

Humber Acute Services Review

Question and Answer sheet – February 2018

Across the Humber area, local health and care organisations are working in partnership to improve services for local people. We are working together because we want to find ways to provide the best possible hospital services for the people of the Humber area and make the best use of the money, staff and buildings that are available to us. This may include delivering some aspects of care outside of hospital altogether to better meet the needs of local people. To do this, we are conducting a review of acute hospital services across Hull, East Yorkshire and Northern Lincolnshire. This review is part of a wider programme of work to improve the health and wellbeing of local people in the Humber area and beyond. You can find out more about the work being undertaken by the Humber, Coast and Vale Partnership [on their website](#) or by watching this [short video](#).

1. What is the Humber Acute Services Review?

The Humber Acute Services Review is a collaborative review of services in the five acute hospitals in the Humber area, which are:

- Hull Royal Infirmary
- Castle Hill Hospital
- Diana Princess of Wales Hospital, Grimsby
- Scunthorpe General Hospital
- Goole Hospital

The review will consider how to provide the best possible care for local people who need to use acute hospital services within the resources (money, staffing and buildings) that are available to the local NHS. It will look at how best to organise the acute hospital services that are currently being provided on the five hospital sites.

Key to the review is the input of the healthcare professionals, patients and the public in the region, and the approach adopted throughout the review will ensure there will be opportunities for patients, the public and staff to get involved and share their views throughout the process.



2. Who is involved?

The review has been initiated voluntarily by the organisations involved in the Humber, Coast and Vale Health and Care Partnership (sometimes referred to as the Humber, Coast and Vale STP). It is a partnership of health and care organisations across Northern Lincolnshire, Hull, York, East and parts of North Yorkshire who are working together to develop and implement plans to improve the health and wellbeing of local people.

The work of the review will be carried out by the following health and care organisations in the Humber area:

- The two acute hospital trusts:
 - Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)
 - Hull and East Yorkshire Hospitals NHS Trust (HEY)

- The organisations responsible for commissioning (buying) health services in our area:
 - North Lincolnshire Clinical Commissioning Group
 - North East Lincolnshire Clinical Commissioning Group
 - East Riding of Yorkshire Clinical Commissioning Group
 - Hull Clinical Commissioning Group

The review is also being supported by the four local Councils in the Humber area and other expert organisations including Health Education England and Public Health England, who are providing expertise and advice into the process.

The review will be overseen by a steering group, which will be chaired by a representative from NHS England. It was felt by the hospitals that it was important for the work to be led by an independent person so that the services are looked at objectively, without bias to any one of the involved hospitals.

The review is just one part of the overall approach to improving health and wellbeing in our local area. At the same time as the review, we are continuing to develop more ways of treating and caring for people in their own homes and local clinics, so that they don't need to go to hospital. Examples of how we are working together to do this are on the Humber, Coast and Vale Partnership website: www.humbercoastandvale.org.uk.

3. Why change? My local services are fine, why are you trying to change them? Why can't we just leave things how they are?

Healthcare is changing. In the last 15 years, there have been great advances in medical knowledge and technology, and the development of increasingly sophisticated and specialist treatments and procedures. Our skilled clinicians have developed a number of fantastic services in our local hospitals and more people are living longer and surviving illnesses that they might not have a generation ago. These developments have enabled more services to

be provided outside of hospitals, in GP practices and community-settings, while hospitals increasingly focus on looking after the most seriously ill patients. As the ways of delivering care change, it is important that we review our services and how they are organised in order to provide the most effective and efficient services for local people.

We have a number of really great health and care services in our area and many people have excellent experiences of the care they receive, however, our current services are under increasing pressure due to rising demand and in many cases are finding it extremely challenging to adequately staff and resource all the services that are provided *in their current form*. At the moment our hospitals are struggling to keep pace with patient demand and in some service areas are not performing as well as we would expect. There are a significant number of clinical services that have serious challenges in meeting key service standards such as waiting times and providing 24/7 cover. In addition, there are shortages in many areas of the workforce (doctors, midwives, nurses and other roles) across our hospitals. Despite active recruitment campaigns, there are still significant vacancies across all the hospitals and key roles that cannot be filled.

