NHS

Hospital Services for the future

Humber Acute Services Review

An Issues Paper
March 2018

A report of the Humber, Coast and Vale Sustainability and Transformation Partnership

Humber, Coast and Vale

How to use this document

We have tried to make the issues in this document as easy to understand as possible. To help with this we have indicated where further reading or information can be found in highlighted information boxes. To help aid understanding, we have collated many of these reference documents and links on our website.

Info Box

You can find links to these documents on our website: **www.humbercoastandvale.org.uk/humberacutereview**

Please check the site for updates as this is where we will publish additional information as it becomes available.

The Humber Acute Services Review is being conducted in partnership under the auspices of the Humber, Coast and Vale Sustainability and Transformation Partnership and involves the following organisations:

Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)
www.nlg.nhs.uk

Hull and East Yorkshire Hospitals NHS Trust (HEY)
www.hey.nhs.uk

NHS North Lincolnshire Clinical Commissioning Group (CCG)
www.northlincolnshireccg.nhs.uk

NHS North East Lincolnshire Clinical Commissioning Group (CCG)
www.northeastlincolnshireccg.nhs.uk

NHS Hull Clinical Commissioning Group (CCG)
www.hullccg.nhs.uk

NHS East Riding of Yorkshire Clinical Commissioning Group (CCG)
www.eastridingofyorkshireccg.nhs.uk

NHS England
www.england.nhs.uk

NHS Improvement
www.improvement.nhs.uk

Humber, Coast and Vale Sustainability and Transformation Partnership
www.humbercoastandvale.org.uk

The review is also being supported by the four local Councils in the Humber area (Kingston upon Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire) and other expert organisations including Health Education England and Public Health England.

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Accessible Information

If you or someone you know would like this Issues Paper translated or provided in another accessible format, please contact us via the details on page 19.

Foreword

I would like to thank you for taking the time to read this document.

Its purpose is to set out some of the big challenges the NHS and other health and care bodies in the Humber area are facing. It describes some of the work that NHS bodies, local Councils and other health and care organisations are doing in partnership to help improve local heath and care services.

Since its creation 70 years ago, the NHS has constantly adapted and it must continue to do so as our health and care needs change. Through the work of the NHS and our partners in local government we have seen significant improvements in the health and life expectancy of the population and many people are now surviving illnesses which in the past would have killed them. As medicine develops and as the population changes, the NHS across England is facing significant new challenges. The increasingly ageing population not only has higher needs for health and care than the NHS has ever faced before, but also needs different kinds of care. Changes in medical technology and advances in the kinds of care that can now be provided outside of hospital are changing the face of health and care.

In Northern Lincolnshire, East Yorkshire and Hull, the demands on our health and care services are increasing every day and we face significant challenges finding and keeping the qualified workforce we need to deliver good quality services across our area. Given this challenging environment, we must look to do things differently.

This involves making some immediate changes to improve services that are not performing as they should be or to address concerns that services might be stretched too thinly. When the quality or safety of our services has been compromised, we have taken swift action to address this and will continue to do so when required. At the same time, we are working together to make the longer-term changes that are needed to ensure that our local NHS will be fit for the future and be able to cope with the changing needs of local people for generations to come.

I understand people are always concerned when they hear about changes to local health services and want to make sure local people are kept aware of and fully understand what is happening. We want to ensure everyone is offered an opportunity to get involved and have their say on the future of services. This document explains the reasons why we need to look at changing the way we provide services, including some of the services that are currently provided in hospitals, and why it has to happen now.

This issues paper is not a formal consultation document. Its purpose is to start a conversation with local people, staff and other interested parties. As a group of health and care organisations, we want to ensure that we have a way to listen to views and experiences from a range of patients, carers, staff groups, clinicians, community groups and other

organisations. This will help to inform the range of potential solutions for us to consider as we plan for the future of acute hospital services in the Humber area. We hope, through this paper, to highlight some of the really difficult challenges that we are facing in our acute hospitals in the Humber area and welcome your thoughts and ideas about how best to respond to them.

