



Airedale, Bradford and Leeds

30 January 2013

Mid Yorkshire Clinical Services Strategy

Please find information below for the Leeds Health and Wellbeing and Adult Social Care Scrutiny Board about a consultation that The Mid Yorkshire Hospitals NHS Trust will be undertaking. The NHS Calderdale, Kirklees and Wakefield District Cluster Board has approved a public consultation on plans to ensure local hospital services are clinically sustainable and able to provide high quality care into the future.

The proposed changes are detailed below and information has been provided by colleagues in the NHS Calderdale, Kirklees and Wakefield PCT Cluster.

The plans were put together by The Mid Yorkshire Hospitals NHS Trust and outline their business case for changes to the way services are provided. During 2012 the Trust had looked at two main options for change, working with clinicians, staff, patients, public and community representatives to finalise their preferred option.

Jo Webster, Accountable Officer for NHS Wakefield Clinical Commissioning Group is leading the process, and the Clinical Commissioning Groups (CCGs) which will be taking over responsibility from the primary care trusts in April were part of the decision making.

Details and purpose of proposed changes

The proposed changes aim to strengthen the services that are provided to 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. This would mean separating planned and unplanned services, with Pinderfields becoming the major centre for:

- emergency and complex surgery
- inpatient emergency medicine
- critical care
- colorectal surgery
- inpatient children's services
- consultant-led births

Pontefract and Dewsbury would become centres for planned care with increased diagnostics and more operations. Both hospitals would also have an emergency department providing open access for a range of conditions including some ambulance attendances.

Pinderfields would continue to provide consultant-delivered emergency care with full resuscitation facilities and deal with critically ill and injured patients. Both Dewsbury and Pontefract Hospitals would deliver emergency care via a mix of doctors and advanced nurse practitioners. There would also be consultants during the day and on-call as well as full resuscitation facilities available. The three hospitals would operate as an emergency care network.

- Consultant-led maternity care will be centralised at Pinderfields Hospital, with midwife-led units at Dewsbury, Pontefract and Pinderfields. Antenatal (before the birth) and postnatal care (after the baby has been born) would still be provided locally at all three hospitals and in GP practices and community clinics.
- Neo-natal services (for very poorly and premature babies) would be located with consultant-led maternity care at Pinderfields.

- Inpatient services for children would be centralised at Pinderfields Hospital. This includes surgery for children, which is already centralised at Pinderfields, and inpatient medical care. Dewsbury would have a short stay unit for children who may need to be observed by a clinical team for a few hours.
- Complex, emergency and major surgery (generally requiring the backup of critical care) would take place in Pinderfields. Dewsbury Hospital would offer most planned inpatient surgery (including orthopaedics from the Dewsbury area) but there would be no emergency or complex surgery. Pontefract Hospital would offer planned orthopaedic operations, including those requiring an inpatient stay and some short-stay surgery from other surgical specialties.

What are the benefits for patients?

The Mid Yorkshire Hospitals Trust has been working hard to make sure that services are high quality, responsive and accessible, based on sound clinical evidence of what will give the best results. The proposed changes would:

- save more lives, improve experience and deliver better outcomes for patients
- secure long term clinical sustainability of all three hospitals
- allow Trust to meet national care standards and best practice.
- improve access to planned care
- provide an integrated network of emergency care giving fast access to the most appropriate level of care
- make the best use of available resources
- address the workforce challenges and support a move towards 24hour/7 day consultant cover in major specialities
- ensure services are provided as efficiently as possible, making a significant contribution to financial viability
- reduce the risk of local services being lost altogether and protect specialist services

What work has been done to inform the development of the proposals?

Process / timeline

- **2011** - five options were initially identified and engaged on, based on addressing recommendations from a previous National Clinical Advisory (NCAT) NCAT review.
- **Early 2012** the Trust realised further steps were needed to ensure that services were clinically safe and provided the best patient outcomes now and for the future. They also recognised that they needed to work through how the changes could contribute to the financial challenges within the local health system. On this basis, they looked again at clinical evidence from across the country, examined the rigorous standards set nationally and took stock of our resources, including both finances and clinicians.
- **May/June 2012:** This led the Trust to two options which have been discussed widely throughout the remainder of the year with national experts, members of the public, patient representatives and politicians. This work concluded that there is only option that would achieve the aim of achieving sustainable clinical excellence as well as being financially viable.
- **Jan 2013.** An Outline Business Case was put together on this basis and presented to a meeting of the NHS Calderdale, Kirklees and Wakefield District Board (the commissioners) on January 10 2013. The Board approved the recommendation that the single option should go to public consultation

What is the clinical evidence on which the proposals are based?

National Clinical Advisory (NCAT) review 2009/10 - recommended that more services should be brought together on one site, including acute surgery and children's services. Also made a number of recommendations for changes to the way planned and emergency care is organised, to help reduce waiting times, minimise the number of cancelled operations and bring down infection rates.

Review of women's services 2011, led by experts from Southampton University Hospital NHS Trust - recommended that obstetric services should also be centralised to provide the best care for women, which was then reinforced by guidance from the Royal College of Obstetricians and Gynaecologists.

Engagement and consultation to date

Patients and stakeholders have been involved in developing options and identifying the preferred option for consultation. Analysis of patient flows indicated that patients from some Leeds areas were users of some of the services in question so the Leeds CCGs became directly involved in the process from November 2011 and plans for the pre-consultation campaign expanded to target patients in these areas.

This has predominantly been done through a telephone survey, where participants were recruited to a demographically-representative profile, and also invited to attend a deliberative event in December to discuss the options in more detail. Analysis of the findings will include a Leeds-specific breakdown and is expected to be completed by the end of January.

Engagement and consultation future

- March 2013 to June 2013 – formal consultation. To include Leeds patients and Leeds stakeholders. NHS Calderdale, Kirklees and Wakefield District has been provided with a full list of elected members, community and voluntary sector organisations and other key stakeholders in the postcodes which fall into the Leeds boundary but use some Mid Yorkshire Trust services. Full communication and engagement plan will be available if required.