A comprehensive review of hospital services is necessary in order to plan for the longer-term future of our hospital services. We need to work together to identify the possible options for delivering hospital-based services for the people living within the Humber area, to ensure existing staff are retained as well as hospitals being able to attract the best possible staff in the future.

4. Is it all about saving money?

No. NHS services constantly need to change and adapt. Current challenges, such as rising demand, workforce challenges and quality standards mean that change is necessary to ensure the future of our health services. A number of clinical services in our area are facing serious challenges in meeting key standards such as waiting times and providing 24/7 cover. In addition, there are shortages in many areas of the workforce (doctors, midwives, nurses and other roles) across our hospitals. Despite active recruitment campaigns, there are still significant vacancies across all our hospitals and key roles that cannot be filled.

Resources will be a consideration within this review. We are conducting the review because we want to find ways to make the best use of the resources that we do have; this includes the workforce we can recruit, the funding we can access and the buildings and technology that are available to us. Any proposed changes will need to fit within the budgets that the partner organisations have, and not cost more to deliver than the current services.

5. Is it all about cutting services or closing local hospitals?

No. The review is about finding the best way to use the buildings, staff and money we have within our local health system in the most effective and efficient way and that best meets the needs of local people. There are national and local shortages in a number of specialty areas for doctors, nurses and other clinicians. We need to look at doing things differently and consider how to make the most of the workforce we have and how we can attract new people to come and work in our area.

There are many ways in which local services might change in the coming months and years, in particular, we are looking to offer more services closer to home in local clinics, care homes and other community locations so that people don't have to go to hospitals for some treatments that are provided from hospitals now. Even with these changes, we know we will continue to need hospital-based care for many patients and that is why we are working together to plan for the future of those services so we can continue to provide care that meets the needs of local people.

6. Is my A&E going to close?

The partners involved in the review have committed to the principle that the future provision of acute hospital services will include urgent and emergency care at Hull Royal Infirmary, Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby. When we begin the second stage of the review, which will look at a number of service areas including urgent and emergency care, we will start to explore a wide range of possible scenarios for how we might deliver urgent and emergency care for the whole population across the Humber area to ensure that the appropriate care is delivered by the most appropriately skilled professionals in the most appropriate place. We will consider all the possible options and ask people to share their views on the different options before any decisions are made.

There are no preconceived ideas or plans developed at this stage, which is why we want to spend the next six months canvassing the opinions of healthcare professionals, public and patients before any recommendations are made.

7. Is my maternity unit going to close?

We know from the national report Better Births¹ that people want their maternity services delivered in a different way and work has already started with mums, their families and staff

¹ Better Births: Improving outcomes of maternity services in England, National Maternity Review (2016) <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

to put the recommendations from the report in place. The review will take this into account and look at how maternity services can best be delivered in each of our communities to ensure that the appropriate care is delivered by the most appropriately skilled professionals in the most appropriate place.

The partners involved in the review have committed to the principle that the future provision of acute hospital services will include maternity care at Hull Royal Infirmary, Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby. When we begin the second stage of the review, which will look at a number of service areas including maternity and paediatrics, we will start to explore all the potential scenarios for how we might deliver maternity care across the whole of the Humber area to best meet the needs of our local populations. We will consider all the possible options and ask people to share their views on the different options before any decisions are made.

There are no preconceived ideas or plans developed at this stage, which is why we want to spend the next six months canvassing the opinions of healthcare professionals, public and patients before any recommendations are made.

8. Is this about centralising all services in Hull?

No. The review will help us understand how we can best work together across all our hospitals, with all our staff to make sure everyone in the region has access to safe, high quality care if and when they need it. We need to find ways to make best use of all of our resources, including our buildings, and we will explore these throughout the review process. There are no preconceived ideas or plans for how we might deliver these services in the future, which is why we want to spend the next six months canvassing the opinions of healthcare professionals, public and patients before any recommendations are made.

Although Northern Lincolnshire and Goole NHS Foundation Trust and Hull and East Yorkshire Hospitals NHS Trust are the main partners in the review process, this does not preclude us working with other health and care organisations including other hospitals where this will best address the needs of local people.