Service change to any degree can feel challenging for us all. This paper is the starting point in our engagement with you. Throughout our work we will involve and engage with local people in a variety of ways. This will include formal consultation where significant service changes are proposed. The review process we are undertaking and what to expect is explained in more detail on pages 20-21.

We are committed to conducting our review of acute hospital services in an inclusive and transparent manner and welcome views and ideas from local people. If you would like to share your thoughts or opinions on anything in this paper, you can contact us using the details on page 19 of this document.

I would like to finish as I started by thanking you again for your interest.

Moira Dumma

Humber Acute Services Review
Steering Group Chair

What is the Humber Acute Services Review?

Across the Humber area and beyond, local health and care organisations are working in partnership to improve services for local people. We are working to find new ways of improving the health and wellbeing of local people through transforming care and support in our communities.

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You can find out more about the work being undertaken in Humber, Coast and Vale on our website: **www.humbercoastandvale.org.uk**

As part of this work, we are looking at how 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.

As a group of health and care organisations we are working together to conduct a review of acute hospital services across the five acute hospitals in the Humber area, which are:

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

The review 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. The approach that we are adopting throughout the review will provide a range of opportunities for patients, the public and staff to get involved and share their views.

Explainer: what is an 'acute' hospital?

The word acute, in health terms, generally refers to physical illnesses and conditions (usually short-term) which require specialist assessment, diagnostic tests, treatment and follow-up care.

Acute hospitals provide a range of services such as diagnostic tests, surgery, inpatient and outpatient medicine, urgent and emergency care services and in some cases specialist medical care. Acute hospitals can vary significantly in size and range of services offered.

As medical technologies change, more and more treatment that were once only offered in an acute hospital setting can now be provided in people's own homes or in GP surgeries, village halls and other community settings.

Why do things have to change?

Since its creation 70 years ago, the NHS has constantly adapted and it must continue to do so as our health needs change. There is broad agreement that, in order to create a better future for the NHS, we all need to adapt and change the way we do things. This doesn't mean doing less for patients or reducing the quality of care. It means more preventative care, finding new ways to meet people's needs and identifying ways to do things more efficiently and in different ways.

The NHS in England published a document called its Five Year Forward View in October 2014, which set out the ways in which the NHS would need to change over the following five years. This sets the context for the local changes that we discuss in this paper.

There are four broad reasons why the NHS in the Humber area needs to change the way it works.

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Read the NHS Five Year Forward View online at:
www.england.nhs.uk/five-year-forward-view

1. Quality of care

All patients should get the best possible care, but the quality and safety of all our health services varies enormously and depends on where and when you are treated. For example, senior doctors are not always available round the clock for patients admitted to hospital in an emergency. This can cost lives. And people can't always get help when they need to, for example from their GP or another health professional.

2. Healthcare is changing

The needs of our population are changing and what we can do within healthcare is changing, so we need to deliver services differently. For example, people are living longer and many more people are living with long term conditions such as diabetes, heart disease or dementia. This means we need more care outside hospital and more support to help people stay well.

Keep up to date with opportunities to give your view – see page 19 for details

3. Workforce challenges

We do not have the staff to go on as we are. Our hospitals are struggling to find and keep the expert clinical staff they need in a whole range of specialties. Without the specialist doctors, nurses and therapists we need, we cannot run the safe, high quality services that our local population needs.

4. Financial challenges

The cost of delivering health services is rising much faster than inflation and our local NHS is already under significant financial pressure. Without changes, the financial position of the local NHS will continue to deteriorate and it will become increasingly difficult for us to continue to provide the services our population needs in years to come. While the financial and staffing challenges are huge and urgent, there is evidence that if we spend our money differently we can get services that are both better and more affordable.

Quality of care

The most important aspect of NHS services must and always will be keeping patients safe. Alongside ensuring safety, the NHS strives to provide treatment that is effective and that provides patients with a positive experience as far as possible. These three aspects define good quality care. All patients should get the best possible care, but the quality and safety of our health services varies enormously and often depends on where and when you are treated.

Across the whole NHS, we have made significant steps in improving the quality of care we offer over the last 30 years. However, there are still improvements that can and should be made. We must not forget that, when things go wrong in the NHS, there can be serious consequences for patients. In recent years we have had The Mid Staffordshire NHS Foundation Trust Public Enquiry and subsequent Francis Report to remind us why we must continue to have patient safety as our number one priority and we will continue to put safe care as the number one priority for our hospitals.

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Read about the Mid Staffordshire NHS Foundation Trust Public Enquiry at: **www.midstaffspublicinquiry.com**

Some aspects of the way we work today mean that we are not always providing the best quality of care to all our patients and the quality of care that a patient receives can depend on where and when they are treated. This is one of the reasons we must look to change how we do things.

Critical mass

It is important that patients are treated by suitably qualified clinicians who understand the particular condition and treatment plan for each of their patients. When conditions and treatments are relatively common, clinicians will usually see sufficient cases in order for them to keep up their skills and expertise in this area. Where a condition is rarer or a treatment more complex, doctors working in small departments will not have the same opportunities to keep up their skills.

There are an ever growing number of publications from the Royal Colleges, the Department of Health and Social Care and

Explainer: Royal Colleges

A medical royal college is a professional body responsible for development of and training in one or more medical specialities. They are generally charged with setting standards within their field and for supervising the training of doctors within that specialty, although the responsibility for the application of those standards in the UK, since 2010, rests with the General Medical Council.

Read more from the Royal College of Physicians at: **www.rcplondon.ac.uk**

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other bodies about the minimum population size that a particular clinical speciality is recommended to provide for in order to ensure clinicians maintain their skills and therefore ensure patient safety, and this is known as critical mass. One example of this type of guidance includes vascular surgery, which states vascular surgery services should be centralised based on population figures and minimum numbers of certain operations. This is to ensure that when a doctor is treating a patient they have enough experience to treat complex conditions as research shows something is more likely to go wrong when a patient is treated in a unit where the doctors are not seeing sufficient volumes of certain types of conditions.

Explainer: Vascular Surgery

Vascular surgeons are specialists who are highly trained to treat diseases of the vascular system – the veins and arteries that carry oxygen around your body. Vascular surgeons specialize in treatments of every kind of vascular problem except those of the heart (treated by cardiovascular surgeons) and the brain (treated by neurosurgeons).

Read more at: **www.vascular.org**

In short, if clinical skills are maintained because doctors are seeing a wide, varied range of cases in sufficient volumes then patient safety is maintained and risk of harm minimised. It is different for individual clinical specialties, but across our five hospital sites there are some specialties, or individual doctors, who are unable to treat certain conditions frequently enough to maintain skills (according to published guidance) for certain procedures.

Local sustainability

Across our local hospitals there are a number of clinical specialties where each organisation may have only one or two consultants or other specialists providing certain services. This poses obvious problems in relation to sustainability, for example covering the service when consultants take annual leave, undertake training or other professional development, or if they were sick for any period of time.

Small departments are sometimes not attractive to potential new consultants because they require continuously running services which only just keep going and require large amounts of energy and resources to sustain. Providing on-call cover out of hours also places a larger burden on staff where there are smaller numbers in a department. In some clinical specialties, the consultants working in our hospitals are currently providing on-call cover one out of every two or three weekends, where in other parts of the country they would only be expected to provide on-call cover one in every 7 or 8 weekends, or sometimes less than this. To achieve seven-day working there are often economies of scale and efficiency for such departments to formally network or perhaps reconfigure.

Timely access to care

It has been widely reported in the media, that every year sees an increase in emergency attendances to A&E and also emergency admissions to hospital. There is clear evidence that overcrowding in emergency departments results in increased patient harm and mortality, so it is important to maintain the national set target that a minimum of 95% of patients in the Emergency Department are reviewed and discharged or admitted to hospital within four hours.

Over the last two years this target has been an increasing challenge for more than 75% of trusts across England, this includes both of our local trusts in the Humber area. In addition, our local hospitals are struggling to keep pace with growing demand for treatment in the form of referrals from GPs. This means that an increasing number of people within the Humber area are waiting longer than they should be for routine treatment or other planned care.

