Summary

Independent Report of Findings - Right Care, Right Time, Right Place

August 2016

Accessible version
Consultation Report of Findings – Summary

A 14 week public consultation was held on the future of hospital and community services. Midlands and Lancashire Commissioning Support Unit (MLCSU) wrote an independent report on what people said. NHS Calderdale Clinical Commissioning Group (CCG) and NHS Greater Huddersfield CCG have written this summary.

The full report can be found on www.rightcaretimeplace.co.uk

About the consultation

A consultation ran for 14 weeks from 15 March to 21 June 2016 on the future of hospital and community services in Calderdale and Greater Huddersfield.

The proposals were:
- To have two Urgent Care Centres, one at Calderdale Royal Hospital (CRH) and one at a new hospital on the Acre Mills site at Huddersfield
- To have one Emergency Centre at CRH
- To have a new Children’s Emergency Centre at CRH
- To build a new 120 bed planned care hospital on Acre Mills site at Huddersfield
- To continue with more maternity services in the community
- To have more health services out of hospital and in the community

The proposals were planned to:
- Improve quality and safety
- Provide more care closer to home, particularly for those who need it the most
- Reduce the number of hospital admissions and re-admissions

What we did

To make people aware of the consultation so they could get involved and fill in a survey the CCGs did a number of things:
- Used local newspapers to tell people about the consultation
- Set up a website with information about the proposals with a link to an online survey
- Used social media to reach people
• Sent surveys and information directly to a number of people’s homes.

The CCGs also:

• Held 17 information sessions across Calderdale and Greater Huddersfield with managers and Doctors from both CCGs and Calderdale and Huddersfield Foundation Trust (CHFT)
• Had three public meetings; two in Huddersfield and one in Halifax
• Went to local areas to promote the information sessions in local shops, restaurants, bars and hairdressers
• Worked with community and voluntary groups who talked to people about the proposals and supported people to complete the survey

The proposals were opposed by local campaign groups such as ‘Hands off HRI’ and ‘Save HRI A&E’. They also used the Huddersfield Examiner to give their views on the proposed changes.

What was the response to consultation

We had lots of feedback which included paper surveys, online surveys, notes of public meetings and information sessions. There were also over 500 letters and emails. We also received 8 petitions.

In total there were 7582 surveys returned which gave us 40,000 individual comments to read. To make sure we read every comment MLCSU coded each comment under a ‘theme’ or set of ‘themes’. These themes included travel and transport, staff, clinical safety and capacity and putting lives at risk.

All the themes were reported and examples of each of the themes were given so that they could be considered by the CCGs.

Consultation findings

Who gave us feedback

• 69% of the people filling in the survey were from Greater Huddersfield, 28% Calderdale and 3% from other places
• 4.5% were staff, most from Calderdale and Huddersfield Foundation Trust (CHFT) and the CCGs
• 54% were women and 35% men
• 5% were aged 0-20, 35% were aged 51-70, 11% were over 71
• 42% were Christian, 7% Muslim, 26% had no religion
• 75% were White British- English, Welsh, Scottish or Northern Irish
• 8% were Asian/Asian British

**What did people tell us**

**Q1. Feedback on all the proposed changes**
We asked people to tell us if the proposed changes would impact on them. 67% of all the people who answered the survey said they felt they would be negatively impacted by the proposed changes.

When we looked at where people lived 80% of these people were from Greater Huddersfield.

47% of Calderdale people said they would not be negatively impacted by any changes.

People told us their main concerns were travel times, the impact on other hospitals and the ambulance service. People also said that the proposed changes may not meet the need of local people.

Some people did tell us that they thought the plans would deliver high quality care.

For each of the proposals people were asked what they liked and what they did not like. They were also asked if they had anything else to tell us.

**Feedback on emergency care services (for life threatening and acute conditions)**
When asked what people disliked there were more concerned responses from people living in Huddersfield.

When asked what people liked about the proposed changes from a list of options 61% of people from Greater Huddersfield said ‘none of these apply’. People living in Greater Huddersfield were more worried. People from Calderdale ticked that they liked some of the proposed changes. People told us that ‘one emergency centre makes sense’ and that the best care should be in one place if resources are limited.
The main comments were being seen and treated quickly, travel to services, keeping services as they are and putting lives at risk.

**Feedback on urgent care services (for non-life threatening conditions)**

When asked what people disliked about the proposed changes there were twice as many concerned responses from people living in Greater Huddersfield than Calderdale. However there were less worries about travel and being treated quickly.

When asked what people liked about the proposed changes from a list of options, people from Calderdale told us that they liked some of the proposed changes.

The main comments were how an Urgent Care Centre would work, what it would provide and who the staff would be. Travel to receive treatment and access to the right care were also raised as concerns.

**Feedback on planned care services (a procedure or treatment that is planned. You have to stay in hospital to recover)**

When people were asked what they disliked there were similar responses from people living in Calderdale and Huddersfield.

Overall there were few concerns for planned care. People living in Greater Huddersfield stated their main worry was being seen and treated quickly.

When people were asked what they liked, people from Calderdale were more in favour of the proposed changes.

The main comments were longer waiting times for operations when one hospital has to provide more planned care for two towns. Travel time and access to services was a concern for people living in both Calderdale and Huddersfield. Some people were worried about how a new hospital at Acre Mills would be funded.

**Feedback on maternity services**

The responses to what people liked and disliked about the proposed changes were similar for both Calderdale and Greater Huddersfield. There were fewer comments on maternity services with only 2,529 people answering the questions in this section.
The main comments were people felt that Calderdale maternity services are understaffed. People told us that travel times for appointments and access are concerns. People also stated that both towns need their own maternity services as there was not enough evidence that care closer to home is working.

**Feedback on paediatric services**
There were more responses about what people disliked about the proposed changes from people living in Huddersfield. Most people stated they were not concerned about the quality of care or receiving the right treatment but more about how quickly they would receive care. Over half of respondents said they did not like any of the proposed changes.

The main comments were how quickly children would be seen and treated and travel and transport to services. Travel times in an emergency was a concern with some stating it may put children’s lives at risk as they become unwell quickly.

**Feedback on community services**
People living in Greater Huddersfield told us they had more concerns for community services. When asked what they did not like 31% of people living in Greater Huddersfield told us ‘none of these apply’ this was higher from people living in Calderdale at 55%.

The main comments were concerns about the amount of trained staff in the community and how the proposals would be funded because of cuts in recent years. People told us more funding is needed for GP surgeries and raised concerns about how care closer to home would be delivered.

**Six key areas**

From all the feedback received MLCSU told us there were six key areas that we needed to look at if we were to deliver any of the proposed changes. The key areas for further work were:

1. **Travel and transport**
People from Greater Huddersfield are worried about the impact of increased travel times, in particular for access to emergency treatment at Halifax. This was seen as a reason for A&E to stay in Huddersfield.
Comments were made about being able to get between Huddersfield and Halifax easily. There were lots of comments about traffic jams on the Elland Bypass, which is the main route between Huddersfield and Halifax. People also mentioned public transport, travel costs and lack of car parking at CRH.

People felt that ambulances would be slower to respond in an emergency because of the increased demand.

2. Clinical safety and capacity
People were concerned that lives could be put at risk from the need to travel further, the quality of care and the availability of treatment.

People asked if the proposed model would be able to cope with the population’s needs. Will there be enough beds or staff? And what would happen to hospitals and services a bit further away, like Barnsley. Did we know enough about this?

People felt they did not know enough about the proposals and how they would work and without understanding and knowing more they were still worried.

People wanted to know how the Urgent Care Centres would work with the Emergency Centre for example; if someone needed to be moved from an Urgent Care Centre as they became more unwell.

People wanted to know if the impact on GPs and the Ambulance Service had been thought about enough.

3. The rationale for change
People think that the proposals are to save money, instead of to improve results. They were worried that the Private Finance Initiative (PFI) agreement at CRH had influenced the proposals.

People wanted to know if staff at the hospital and other services, such as the Ambulance Service, supported the proposals.
4. The consultation process
People were worried how the consultation was done and how decisions would be made. They were;

- suspicious of the decision to only consult on a single option. People felt it was a ‘done deal’.
- unhappy about the language used and being able to understand the proposals in the consultation. The structure of the survey was also criticised.
- Worried about how decisions were made, how the final proposals were reached and why information was not shared on other proposals.
- wanting to know more about how the proposals were developed and the evidence used to support them.
- worried about the methods of consultation and how many different groups were involved.

Staff also said they would like to be more involved in the design and shaping of the plans.

5. Understanding the proposed model
Some people did not understand the detail of the clinical model. People said there was not enough information on what it was and how it would work.

People asked how services could meet the needs of the local population when there would be fewer hospital beds, staff shortages and increased demands.

People did not seem to understand the terms ‘emergency care’ and ‘urgent care’.

Respondents believed that emergency care was needed in both Calderdale and Huddersfield due to the size of both towns.
6. The need for change

Some people agreed that change is needed, even though there are concerns.

They made suggestions about alternative sites, different ways of arranging services and improvements to services.

Ideas were shared on how to improve the proposals, for example better transport/road links or car parking.

Some people did understand that what we do now will not meet current and future health needs.

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**Urdu**

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