9. Will staff lose their jobs?

We have excellent staff and we need to make sure we keep them and their skills within our services. We are carrying a number of vacancies across the system at the moment and this review will help ensure that we attract staff and fill our vacancies for the benefit of our patients. As clinical practice changes and develops, the roles that our staff and clinicians play will continue to change and develop and this review is no different in that regard. The

way we have structured the review will give the clinicians who deliver services on a day to day basis the opportunity to put forward their ideas for the best way to deliver those services now and for the future. We want to explore new ways of working and create opportunities with our staff, which put our local hospitals in the best position to attract even more staff moving forward.

10. If you had more money would this be happening?

The NHS has always had to adapt and change and will continue to do so. New technologies, treatments and therapies mean that much more is possible now than it was a generation ago. The way we operate our services needs to adapt to these changes in order to offer the best care to our local populations. While there are clear financial challenges affecting the organisations involved in this review (as they are impacting on health and social care across the whole country), money alone would not solve the issues we face in delivering good quality, sustainable hospital services. Even if our financial picture was better, it would be sensible to review the ways in which we work in order to deliver the best services and best meet the needs of local people. This review is about making the best use of the resources that are available to us – this includes money but also workforce, buildings and equipment.

11. Why have I only just heard about this?

The intention to work together to look at getting the best from our hospital services was first mentioned in the Humber, Coast and Vale Sustainability and Transformation Plan, published in November 2016.

The review is still in the early planning stages. Over the past six months, we have been working together to plan the process that the review will undertake to ensure that we have the right mechanisms in place to engage and involve as many local people as possible. Over this time we have also been working together to gather information that will be required when we begin the review process. This includes an independent review conducted by York Health Economics Consortium (YHEC), based at the University of York, which provided us with information about the expected need for hospital services in our area both now and in the future. This evidence will help us to plan what services we might need in the coming years.

Staff working in the services and patients and the public who use them will now get a chance to give their views on how services could be delivered in the future to ensure local people continue to get safe, high quality care. Opportunities to get involved will be ongoing throughout the process and will be communicated on our website and through other local channels (e.g. community groups, local newsletters).

12. Don't you already know what you want to do with the services?

No. Over the coming months, we will be looking at the service areas identified in the programme plan in more detail to understand the issues faced, as well as looking at any opportunities to work differently to be able to continue providing high quality care. This will also involve conversations with staff working within the services as well as asking for patients and members of the public to share their views and experiences. All the feedback that is gathered will help to shape the recommendations the review panel will make about what changes could be made to ensure the best possible services are provided for local people.

13. I thought there had already been recommendations and a public consultation on hospital services? Wasn't there something called Healthy Lives, Healthy Futures?

Some of the services being considered in this review were the subject of a public consultation across North and North East Lincolnshire in 2015, which was part of a programme known as Healthy Lives, Healthy Futures. The outcome of the review was that all ENT (ear, nose and throat) inpatient treatment was to be centralised on the Diana Princess of Wales, Grimsby hospital site. However, due to increased demand for services, a shortage of beds and a shortage of middle grade doctors the move was never implemented. The workforce situation in Ear Nose and Throat services has deteriorated further since 2015 and therefore we need to look again at this and other service areas.

14. How much does the review take account of what is happening in local areas already?

The review will look at hospital services across the Humber area, but these changes will happen in the context of other changes to local services. In particular, we are looking to offer more services closer to home in local clinics, care homes and other community locations so that people don't have to go to hospitals for some treatments that are provided from hospitals now. We will ensure that throughout the review process local service developments in 'out of hospital' care will be taken into account in plans for hospital-based services. Where work is already underway to make improvements for local people, or to address local issues, this will be taken into account. We are not looking to undo or change any consultations that have already taken place locally but will look at where a region-wide solution might support locally faced challenges.

15. If I am a current patient in one of the services that the review will look at does that mean I am not getting a quality, safe service now?

No. All our staff work incredibly hard to ensure they consistently provide the best quality care and hospital services for local people and when the quality or safety of any of our services is compromised, we are taking swift action to address this.

Northern Lincolnshire and Goole NHS Foundation Trust took a series of decisions in the summer of 2017 to put in place temporary changes to three service areas on the grounds that it would no longer be possible to deliver them safely due to workforce shortages. There is more information about these changes on the [NLaG website](#)². These three service areas are the three areas that the review will look at first because we want to engage with patients, the public and staff on the future shape of these services.