By working together across clinical teams, our local hospitals can come together and improve the ways in which we manage patients. By working together with community service providers and GPs we can offer care and treatment to more patients outside of hospital, which will help to improve our performance in our Emergency Departments and on waiting times for planned care. Through the wider work of the Humber, Coast and Vale Sustainability and Transformation Partnership we are looking at ways to move more care out of hospital into GP practices and other community settings.

Cancer

Cancer is one of the biggest causes of death from illness or disease in every age group. Cancer care is the third largest area of spend in the NHS and the number of people getting and surviving the disease is increasing year-on-year. In the Humber area, we have higher than average rates of some cancers, and more people are presenting in the later stages of the disease, which often means treatment options are more limited.

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There are approximately **5570** new cases of cancer every year in the Humber area, equivalent to **15 people** being diagnosed with cancer every day in our area.
Read more at:
www.cancerresearchuk.org

We need to tackle the challenge of cancer by making improvements to diagnosis, treatment and care for all those diagnosed with cancer. Over recent years, referrals for diagnostic tests, including CT and MRI scanning and endoscopy, have increased across both hospital trusts in the Humber area by between 5% and 10% each year. To keep pace with this rise in demand and continue to provide high quality cancer investigation and treatment, we will have to work collaboratively and develop better clinical networks for our population.

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Healthcare is changing

In the last 15 years, there have been great advances in medical knowledge and technology. The development of increasingly sophisticated and specialist treatments and procedures are saving lives. These medical and technological developments have also 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.

Whilst overall people in the Humber area are living longer, those extra years are often spent in poor health, requiring different more complex care. For example, women in North East Lincolnshire can expect to live to 83; however, healthy life expectancy is only 57, meaning many will spend the latter decades of their lives with ill health. In Hull, healthy life expectancy for men is only 56 years. More and more people in our local area are living with multiple long-term conditions such as diabetes and heart disease and require different types of care and support, including more support to manage their conditions at home.

Many of the factors that influence peoples' overall health and wellbeing are not directly related to healthcare services. Therefore we are working together with local government and other partners to influence the wider environmental factors that affect peoples' health and wellbeing.

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Read more about the 'wider determinants of health' at:
www.instituteofhealthequity.org

Hospitals are changing

Surgery is a good example of how peoples' experiences of acute hospital care have changed over recent years. Through a combination of new surgical techniques, advances in anaesthesia, dedicated research and deliberate policy, the proportion of surgeries nationwide that now take place on a day case basis has increased significantly over the past 30 years. This rise in day case procedures means more patients can recuperate from their surgery at home rather than in a hospital bed.

In 1998 around 67% of planned (elective) surgeries were carried out on a day case basis. By 2013, this had risen significantly to 78% of all planned operations. Today around 80% of all planned operations in the UK now take place on a day case basis. This means that the numbers of people who are required to stay in hospital on an inpatient basis for surgical procedures accounts for a far smaller proportion of a hospital's overall surgical work. There has also been an increase in the proportion of people undergoing emergency (unplanned) surgery who are treated on a day case basis. This opens up both challenges and opportunities for the way hospitals organise their surgical services.

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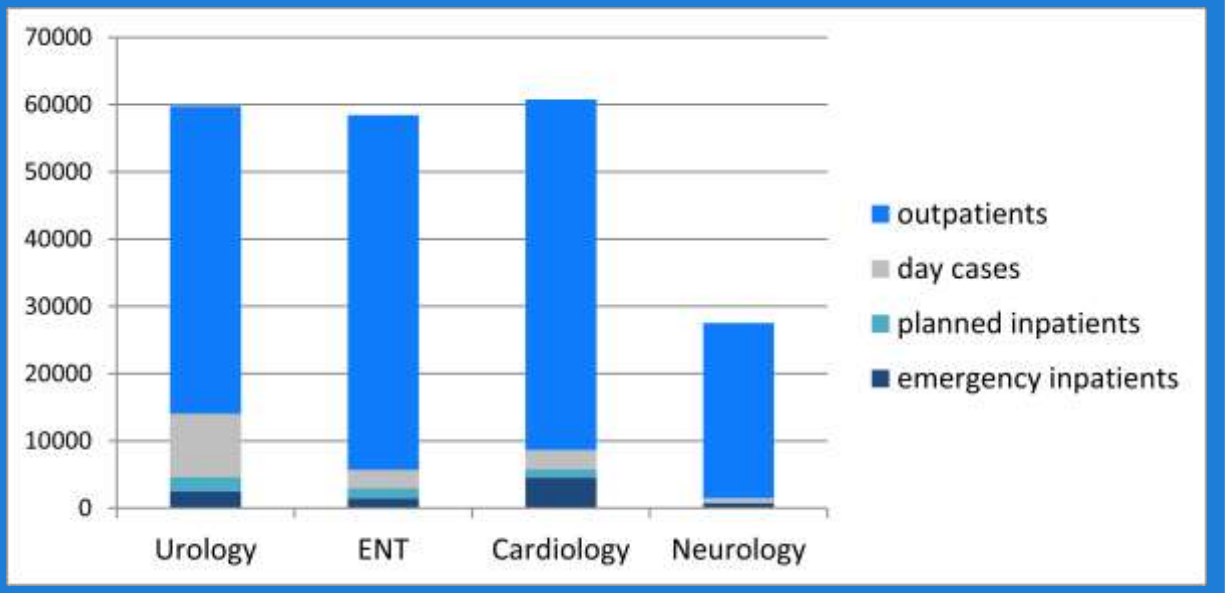
Read more about changes to surgery at:
www.kingsfund.org.uk

Partly as a result of this shift, there are relatively small numbers of people who need to stay in hospital as inpatients in some specialties across our local hospitals in the Humber area. For example, Scunthorpe Hospital had a total of 60 planned inpatient admissions in its Ear, Nose and Throat department over the course of the year in 2016/17 and Diana Princess of Wales Hospital saw only 52 planned inpatient admissions in ophthalmology, this is compared to 27,605 outpatient visits for ophthalmology over the same period.

Explainer: Activity in our hospitals

The graph below shows the split of activity across outpatient, day case and inpatient cases in our hospitals across a number of specialties. The vast majority of activity across all five of our hospital sites is in the form of outpatient appointments.



Note: this graph excludes visits for diagnostic tests, the vast majority of which are undertaken on an outpatient basis.

These relatively small numbers of patients staying in hospital on an inpatient basis presents challenges to our organisations in providing 24/7 specialist consultant cover for these patients across all our hospital sites in order to maintain a good quality service on a 24/7 basis. This becomes even more challenging when we do not have enough consultants in a particular specialty.

Out of hospital changes

More significant than changes to what happens within our hospitals, are the changes to care that can be provided outside of hospitals altogether. Advances in technology, treatments and practices mean that many aspects of care that were once provided in hospitals no longer need to be. As local health and care organisations, we have made some service changes locally to exploit these new opportunities, but there is much more we can do.

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Through our local plans we are seeking to reduce the numbers of people in our communities who develop preventable diseases by tackling the underlying causes, such as smoking, obesity and social isolation. We recognise that we cannot prevent all ill-health and we also need to support the growing number of people living with one or more long-term condition. Our local plans will put in place measures to help people manage their health better so that they can prevent conditions from worsening and avoid crisis situations. We will provide better information to people about their conditions and the support that is available to them so that they know what to expect and how to get the help they need when they need it.

This work will take place in each local area and will look for the best ways to develop services so that people are able to access more types of care outside of hospital settings – at home, in community centres and GP surgeries and other local health hubs. By using new technology we can bring medical expertise to patients rather than always bringing the patients to the hospital for advice and support. Some examples of the types of services we are developing outside of hospital include the following:

Support to care homes

Across the Humber area local projects are working to improve the support that is offered to care home residents. This work brings together a range of different professionals (e.g. GPs, district nurses, occupational therapists) who all provide care and advice to patients living within care homes to ensure that they are providing one joined up service, rather than multiple professionals attending a home to see the same person. This work also provides better support and a consistent point of contact for care home staff.

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Read more about out of hospital developments on our website:

www.humbercoastandvale.org.uk

Community-based cardiology service

In North East Lincolnshire, a community cardiology service has been developed, providing expert cardiology services to patients from a local GP practice. This service offers an alternative to hospital-based treatment for a number of heart-related conditions. Local organisations are now working together to take these services forward in a fully integrated way across community and hospital settings.

Frailty assessment service

In Hull, work has begun to develop a new approach to assessing and treating elderly patients, particularly those with multiple or complex conditions. The new Integrated Care Centre (ICC) will bring together a range of different services to provide tailored care for the elderly and combat unnecessary hospital admissions. The Centre, which will be on the site of the former David Lister School in East Hull, will primarily treat elderly patients who have been identified by their GP as being at risk of hospital admission – a brand new approach to this area of healthcare.

Workforce challenges

We do not have the staff to go on as we are. Our hospitals are struggling to find and keep the expert clinical staff they need in a whole range of specialties. Without the specialist doctors, nurses and therapists we need, we cannot run the safe, high quality services local people deserve.

Both Hull and East Yorkshire Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust face similar challenges to that of the region when recruiting to clinical roles, namely Doctors, Nurses and Allied Health Professionals (e.g. radiographers, operating department practitioners and other therapists). Despite active recruitment campaigns, there are still significant vacancies across all our hospitals and key roles that cannot be filled. Most of the resulting gaps in rotas are currently being filled through a mixture of agency and locum staff and our existing staff undertaking additional overtime. This obviously increases pressure on the remaining staff in our organisations and on the wider system as well as having a negative financial impact on our local organisations. Over the past 3 years, there has been a 40% increase in our spending on agency and locum staff, which impacts on both the financial position of our organisations and the quality of care that can be delivered. This situation is not sustainable in the long-term and it is important that we offer our staff rewarding careers and do not stretch them too thinly.

Workforce shortages and fragile services

The impact of staffing shortages has led to one of the hospital trusts involved in this review – Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) – having to take the difficult decision to implement a change to the way in which Ear, Nose and Throat and Urology services are provided on safety grounds. These changes, which involved centralising some aspects of *inpatient* care onto either the Scunthorpe or the Grimsby site from September 2017, had to be taken in order to maintain patient safety in these services.

In order to deliver care safely and effectively on a 24/7 basis for people who are staying in hospital receiving Ear, Nose and Throat services (on an inpatient basis), NLaG needs a minimum of five consultants. For the 12 months leading up to the change the service had suffered with high sickness and vacancy rates and when the decision was made to move services, there were only two ENT consultants in post. Similarly, urology services (care for people with problems of the urinary tract or male reproductive organs) requires six consultants to run a safe inpatient service on 24/7 basis across both Grimsby and Scunthorpe sites. In August 2017 there were four consultants running the service,

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Read more about these service changes at:

www.nlg.nhs.uk/about/trust/service-reconfiguration

which reduced to three in September 2017. Safe and effective emergency care cannot be maintained across two hospital sites on a 24/7 basis with just three consultants.

Additional changes were made in October 2017 impacting on a small number of patients who are in receipt of complex chemotherapy treatments in the service area known as clinical haematology. From October, the care for an additional group of patients undergoing complex treatments was moved from Diana Princess of Wales Hospital in Grimsby to the specialist cancer centre at Castle Hill hospital, due again to staffing challenges. This move expanded on long-established arrangements for cancer care, creating a regional haematology network, under which more complex cases are provided by Hull and East Yorkshire Hospitals (HEY) at Castle Hill Hospital. Outpatient and day case care continues to be provided at Grimsby and Scunthorpe.

These three service areas are not the only ones in which staffing challenges exist but they provide an explanation of the impact and challenges posed by shortages in medical staff across our region.

Explainer: recent service changes (NLaG)

- Since 1 September 2017, all *inpatient* **ENT** (ear, nose and throat) services have been provided from Grimsby hospital (adult and paediatric, elective and non-elective). Daycase procedures and outpatient appointments continue to go ahead at Scunthorpe and outpatient appointments at Goole continue to run.
- Since 1 September 2017, *emergency* **urology** services (for patients who require admitting) have been provided at Scunthorpe hospital but inpatient care, daycase procedures and outpatient appointments continue to run at Grimsby and Goole hospitals.
- From October 2017, a group of complex chemotherapy treatments moved from the Diana Princess of Wales Hospital in Grimsby to Castle Hill Hospital. Outpatient and day case care continues to be provided at Grimsby and Scunthorpe.

These changes are temporary and it is important that the views of patients, the public, staff and clinicians are taken on board when considering the longer-term future of these and other local hospital services. The long-term future of these services will be given priority and considered early as part of the Humber Acute Services Review.

Securing the workforce we need

Despite active recruitment campaigns by both organisations, there are still significant shortfalls in the clinical staff we need to run every service effectively in its current form. All partner organisations involved in the Humber Acute Services Review are working together to tackle our workforce challenges through a combination of enhanced clinical training, recruitment, retention and role development programmes. We are looking into how we

develop attractive careers across the whole health and care sector, from apprenticeships through to advanced clinical training. These new training initiatives, however, will take time to bear fruit and our workforce challenges are acute now.

Both hospital trusts have invested over recent years in overseas recruitment for nurses and doctors, however, this is becoming an increasingly challenging area of recruitment. We are currently experiencing immigration issues with many of our overseas junior medical recruits not scoring enough points to qualify for the in-month quota as set by the UK Borders Agency. This means that we have qualified, registered doctors that are ready to travel but cannot get a visa. This is a national issue and NHS employers are working with the Home Office to resolve it.

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Find out more about what we are doing to recruit and retain more staff:

www.joinhey.co.uk
www.nlg.nhs.uk/careers

Northern Lincolnshire and Goole NHS Foundation Trust has recently launched a new Nursing retention plan which aims to reduce the amount of avoidable leavers. The retention plan focuses on areas such as individual career development, flexible working practices and ensuring nurses are able to work in environments and cultures that meet their expectations.

Recruitment to small teams can frequently be a problem, for example consultants will often want to work in a large team, which offers them a number of opportunities to experience the wide ranging aspects of their chosen clinical discipline and participate in research activity and educational roles. These are very important aspects of a consultant's on-going development and a key consideration for candidates looking to apply for consultant roles. Small departments are sometimes less attractive to potential new consultants because of the increased requirements on individuals to provide out of hours on-call services. The ability to have a work-life balance is a key consideration of future employees across all areas of the workforce when choosing where they will work. Working in larger teams across organisations and areas should help us to provide this and offer more attractive careers in the Humber area.

Keep up to date with opportunities to give your view – see page 19 for details

Finance

As has been widely reported in the media, the financial position that the NHS faces today is arguably the most challenging it has ever encountered.

NHS spending has not been cut. It has risen slightly above the inflation rate every year since 2010. But the costs of providing care are rising much more quickly than that, due to rapidly increasing demand from a rising and ageing population and the introduction of new treatments and technologies that are often very costly.

Whilst this is a national challenge for the NHS, we also have particular financial challenges in the Humber area amongst our local health organisations. If we were to continue to do everything we do, in exactly the same ways in which we do it now, collectively our health and care organisations would have a gap between the cost of delivering services and the finances available to the Humber health and care system of around £320 million by 2020. This, however, is not just a challenge for the future but a challenge for today. In the latest financial year (2017/18) the collective deficit of the NHS organisations in the Humber area is forecast to be around £60 million.

It is important that we work together to tackle our financial challenges rather than relying on each organisation to balance their books on an individual basis. We are all part of one health and care system (this includes local Councils and local non-NHS providers) and we are committed to working together to make the most of every pound we have within the Humber health and care system.

Whilst finance is not the most important driver for the Acute Services Review, our financial picture is relevant and will influence decisions that are made. It is important that the financial impact of any proposed changes are taken into account as part of the overall decision-making criteria. There are opportunities to use our resources more efficiently, through the deployment of new technologies and different ways of working, which must be exploited through the review in order to make the most of every penny within our local health and care system.

Even if there was a huge injection of cash into our hospitals tomorrow, it would not solve all the challenges our local NHS faces, as set out in the previous pages. We would still have workforce shortages and would still have difficulty providing consistently good quality care for relatively small numbers of patients in some specialty areas.

We believe that by doing things differently, we can provide better services than we are providing now, within the resource constraints we have (this includes money, staff and physical resources such as buildings and machinery).

How can you help shape our thinking?

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

At this early stage of the review, you can help to shape our thinking by giving your views on what is most important to you in relation to acute hospital services. To respond to any or all of the issues raised in this document, you can complete the online feedback form at **www.humbercoastandvale.org/humberacutereview**, contact your local Clinical Commissioning Group or write to the Review Team directly.

If you or someone you know wants this Issues Paper translated or in another accessible format, please contact us via the details below. If you would like to express an interest in attending an event or finding out more about the review programme, please get in touch.

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

Email us: **humber.acutereview@nhs.net**

Phone us: **01482 344711**

Visit our website: **www.humbercoastandvale.org/humberacutereview**

Follow us on Twitter: **@HCV_STP**

Questions for consideration

- From your experience, what is working well in our local hospitals?
- What could we do to improve the services we provide in our acute hospitals?
- What is most important to you and your family when you need to use acute hospital services?
- What more can we do to attract and retain the workforce we need in our hospitals?
- How can services across the Humber work together to be more effective?

To provide feedback on these questions or any of the other issues raised in the document, please fill in our online survey at: **www.surveymonkey.co.uk/r/HASR_issues** or by scanning the QR code below. Alternatively, you can contact us using the details above to give feedback or request a paper copy of the survey.

Keep up to date with opportunities to give your view – see page 19 for details

What happens next?

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

We will be taking the advice of The Consultation Institute and following NHS best practice guidance to ensure that our public engagement throughout the review follows best practice. You can read more about the review process on our website in the programme plan and other supporting documents.

Info Box

Read our full programme plan at: **www.humbercoastandvale.org/humberacutereview**

The review process

Clinical services within the five acute hospital sites in the Humber area will be reviewed over the next two years through a number of defined phases shown in the diagram below.

Wave 1
Jan – May 2018

- Ear, Nose and Throat
- Urology
- Haematology

Wave 2
April – Sept 2018

- Urgent and Emergency Care, including:
  - Accident and Emergency
  - Acute medicine
  - Elderly medicine
  - Acute (unplanned) surgery
  - Critical Care
- Maternity and Paediatrics
- Cardiac
- Immunology
- Neurology

Wave 3
Late 2018

- Planned and Specialist Services, including:
  - Dermatology,
  - Gastroenterology,
  - GI Surgery,
  - Oral and Maxillofacial Surgery,
  - Ophthalmology
  - Orthopaedics
- Radiology

The first phase of the review process will be carried out by the clinical teams who provide these services on a day-to-day basis. Each service will review their current ways of working and make suggestions as to how the service might be better organised, in order to give the highest quality of care to patients and to maximise the best use of staff, skills and other resources. There are a number of different service models that will need to be explored, which might range from existing clinical teams across the two trusts and five hospital sites working to agreed and standardised clinical policies, through to the development of a service (or aspects of a service) delivered to patients from a single site with a range of other possibilities in between.

The feedback from these clinical discussions, together with the outcomes from listening exercises with the public will form the basis of proposals that will be put forward to Clinical Commissioning Groups who have the statutory duty to ensure the right NHS services are in place for local people. When drawing up any proposals, we will also need to take account of a wider range of evidence and views including national NHS policy, clinical evidence from the Royal Colleges and other bodies, the public health impact, a consideration of equality impact as well as any other insights from patients and carers using the services. The proposals will also be scrutinised by NHS England, local health scrutiny committees and the Clinical Senate, which is made up of independent clinicians from around the country who provide advice on the clinical case for making any changes.

Some changes might not even be noticed by patients, except that they receive an improved patient experience. Service improvements happen all the time as part of the on-going development of care. However, other changes, because they are considered to be 'significant', would be subject to a formal consultation process with patients, the public and staff, incorporating different ways for people to feed back their views such as public events, surveys and focus groups. The feedback from any consultation would then be used in the final business case to be reviewed and concluded by the Clinical Commissioning Groups who are partners to this review.

You can keep up to date with the progress of the review through our website, newsletter and by joining the review mailing list. Contact us using the details on page 19.