys)

Please make sure you complete the survey and send it back to us by:

Midnight on 21 June 2016

If you need this document in another language or another format such as large print or audio please call 01484 464212 or email rcrtrp.myview@nhs.net

Czech Potřebujete-li tento dokument v jiném jazyce nebo v jiném formátu, jako je například velký tisk nebo audio, zavolejte nám na čísle 01484 464212 nebo rcrtrp.myview@nhs.net

Hungarian Tisztelt Olvasó!

Ha szüksége van erre a documentumra más nyelven, vagy más formátumban mint például nagybetűs írás, vagy Audio-vizuális, kérjük forduljon hozzánk telefonon: 01484 464212, vagy jelentkezzen email-en: rcrtrp.myview@nhs.net

Köszönjük

Polish Jeżeli wymagasz tego dokumentu w innym języku innym lub formacie, np: z dużym drukiem lub audio prosimy o kontakt 01484 464212 lub rcrtrp.myview@nhs.net

Urdu یہ دستاویز اگر آپ کو کسی دیگر زبان یا دیگر فارمیٹ جیسے بڑے حروف کی چھپائی یا آڈیو پر درکار

ہو تو برائے مہربانی نمبر **01484 464212** یا ای میل rcrtrp.myview@nhs.net پر رابطہ کریں۔

Data Protection

No personal information will be shared during this process, we will work in line with data protection rules. Personal information will stay confidential.

This document was produced by NHS Calderdale and NHS Greater Huddersfield CCG. For more information go to: www.rightcaredtimeplace.co.uk