Like many other hospitals across the country, our hospitals are under pressure from issues such as rising demand, workforce and resource challenges and meeting quality standards. This is why we need to look at how we can work differently now to make sure we can continue to provide good quality services for years to come.

16. What assurance can I have that future services will be safe, of a high quality and accessible to all?

Throughout the review process, we will use a set of agreed principles to guide discussions. The first of these principles is: “a commitment to provide acute hospital services that are patient-focussed, safe and sustainable, meeting the needs of our population both now and in the future.”

Throughout our discussions with clinicians, staff, patients and the public we will use a set of decision-making criteria to judge each potential scenario against so that we can ensure any potential scenarios that are put forward will meet the needs of local people. Proposals that are put forward will need to be able to satisfy key tests that demonstrate they will deliver services that are safe, of good quality and sustainable.

Further information about the decision-making criteria can be found in the programme plan, which is available on our website. We will be talking to patients, local people and staff over the coming months about the things that are most important to them in order to help us develop a more detailed decision-making framework for use throughout the review.

² Northern Lincolnshire and Goole NHS Foundation Trust: <https://www.nlg.nhs.uk/about/trust/service-reconfiguration/>

17. How much involvement will patients and the public have in the outcome of the review?

Throughout the process we are encouraging members of the public to get involved to ensure their feedback and experiences are reflected in any recommendations made.

The process we have designed for reviewing each clinical service area involves clinicians, patients and the public at each stage.

The clinical staff who deliver these services day in and day out will lead initial discussions to identify possible ways that services might be delivered in the future. These preparatory discussions will also include input from commissioners, patient representatives and other groups with expertise such as voluntary sector support groups. At the same time a review of patient experience data will provide us with feedback from patients who have experienced these services and what this has already told us.

Clinical working groups will begin to identify possible options for what services might look like in the future. The feedback gained from the patient and public involvement will contribute to this. At the same time patients and the public will be asked for their opinions on what a good service would look like for them. They will be asked via online and paper based surveys and focus groups with seldom heard communities.

Once possible scenarios have been identified, patients and the public will be asked again for their opinions. This will be through a variety of means including via online and paper-based surveys; focus groups with seldom heard groups and those that have been identified as likely to be most affected by any proposed changes; a telephone survey that will be demographically reflective of the Humber population; and a series of public engagement events.

We will be asking the public, patients and staff to give us their views and feedback on each service area as they are reviewed, starting with three “fragile” services that we will be reviewing first. These are:

- Ear, Nose and Throat services (ENT)
- Urology (care for people with problems of the urinary tract or male reproductive organs)
- Haematology (care for people with diseases or disorders of the blood)

Conversations about other service areas will not begin before Spring 2018.

Over the coming weeks and months we will also be holding events and attending community groups asking people to give us their views on what is most important to them in relation to hospital services to help inform our decision-making process.

19. How much say will staff have on the outcome of the review?

All staff – those working in the specific service areas that are being reviewed and more widely – will have opportunities over the coming months to share their views and experiences, so that any recommendations are based on what the people who actually provide healthcare believe would make their services better and more equipped to deal with changing healthcare requirements. The review process we have set up begins with discussions amongst clinicians looking at all the potential opportunities for delivering services in their clinical area.

Staff will be invited to contribute to the online and paper-based surveys, and this is being positively encouraged and promoted by all of the employer organisations. Staff will also have the opportunity to share their views with the review team at drop-in sessions. The representatives attending the clinical working groups will have a commitment to reflect back within their organisations with the staff in the service areas as they are reviewed, and to ensure their input into the clinical working groups represents not only their own views but the views of their colleagues.

20. How can I get involved?

There are lots of ways you can get involved.

We are committed to providing opportunities for patients, public and the staff to put forward their views and ideas on the future of hospital services in their area. These opportunities will include focus groups, drop-in information events, surveys (online and face-to-face) and by speaking to local groups and networks. We will publish regular updates about the programme on our website, via our newsletter and through other existing patient and community groups.

Opportunities to have conversations with local people in the Humber area will be set up over the coming months and will be publicised on our website and widely advertised in communities. If you would like to express an interest in attending an event and/or finding out more please get in touch:

Email: humber.acutereview@nhs.net

Phone: 01482 344711

Write to us: Humber Acute Services Review, c/o NHS Hull CCG, 2nd Floor, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY