

Hospital Services Review Report

Question and Answer sheet – May 2018

Please note a Question and Answer sheet has been available on the South Yorkshire and Bassetlaw [Health and Care Together website](http://www.healthandcaretogethersyb.co.uk/index.php/what-we-do/working-together-future-proof-services/looking-at-hospital-services) since the launch of the Review in October 2017 (with regular updates).

This Question and Answer sheet relates specifically to the review Report, please see <http://www.healthandcaretogethersyb.co.uk/index.php/what-we-do/working-together-future-proof-services/looking-at-hospital-services> if you have unanswered questions about the review.

1. Does this Report mean my local hospital will close?

No, this Report recommends Barnsley, Bassetlaw, Rotherham, Sheffield, Chesterfield and Doncaster all continue to have district general hospitals delivering high quality care for patients. This includes a recommendation to keep all seven emergency departments (EDs) in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham, the Major Trauma Centre and ED at the Northern General Hospital in Sheffield and the ED at the Sheffield Children's Hospital.

The overarching vision for services put forward by the Report is for all patients to have access to high quality services – with most people, most of the time receiving the vast majority of their hospital-based care in their **local hospital**. It is hoped that some out-patient services that are currently delivered in central hospitals may be possible to be provided in local DGHs in the future.

Although hospitals are under significant pressure, this is not about closing hospitals. There needs to be a hospital in every place, delivering a range of core services.

The Report does however suggest that more work is needed to further understand challenges in some services.

In maternity services, the Report aligns its thinking with the findings from the public consultation that informed the national report, Better Births, which recommended maternity services support care centred around the person, safety and choice, with access to specialist care whenever needed. The HSR Report calls for more choice for women and recommends further work is carried out to consider the creation of more care in communities and midwife-led units, and further development of home birth services.

In children's services the Report recommends expanding services for children in the community and in short stay units. This would lead to shorter stays for children and would likely mean there would be less need for longer stay inpatient wards. For those children still

needing longer stays in hospital for more complex problems, it may be possible to provide this in fewer units and the Report recommends that further work be carried out to consider a small reduction in the number of inpatient paediatric units.

The Report also recommends that overnight and weekend services for emergency gastrointestinal bleeds are consolidated onto three or four sites. This is intended to increase the safety of services for patients, to make sure that in an emergency, all patients have reliable and rapid access to the care they need.

At the moment, not all hospitals in our region provide overnight or out of hours services for urgent GI bleeds and we are not working in the most consistent way to support the staff providing the services for those who need it. The Report therefore recommends making these services safer for patients no matter what time of day, or day of the week they present.

However, even if the Report recommendations are accepted, there would be a further year's work to scope how this would best be adopted. Where any change is significant, there would then be requirements for business cases to be developed and full public consultation to be undertaken in areas where the changes proposed were significant.

2. Which Trust/hospital will be affected?

The Report does not make any recommendations about any individual hospitals (Trusts). The recommendations are not site specific but more general and it is now for the partners in the collaboration to consider what happens next. Transformation is the key theme in the Report and as the hospitals continue to transform their services to meet future demand, the Report recommends that they work even more closely together to do so.

3. Isn't this Report about doing more for less, and so does this not mean that we will see increased waiting times, services that are harder to access and more pressure on ambulance services?

No. The Report highlights that the current NHS system is the consequence of a system designed to provide treatment in every hospital for every condition that now needs to adapt to much more specialised and advanced treatment which can deliver better outcomes for patients.

The Report takes into account duties that organisations have around meeting waiting time requirements etc and is proposing solutions that are designed to make the system work more efficiently and provide a better service for patients - not one that makes it harder to access services or puts pressure on a different part of the system.

4. Under the proposed network arrangements who would the staff be managed by? The lead for the network or the hospital they're providing the service in?

The Report outlines three different approaches to networks. The detail will need to be worked through with staff in each specialty, but on the 'hosted network' which is the basic

model, and the 'co-ordinated delivery network' which is the middle model, we expect that staff would continue to be employed and managed by their own trust.

In 'single service models' that already exist in some parts of the country, in some places staff continue to be employed and managed through the trust where they are based, while in others they are employed and managed by the trust managing the service. If these recommendations went ahead, we would explore the options and listen to the views of staff before deciding which option would be best.

5. How do the proposals within the Report fit with current legislation and statutory organisational duties?

The recommendations have been put together as solutions that enable greater collaboration between organisations and for the benefit of patients. They also would fit within an Integrated Care System working within the current legislative framework. Organisational statutory duties remain and recommendations are designed to support partners to meet these.

6. Is this the start of merging all of our hospitals?

This Report is not a merger plan. Hospitals already work closely together across a range of services and it is simply about finding ways for organisations to work together even more to provide better services for patients, where it makes sense to do so.

7. How long will it take and when will I know?

Some of the recommendations could get underway quite quickly if the partners agreed with them, such as the networks of care and regional centres of excellence to support them. Further work is recommended to look more in depth at children's and maternity services and if the Report recommendations are accepted this would likely take a year to scope out even before any options are put forward around changes to the existing units. If it was then decided that changes to existing units were recommended there would be significant further work, including full public consultation, which would likely be in 2019. It would then be likely to take a number of years before any changes would be implemented.

Regular updates on what is happening will be posted on the [Health and Care Working Together](#) website.

8. What are the Health and Care Institute and Innovation Hub going to do?

Among the proposals are two new regional centres of excellence to support the networks. A Health and Care Institute would link the region's universities, colleges and schools with the NHS and local authorities to focus on region wide workforce solutions. As well as recruiting and nurturing the workforce of the future, it would include a single joint approach to developing and putting shared ways of working in place.

The creation of an Innovation Hub, in partnership with the Yorkshire and Humber Academic Health Science Network, would develop, spot and quickly roll out innovation schemes across the region, such as new technologies.

9. How much would it cost to make the recommended changes?

The Review was not set up to resolve the financial challenge and it was agreed that any recommendations from it would not make the financial situation worse. Therefore, if any changes took place, they would be within the current budget. The focus of the review was primarily to make services able to sustainably deliver high quality care and not as a means of saving money.

10. What does ‘reducing unwarranted variation’ mean?

If different organisations treat patients differently from one another without a clear clinical reason or benefit for doing so it can be classed as “unwarranted”. By reducing this, we ensure all patients get the right care. By creating one way for all, it would make things fairer for patients, and easier for staff and clinicians who might work across different organisations.

11. What happens next?

The Report will now be received by the South Yorkshire and Bassetlaw Health and Care Working Together Collaborative Partnership Board in June and then the collective committees and individual boards and governing bodies and committees within the partnership throughout June and July. If the partners agree that a further phase of work should take place, to scope out options and to develop business cases for change, this would likely take another year with continued patient, public and staff involvement and, where appropriate, the relevant Health Scrutiny Committees.

If any major service changes required consultation, this would likely take place in 2019, with another one to two years before changes took effect.

12. I am a member of one of the Managed Clinical Networks (MCNs). What does the Hosted Network mean and how will it be different?

The Hosted Networks will build on the work that the MCNs have done. However they will have more ‘teeth’ than the MCNs can have: they will be backed by formal agreements between the trusts around implementing the elements that the networks agree. They would also be held to account for implementing proposals once they have been agreed, in a way that they are not in most clinical networks at the moment.

13. How will you decide which trust leads each network?

There would be a discussion between trusts and the clinical commissioning groups as commissioners of the services to agree.

We envisage that trusts would choose to lead on a particular service based on having an existing strength or expertise in it, and would need to demonstrate that they are able to consistently meet the standards and provide the support the network needs.

14. Does this mean Sheffield will be running our services?

The Report doesn't recommend this. Each hospital would be responsible for running its own services and lead on one of the proposed networks.

15. What do hosted networks mean for partnership work and staffing?

The networks offer a real opportunity to work even more closely together while supporting and build staffing capacity. They would enable a shared approach to recruitment and increase the attractiveness of SYB for staff to join teams and build their careers.

16. How will patients, the public and clinicians be engaged in the design of Hosted Networks?

Should the partners decide to take any of the recommendations forward, full engagement plans will be developed with clinicians, staff, patients and the public given the opportunity to shape future services and ways of working. You can keep up to date by emailing helloworkingtogether@nhs.net with:

Your name

Your email (or postal address)

Your contact telephone number

17. Does the Report make any recommendations that clinicians disagree with?

There are large numbers of clinicians in the region and they have different opinions about how services should develop. The review has consulted extensively with clinicians (and has also collected the views of different members of staff, as well as Medical Directors, patient and public groups, commissioners, and executive teams) and the recommendations reflect the discussions held and best practice elsewhere.

18. What is meant by a DGH's unique service portfolio?

It means that each of the hospitals in the region would provide a core set of services (which would include emergency services) as well as others that are more specialist.

19. If I am a current patient in one of the five services that the Independent Review is focusing on does that mean I am not getting a quality, safe service now?

No it does not mean that. Each of the services that were reviewed, provide safe services across all our hospitals. Like many across the country, services are under pressure to meet the rising demands and the Report recommendations suggest how best this can be done so that safe services are sustainable .

20. How much involvement did patients and the public have in the outcome of the Independent Review?

There has been extensive patient and public involvement in the Independent Review. The reports which detail the engagement, the feedback and how that feedback has been used to inform the Report are available on the Health and Care Together website:

<https://www.healthandcaretogethersyb.co.uk/index.php/get-involved>

21. How many patients contributed to this review?

Many hundreds of patients and the public have been involved in the review. They have helped to shape the principles for the review and told us what is important to them about hospital services. They also shaped the evaluation criteria, told us what their main concerns were and their ideas on good practice.

All the information gathered was themed and has been used to inform the development of the Review's overall approach, the evaluation criteria, the engagement approach, and to inform the development and modelling of options.

22. How much say did staff have on the outcome of the Independent Review?

There have been opportunities for staff to be involved in the Independent Review throughout, as part of the patient and public engagement, in drop-in sessions at a number of hospitals, and also via their colleagues who have attended the regular Clinical Working Groups. The representatives attending the Clinical Working Groups had a commitment to reflect back within their organisations with the staff in the five service areas, and to ensure their input into the Clinical Working Groups represents not only their own views but the views of their colleagues.

23. Will I have to travel for my care?

At the moment nothing will change. If any of the Report recommendations are taken forward and if there were any changes to how people receive their services, business cases would need to be developed, followed by public consultation.

The Report is clear that transforming the way things are done is the preferred way of making improvements and reconfiguring services should only be done where this isn't possible.

The Report also makes the recommendation that a travel and transport group is developed which looks at the impact that changing services could have on travel times and public

transport etc. Patients and the public would be invited to be a part of this group as well as colleagues from the region's ambulance services.

24. Is the Report expecting all staff to work across different sites?

No. The Report recommends that the hosted networks will look at ways in which staff can work more flexibly across sites if they wish, for example through undertaking a secondment to another site to gain experience of working in a different unit, or in different settings such as spending time working in a community setting.

25. Do the unions know you're changing how services are staffed?

As part of the work of Health and Care Working Together, a Staff Partnership Forum has been set up with key union representatives involved. This group meets regularly and is kept up to date with all developments. This group will continue to meet and will be involved in further work should any of the recommendations be taken forward.

26. Is the Report all about saving money?

No it is not about saving money. The review is fundamentally about patient safety and sustainability. NHS services constantly change and adapt, and current challenges, such as rising demand, workforce challenges and quality standards mean that to ensure the future of our health services change is necessary. The Independent Review was not set up to resolve the financial challenge although it was agreed that any recommendations from it would not make them worse.

27. Does the Report make any recommendations that mean staff will lose their jobs?

No the Report does not. Staff are needed now more than ever and if the recommendations went ahead, they could be certain that the hospitals in the region would be among the most attractive places to work and providing some of the very best care in the world. They would have fantastic opportunities to develop and learn and to shape the way they work. There are national workforce shortages, and a key aim of this Report is to recommend ways that the region's services can be even more successful in recruiting, retaining and developing staff.

28. Why have I only just heard about this?

The intention to independently review hospital services was first mentioned in the South Yorkshire and Bassetlaw Plan, published in November (2016). After several months of looking at information across many hospital services and talking with the public about how we decide which ones to review, the Independent Review was launched in October 2017. The launch was covered in local media, on social media, and via all of the partners' communications channels. Staff working in the services and patients and the public who use them have had a number of chances to give their views, including public events, online

surveys, focus groups and a telesurvey. Updates on the Review have been discussed at partner boards and governing bodies, which are held in public.

29. Why are options for stroke not included?

There is currently a legal challenge being brought against the hyper acute stroke services business case. Until that is complete, we are not considering the configuration of services for other elements of the pathway. However, the Independent Review considers that consultant-led acute stroke services could be managed by partnership working between trusts without the need for reconfiguration.

30. Which sites will be paired together for stroke?

All proposals relating to the reconfiguration of stroke services are provisional and subject to the outcome of the Judicial Review (JR) of the HASU (Hyper Acute Stroke Unit) business case. The proposal is that a pairing approach should be adopted which would see sites with HASUs share consultant rotas with those that have ASU (Acute Stroke Unit) only services. The exact detail of the pairing would need to be worked through, subject to the outcome of the JR and acceptance of the Report recommendations.

31. I thought there had already been recommendations and a public consultation on stroke services

The previous consultation looked at hyper acute stroke services only. These are the services where you are looked after for the first 72 hours after having a stroke where you receive critical, specialist care. Hyper acute stroke services are just one part of a patients experience after having a stroke and the hospital services review Report makes recommendations on the wider services within stroke care, subject to the outcome of a Judicial Review of the HASU business case.

32. Which hospitals will no longer provide overnight gastrointestinal (GI) bleed services?

The Report recommends that overnight services for emergency GI bleeds are consolidated onto three or four sites, it does not specify where the consolidation would take place. If the Report recommendations are accepted, there would be further work to scope how this would best be adopted and where changes would need to be made. During this time period we will also be engaging with patients, staff and public.

33. What if I have a gastrointestinal bleed in the night and my hospital doesn't provide the service?

In the immediate future there will be no changes to what happens now. Should the Report recommendations be accepted there would be further work to scope how this would best be adopted and where changes would need to be made, which would include ensuring protocols are in place for patients to be taken by ambulance directly to the nearest provider

of this service out of hours. This is common and there are already a number of conditions where the ambulance service will take a patient direct to the hospital where there is specialist care in place and the patient can receive the best possible care.

34. What do you do in the middle of the night if a patient is too ill to move?

At the moment, several of the sites in SYB operate only a partial out of hours rota for GI bleeds. In the interest of patient safety, the Review recommends formalising the overnight and weekend rotas so that all sites have clear protocols about where a patient can receive care out of hours.

In the rare situation where a patient is too ill to be moved, we anticipate that protocols would be in place for a consultant from the site providing the rota to come to the patient.

35. I thought there had already been recommendations and a public consultation on children's services

The previous consultation looked at how we could improve the care and experiences of all children needing an emergency operation out of hours in our region. Following a decision on how services are provided, around one or two children per week needing an emergency operation for a small number of conditions, at night or at a weekend, are no longer treated in hospitals in Barnsley, Chesterfield and Rotherham and instead have their surgery at Doncaster Royal Infirmary, Sheffield Children's Hospital or Pinderfield's Hospital. The review took the previous work into account when it made recommendations for services for children who are particularly ill.

36. The Report recommends further work is carried out to consider a reduction in the number of inpatient paediatric units. Does this mean my hospital's unit will close?

Children's services will continue as they are currently, pending any further consideration.

The Report recommends expanding services for children in the community and in short stay units, which would allow for further work to be carried out to consider a reduction in the number of inpatient paediatric units.

If the Report recommendations are accepted this would likely take a year to scope out even before any options are put forward around changes to the existing units. If it was then decided that changes to existing units were recommended there would be significant further work, including full public consultation, which would likely be in 2019. It would then be likely to take a number of years before any changes would be implemented.

The review has identified that there are significant challenges in sustaining certain services in every DGH, in particular paediatrics and maternity services. The Report recommends that networks and wider collaboration will provide the best opportunity to sustain local services at their current levels.

All the Emergency Departments in all of the hospitals which currently accept children (ie not the Northern General ED in Sheffield) will continue to accept children, with facilities to observe and care for them. Where children are particularly ill, they would be transferred to specialist sites. All our data and information tells us is that the majority of children stay in hospital for less than 24 hours and the Report recommendations take this into account.

37. The Report recommends further work is carried out to consider a reduction in the number of consultant led maternity units. Does this mean my hospital's unit will close?

The Report highlights transformation and says reconfiguration should only happen where transformation won't be able to solve all the challenges and asks for further work to be done in maternity services.

It aligns its thinking with the findings from the public consultation that informed the national report, Better Births, which recommend maternity services support personalisation, safety and choice, with access to specialist care whenever needed. The HSR Report calls for more choice for women and recommends further work is carried out to consider the creation of more care in communities and midwife-led units, and further development of home birth services.

The review has identified that there are significant challenges in sustaining certain services in every DGH, in particular paediatrics and maternity services. The Report recommends that networks and wider collaboration will provide the best opportunity to sustain local services at their current levels.

If the Report recommendations are accepted this would likely take a year to scope out even before any options are put forward around changes to the existing units. If it was then decided that changes to existing units were recommended there would be significant further work, including full public consultation, which would likely be in 2019. It would then be likely to take a number of years before any changes would be implemented.

38. Does the recommended 'further work into elective services' mean you are going to stop providing other services in my local hospital?

No decisions have been made to stop providing services in any hospitals. If the partners take the recommendation around elective services forward, further work would be done to understand the current links between services and hospitals (what we call "interdependencies") as well as whether these services could be delivered in a better way for the patients and people accessing them. Staff, clinicians, patients and the public would all be engaged in the work before any further recommendations are made.

39. Does the Report make recommendations that mean my A&E is going to close?

No the Report does not. The review looked at accident and emergency and urgent care services and believes by taking forward the transformation proposals within the Report, and subject to workforce projections being accurate, reconfiguration to A&E services is not necessary