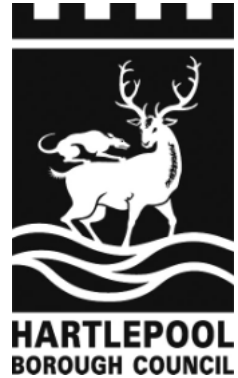


AUDIT AND GOVERNANCE COMMITTEE AGENDA



Wednesday 4 September 2013

at 9.30 am

**in Committee Room B,
Civic Centre, Hartlepool**

AUDIT AND GOVERNANCE COMMITTEE:

Councillors Ainslie, S Akers-Belcher, Brash, Fisher, Loynes, Robinson and Shields

Standards Co-opted Members; Mr Norman Rollo and Ms Clare Wilson.

Parish Council Representatives: Councillor A Gray and 1 vacancy.

Local Police Representative: Chief Inspector Lynn Beeston.

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. TO CONFIRM THE MINUTES OF THE MEETING HELD ON 22 AUGUST 2013 (*To Follow*)**
- 4. AUDIT ITEMS**
No Items
- 5. STANDARDS ITEMS**
No Items



6. STATUTORY SCRUTINY ITEMS

6.1 Emergency Medical and Critical Care Consultation: Outcome:-

(a) Covering report – *Scrutiny Manager*

(b) Response to the Outcome of the Consultation (To Follow) -
*Representatives from Hartlepool and Stockton-on-Tees Clinical
Commissioning Group*

**7. MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELL BEING
BOARD**

No items.

**8. MINUTES FROM THE RECENT MEETING OF THE FINANCE AND POLICY
COMMITTEE RELATING TO PUBLIC HEALTH**

No items.

**9. MINUTES FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY
JOINT COMMITTEE**

No items.

10. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP

No items.

11. REGIONAL HEALTH SCRUTINY UPDATE

No items.

12. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

FOR INFORMATION

Date of next meeting – 20 September 2013 at 1.00pm at the Civic Centre, Hartlepool.



AUDIT AND GOVERNANCE COMMITTEE MINUTES AND DECISION RECORD

22 August 2013

The meeting commenced at 9.30am in the Civic Centre, Hartlepool

Present:

Councillor Keith Fisher (In the Chair)

Councillors: Jim Ainslie, Stephen Akers-Belcher, Brenda Loynes,
Jean Robinson and Linda Shields.

Co-opted Members: Norman Rollo and Claire Wilson.

Also Present: Barbara Carr, Assistant Director of Nursing, Quality, Patient and
Public Engagement, North Tees and Hartlepool NHS Foundation
Trust.

Keith Weldon, Quality Analyst, North Tees and Hartlepool NHS
Foundation Trust

David Brown, Director of Operations, Tees, Esk and Wear Valleys
NHS Foundation Trust

Rosalind Goode, Care Quality Commission

Stephen Thomas, Elizabeth Fletcher, Zoe Sherry and
Margaret Goulding; Healthwatch Hartlepool

Officers: Andy Graham, Public Health Registrar
Joan Stevens, Scrutiny Manager
David Cosgrove, Democratic Services Team

40. Apologies for Absence

Police representative Superintendent Gordon Lang.

41. Declarations of Interest

None.

42. Minutes of the meeting held on 25 July 2013

Confirmed.

43. Audit Items

None.

44. Standards Items

None.

45. North Tees and Hartlepool NHS Foundation Trust – Quality Account 2014/15 (*Scrutiny Manager*)

Barbara Carr, Assistant Director of Nursing, Quality, Patient and Public Engagement, and Keith Weldon, Quality Analyst, from North Tees and Hartlepool NHS Foundation Trust gave a presentation setting out the feedback from the 2012/13 quality account key priorities of Dementia care, Safeguarding Adults and Infection Control.

Data was still being collected on the performance measures though it was reported that in Infection Control the target relating to Clostridium Difficile of 44 had been missed with 61 recorded cases. The new target for 2013/14 was 40 and to date 14 cases had been reported compared to 29 at this point last year.

The Committee was updated in relation to the development of the 'Nursing Dashboard' and End of Life Care and Family's Voice (previously the Carer's Diary). Additional surveying of patients was now undertaken within the Trust and feedback, both positive and negative was used to produce 'word bubble' feedback for each individual ward, department and hospital. Feedback from the surveys showed that 93.55% of family and friends would recommend the hospitals with only 2.35% indicating that they would not.

The Trust was recommending that the priorities from last year should be rolled forward for 2013/14. While significant change had been affected through the priorities, it was considered that the work was not yet complete. From the recommendations last year it was highlighted that the easy-read version of the Quality Account had been well received. The timescales for the development of the 2013/14 quality account were highlighted leading to the production of the final draft in April 2014.

The Chair thanked the Trust representatives for their presentation and opened the meeting for questions. The Healthwatch representatives indicated that discharge procedures had been an issue of concern raised with them in the past but procedures did appear to have improved as not so many concerns had been raised in the past year. Coordination between the hospital, GPs, district nurses and the local authority was still, however, an area for improvement. The improvement in services around dementia were welcomed but Healthwatch did have concerns around some training provided to

nursing staff. Training around infection control was, however, very well received.

The Assistant Director of Nursing commented that there had been some good feedback in relation to the 'discharge lounge' but where there were complex cases there was always a multi-agency meeting first to manage that patients return home. Training needs were seen as a key issue and in particular dementia awareness was a major challenge. Training was ongoing and continual.

Members welcome the work undertaken in response to the key priorities. Members questioned the numbers involved in the questionnaires that had fed into the quality account. There was concern at the number of complainants that felt that going to the press was a more appropriate way to address their complaint than the Trust's internal processes. People needed to be confident that complaints would be treated appropriately and promptly. It was understood that the Trust had a greater number of complaints that had proceeded to legal measures than neighbouring trusts.

The Assistant Director of Nursing indicated that the responsibility for complaints had recently transferred to her and a review of the processes was underway to address some of the concerns expressed by complainants, particularly the timescales for responses. The Assistant Director of Nursing indicated that she now aimed to have responses issued in half the previous 25 working day timeframe with a longer-term aim to bring that target to 7 working days. The Assistant Director indicated that she was unable to comment on the number of complaints that were subject to legal proceedings. In general around 6 complaints were received each week with 50 currently outstanding, 12 of which would be completed this week.

In relation to the numbers of people involved in giving feedback it was indicated that around 2000 friends and family had given feedback but a breakdown of numbers would be provided.

A Member raised concern that the PALS office at Hartlepool Hospital was only open one day a week. A message had been left at the advertised number but no one had returned the call. The Assistant Director of Nursing did feel that this was unacceptable and undertook to follow up the issue with the Member. The PALS office was to be open five days a week from 1.30 to 4.00 pm. Members welcomed this though did comment it would need to be well publicised for visitors and patients.

The Chair indicated that he also welcomed the 'word bubble' approach to comments to give an instant feel for the feedback being given. He did, however, have concerns that the comments he was generally receiving from visitors to North Tees Hospital were not reflected in the word bubble circulated at the meeting. The Assistant Director of

Nursing that the example circulated related to the Trust as a whole. Similar word bubbles were issued for each ward and hospital so they would be more reflective of the comments made in relation to them specifically.

The Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust commented that the work on the dementia collaborative was making excellent progress. In some ways it raised questions as why this approach had not been done before. TEWV had recently agreed to continue funding a project manager associated with the dementia collaborative which would help maintain the momentum of the project.

Decision

- i) That the presentation and discussions be noted.
- ii) That the following pieces of additional information be circulated to the Committee:
 - The number of legal cases in relation to North Tees and Hartlepool Hospital and if these numbers are greater than in other areas.
 - The number of complaints on a North Tees and Hartlepool Hospital basis and if these numbers are greater than in other areas.
 - The overall number of those consulted in the preparation of the Quality Accounts.
 - The number of patients surveyed in the preparation of the Quality Accounts, including a breakdown for each hospital site.

46. Tees, Esk and Wear Valley NHS Foundation Trust: Mental Health Services for Older People and Adults Update (*Scrutiny Manager*)

David Brown, the Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) gave a presentation updating the Committee on changes proposed with mental health services in the Trust area. The focus of the presentation was to inform the Committee that consultation would be commenced later in the year to proposed changes in service provision which would result in the closure of the rehabilitation unit at Victoria Road, Hartlepool.

Patients had been moving on from the rehabilitation unit over recent months and the four remaining patients had individual plans that would see them all move on from the facility by November. In many ways the reduction in the numbers needing the rehabilitation beds at Victoria Road was a sign of success in facilitating their return home. There were no patients currently waiting for rehabilitation beds and in general the need for rehabilitation beds was on a downwards trajectory as

services were much more focussed on keeping patients in their home environment. Victoria Road had been also been used to provide some beds for patients in crisis from both Hartlepool and Stockton and also for some counselling services. Currently some beds in the unit were being used by patients from Park House in Middlesbrough while building work was ongoing.

Many of the changes in the provision of services had been facilitated recently through the adoption of Rapid Process Improvement initially developed by the Toyota motor company. This gave front line staff the ability to radically change processes and cut waste. Staff had asked why people lay in acute beds for weeks before moving into rehabilitation. Patients now moved on from acute to rehabilitation within 10 days of being identified. Staff now looked for patients suitable for rehabilitation rather than waiting for referrals which could take 10 weeks.

The future need for Victoria Road no longer existed. The numbers of Hartlepool people that would be affected by the changes were minimal as the total numbers were small. There were only two Hartlepool residents at Lustrum Vale in Stockton and two at Park House, Middlesbrough.

Members acknowledged that some services could effectively close themselves as services evolved and the need for certain facilities ended. There was concern that the crisis beds may still be needed. There was often a fine line between crisis and respite care. The Director of Operations indicated that TEWV didn't provide respite services; these were provided by the local authority. The crisis team had been involved in carrying out a lot of assessment work but little treatment. Often people requiring crisis beds ended up in hospital beds and that was considered more appropriate and the number of hospital beds available to TEWV had increased.

There was some concern that patients were being fully assessed and were being given a choice of where they moved onto in the community. The Director of Operations indicated that all patients were fully assessed and where appropriate families involved.

Members requested that following the implementation of the potential changes, a report after 6 months updating the committee on the impact of the changes, particularly relating to crisis beds should be submitted. The Director of Operations indicated that TEWV would be consulting with commissioners on the type of consultation that was needed and would report back more formally on the processes to the committee.

Decision

1. That the presentation and discussions be noted.
2. That an update on the impact of the changes, particularly relating to crisis beds, be provided to the Committee in six months.

3. That the Committee be involved in the consultation process as required.

47. Scrutiny Investigation into Chronic Obstructive Pulmonary Disease (COPD) – Scoping Report (Scrutiny Manager)

The Scrutiny Manager outlined the proposed aims and terms of reference for the committee's investigation into COPD. Details of the potential areas for enquiry and sources of evidence were set out together with a detailed timetable for the inquiry. The Scrutiny Manager highlighted that the timetable included proposed focus group activity with COPD patients as it was considered that this may be a more conducive approach to gain the views of COPD patients and their families.

It was suggested that the investigation report following the scrutiny investigation into cancer awareness from the previous Health Scrutiny Forum should be circulated to Members as there were many similar issues and it would avoid any duplication of evidence. Information from smoking cessation clinics in the town was also suggested as being helpful to the investigation so Members had a clear idea of just how the clinics worked and the information given to smokers. It was understood that Hartlepool had the highest success rate from smoking cessation clinics in the country. Members also asked if the investigation would encompass all other similar diseases.

The Public Health Registrar commented that COPD was used as a 'catch all' description and would include the wide range of diseases that were referred to as COPD. The smoking cessation clinics in Hartlepool were the most successful in the country in helping smokers quit and they would be a key element of information for the Committee. Prevention was the key message that needed to be promoted. There was also the number of diagnosis's still coming forward with a significant number of people not knowing that they were COPD sufferers.

The Healthwatch representatives commented that one of the major issues for sufferers in the town was the inconsistencies in treatment and management of the illness offered through different GP surgeries in the town.

Decision

That the remit of the investigation outlined in the report together with the detailed timetable be approved.

48. Care Quality Commission Bulletin – Update for Overview and Scrutiny Committees (Scrutiny Manager)

The Care Quality Commission's (CQC) June 2013 Bulletin for overview

and scrutiny committees was circulated for the Committee's information. The Scrutiny Manger indicated that future bulletin's would be circulated to Members to keep them informed. The representative of the CQC indicated that a presentation could be brought to a future meeting to give members an introduction to the work of the CQC if that would be considered valuable. The Chair and Members welcomed the offer of the presentation for inclusion in a future meeting agenda.

Decision

That the bulletin be noted and that the Care Quality Commission be invited to give a presentation to a future meeting on their work.

49. Minutes from the Recent Meeting of the Health and Wellbeing Board

The minutes of the meeting of the Health and Wellbeing Board held on 24 June 2013.

50. Minutes from the Recent Meeting of the Finance and Policy Committee Relating to Public Health

Extracts from the minutes of the meeting of the Finance and Policy Committee, held on 26 July 2013 that related to public health issues were noted.

51. Minutes from Recent Meeting of Tees Valley Health Scrutiny Joint Committee

The minutes of the meeting held on 17 June 2013 were received.

52. Minutes from Recent Meeting of Safer Hartlepool Partnership

The minutes of the meeting held on 5 July 2013 were received.

53. Regional Health Scrutiny Update

None.

54. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following item of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

55. Manor Residents Association

A Member raised concerns expressed to him by residents as to the Council's continued financial support to the Manor Resident's Association (MRA) in light of the recent audit report. The Chair indicated that he had raised the issue with the Chief Finance Officer who had assured the Chair that he was content that Manor Resident's Association was delivering the services that were funded by the monies paid to it by the Council.

The Vice-Chair commented that he had left the Association's board due to the lack of transparency and financial information supplied to the board. However, the Association did provide excellent and critical services to the people of the Manor House Ward which would need to be re-provided by the Council or another agency if they could not be provided by MRA. The Vice-Chair did not wish to see the money concerned being seen as some potential budget saving; it was key to providing daily support to vulnerable families.

Reference was made by the Chair and Members to the press reports of insolvency and County Court Orders against MRA and this had been a significant concern. However, the Chief Finance Officer's comments assured Members that currently the Council's money was being appropriately used to provide key services. The Chair indicated that he was content that the question in relation to the need to 'turn off' the funding to the organisation had been fully and appropriately addressed.

Decision

That the discussions be noted.

The meeting concluded at 11.35am

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

4 September 2013



Report of: Scrutiny Manager

Subject: EMERGENCY MEDICAL AND CRITICAL CARE
CONSULTATION: OUTCOME – COVERING
REPORT

1. PURPOSE OF THE REPORT

1.1 The purpose of this report is:-

- (a) To introduce representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HaSt CCG) who will be present at today's meeting to present the outcome of the Emergency Medical and Critical Care Consultation; and
- (b) Seek views from Members about the consultation outcome and consideration of whether any further action is required.

2. BACKGROUND INFORMATION

- 2.1 In accordance with the requirements of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations, as they relate to consultations on proposals for substantial variations to or development of services, a joint health scrutiny committee was established to formulate a formal response to the consultation. The Health Scrutiny Joint Committee finalised its response to the consultation at its meeting on the 29 July 2013, and this was submitted on the 5 August 2013. A copy of the Joint Committee's response is attached at **Appendix A**.
- 2.2 Following the close of the consultation on the 11 August 2013, the outcome of the consultation will be reported to a joint CCG/FT meeting on the 2 September 2013. The outcome of discussions at this meeting, in relation to the implementation of the proposals, will be reported back to the Health Scrutiny Joint Committee on 3 September 2013 and the Audit and Governance Committee (at today's meeting). This will complete the role of the Joint Scrutiny Health Committee and any potential further action will be at the discretion of each Authority.

- 2.3 In light of statutory requirements for the despatch of agenda papers for today's meeting, it was not possible to include with this report a copy of the consultation response to be considered at the joint CCG/FT meeting. A copy of the report will be circulated when it becomes available and representatives from HaSt CCG will be in attendance at today's meeting to present to the Committee the outcome of the consultation and seek local resolution of the concerns expressed by Hartlepool's representatives as part of the consultation.

3. REFERRAL TO THE SECRETARY OF STATE

- 3.1 In considering the way forward, the Audit and Governance Committee may take the decision that no further action should be taken, it may also implement its power to recommend to Full Council that a referral be made to the Secretary of State where:-

- (a) the authority is not satisfied that consultation on any proposal has been adequate in relation to content or time allowed;
- (b) in a case where a decision has to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff, the authority is not satisfied that the reasons given are adequate; or
- (c) the authority considers that the proposal would not be in the interests of the health service in its area.

- 3.2 In making a referral the Local Authority must by virtue of The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 and Draft Guidance provide reasons and evidence for its view. This should include an explanation of how it has considered the full context within which local health services are operating, including any clinical quality, safety or financial pressures. A local authority should not dispute proposals on the grounds that it believes additional financial resources should be allocated to the NHS, as this is not a recommendation on which the local NHS can act. The local authority is also required to set out the steps that it has taken with the consulting body to reach local resolution and, in relevant cases, evidence that the consulting body has failed to comply with its duty to seek local resolution.

- 3.3 No referral to the Secretary of State may be made until all reasonable attempts to reach local resolution have been exhausted, and this must be evidenced in the referral documentation submitted.

- 3.4 The Regulations state that in order for a referral to be made the documentation must include:-

- (a) an explanation of the proposal to which the report relates;

- (b) in the case of a report under paragraph 3.1(a) or (b), the reasons why the authority is not satisfied;
- (c) in the case of a report under paragraph 3.1(c), a summary of the evidence considered, including any evidence of the effect or potential effect of the proposal on the sustainability or otherwise of the health service in the area of the authority;
- (d) an explanation of any steps the authority has taken to try to reach agreement in relation to the proposal or the matters set out in paragraph (3.4)(a) or (b);
- (e) in a case where the authority's comments include a recommendation and the commissioners disagree with that recommendation, the authority must provide evidence to demonstrate that it has taken steps as are reasonably practicable to try to reach agreement in relation to the subject of the recommendation;
- (f) an explanation of the reasons for the making of the report;
- (g) any evidence in support of those reasons.

4. RECOMMENDATION

4.1 That the Audit and Governance Committee:-

- (a) Consider the consultation outcome seeking clarification on any issues from the representatives in attendance; and
- (b) Considers if it wishes to recommend to Council that the matter be referred to the Secretary of State.

4.2 That should the Committee agreed to recommend to Full Council that the issue be referred to the Secretary of State, it must identify for inclusion in the referral:-

- (a) The grounds for the referral (from those identified in Section 3.1 of the report); and
- (b) Evidence to support the referral (responding to each element of the criteria detailed in Section 3.4 of the report).

Contact Officer:- Joan Stevens – Scrutiny Manager
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were used in preparation of this report:-

- (a) The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013
- (b) Department of Health Local Authority Health Scrutiny – Draft Guidance to Accompany New Regulations – February 2013
- (c) Department of Health Local Authority Health Scrutiny – Draft Guide to Health Scrutiny regulations – June 2013



Report of: HEALTH SCRUTINY JOINT COMMITTEE

Subject: Consultation Response to the Reconfiguration of
Emergency Medical and Critical Care Services –
North Tees and Hartlepool NHS Foundation Trust

This includes the view of Durham County Council, Hartlepool Borough Council and Stockton Borough Council set out as paragraphs 8 -10

1. Background Information

- 1.1 A Joint Health Scrutiny Committee was formally established under The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations with representation from Durham County Council, Hartlepool Borough Council, Stockton-on-Tees Borough Council to consider the proposed changes to Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust (NTHFT).
- 1.2 At the request of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HaST CCG), the National Clinical Advisory Team (NCAT) has undertaken a review of the provision of critical care and emergency medical services within North Tees and Hartlepool NHS Foundation Trust. The National Clinical Advisory Team provide independent clinical expertise to support and guide the local NHS on service reconfiguration proposals to ensure safe, effective and accessible services for patients. The team was lead by Dr Chris Clough from Kings College Hospital, London. The purpose of the visit being to, clinically assure reconfiguration proposals for emergency medical and critical care services at NTHFT.
- 1.3 The NCAT report, which was published on 15 May 2013, summarised views and provided recommendations for change, including that Commissioners:

- work with the Trust to centralise emergency medical services and critical care to the University Hospital of North Tees as soon as possible;
- explain to the public what this means for them; and
- ask their views about the things that they are concerned about, especially how they and their relatives get to hospital.

1.4 As a result of the NCAT review, HaST CCG, Durham, Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) and NTHFT launched a public consultation (running from 20 May to 11 August 2013) to ask for views on the proposals and concerns about how the impact of the changes can be managed and implemented.

2. Terms of Reference

- 2.1 To consider the proposals affecting the population covered by North Tees and Hartlepool NHS Foundation Trust, in particular:
- (a) the proposed centralisation of emergency medical and critical care services at University Hospital of North Tees, as recommended by the National Clinical Advisory Team.
 - (b) the development of services at University Hospital of Hartlepool in the period leading up to the opening of the new hospital.
 - (c) any associated proposals for additional elective and rehabilitation services at the University Hospital of Hartlepool.

3. List of Participants

- (a) Members of the Health Scrutiny Joint Committee:
- Durham County Council – Councillors L Pounder, W Stelling and R Todd
 - Hartlepool Borough Council – Councillors J Ainslie, S Akers-Belcher and K Fisher
 - Stockton-on-Tees Borough Council – Councillors M Javed, N Wilburn and M Womphrey
- (b) Hartlepool and Stockton-on-Tees Clinical Commissioning Group:-
- Dr Boleslaw Posmyk – Chair
 - Karen Hawkins – Head of Commissioning
- (c) Durham, Dales, Easington and Sedgefield Clinical Commissioning Group:-

- Dr Stewart Findlay – Chief Clinical Officer
- (d) North Tees and Hartlepool NHS Foundation Trust:-
 - Julie Gillon – Chief Operating Officer / Deputy Chief Executive
 - Dr Jean Macleod – Clinical Director for Medicine
 - Dr Suresh Narayanan – Clinical Director for Anaesthetics and Critical Care
 - Sue Piggott – General Manager, Medicine
- (e) North of England Commissioning Support:-
 - Mary Bewley – Head of Communications and Engagement
- (f) Healthwatch:-
 - Danielle Martin, Community Participation and Engagement Worker, Healthwatch County Durham
 - Stephen Thomas, Healthwatch Development Officer, Healthwatch Hartlepool
 - Heather Mclean, Healthwatch Co-ordinator, Healthwatch Stockton
- (g) Stockton Borough Council:-
 - Chris Renahan – Local Transport Plan Manager
 - Liz Hanley – Adult Services Lead

4. Summary of the Evidence received / considered

4.1 The Joint Committee considered the following evidence:-

- (a) Consultation presentation on the proposed changes to Emergency Medical and Critical Care Services in Hartlepool presented by representatives from HaSt CCG, DDES CCG and NTHFT covering:-
 - the proposals for the reconfiguration of critical care and acute medicine (section 5.1)
 - the medical guidelines and standards (sections 5.11 – 5.13)
 - what will the proposed changes mean for you (section 5.9)
 - the options considered (section 5.4)
 - why not locate the combined services at the University Hospital of Hartlepool (sections 5.14 - 5.17)
 - Proposal resulting from the options appraisal (section 5.5)
 - Services provided in the University Hospital of Hartlepool – post proposed change (section 5.10)

- Likely numbers of patients affected by the proposed changes (sections 5.18 – 5.19)
 - Impact on bed numbers (section 5.6)
 - Main changes at University Hospital of North Tees site (section 5.2)
 - The Financial context and impact (sections 5.20 – 5.21)
 - Staffing (sections 6.10 – 6.11)
 - Scope of the consultation and what has been learned so far (sections 6.12 – 6.13)
 - Transport (sections 6.1 – 6.9)
- (b) Additional written information from HaSt CCG, DDES CCG and NTHFT covering:-
- Impact on Durham, Hartlepool and Stockton residents
 - Assumptions
 - Quality and safety
 - Financial considerations
 - Wider impact of the proposals
 - Transport
 - Staff ratios
 - Impact on staff
 - Development of services in Hartlepool area leading up to the opening of a new hospital
 - Future developments
- (c) Hartlepool and Stockton-on-Tees Clinical Commissioning Group Commissioning Plans
- (d) Hartlepool and Stockton-on-Tees Consultation Plan – July 2013
- (e) Written evidence from Hartlepool Borough Council's Adult Social Care Department
- (f) Verbal evidence from Durham County Council's Adult Social Care Department
- (g) Written evidence from Hartlepool Borough Council's Integrated Transport Unit
- (h) Written evidence from Durham County Council's Sustainable Transport Team
- (i) Verbal evidence from Healthwatch County Durham
- (j) Verbal evidence from Healthwatch Hartlepool

- (k) Verbal evidence from Healthwatch Stockton
- (l) Written evidence from Dr Chris Clough, Chair of the National Clinical Advisory Team

5. Explanation of the issues addressed

The proposals for the reconfiguration of critical care and emergency medicine

- 5.1 The Joint Committee at its meeting of 11 July 2013 considered the consultation regarding the proposals to bring critical care and emergency medical services together at the University Hospital of North Tees (UHNT). Currently, acute medicine and critical care (intensive care and high dependency care) are provided on the two sites of University Hospital of Hartlepool (UHH) and UHNT.

Services proposed to be transferred to UHNT / Main changes at UHNT

- 5.2 The proposal is to transfer emergency medical and critical care services at the UHH to UHNT. This would mean a larger acute medical unit at UHNT, which would then be supported by a larger group of medical staff and other clinicians with specialist skills. Members were informed that 100 acute medical beds and 5 surgical beds would be transferred to UHNT along with the associated theatre capacity and clinical support. There would be 4 additional critical care beds with a potential 24 extra beds for the winter pressures. The Emergency Assessment Unit would be increased from 34 beds to 42 and spaces in the ambulatory care facility would be increased from 8 to 20 spaces.

Services proposed to be transferred to UHH / Main Changes at UHH

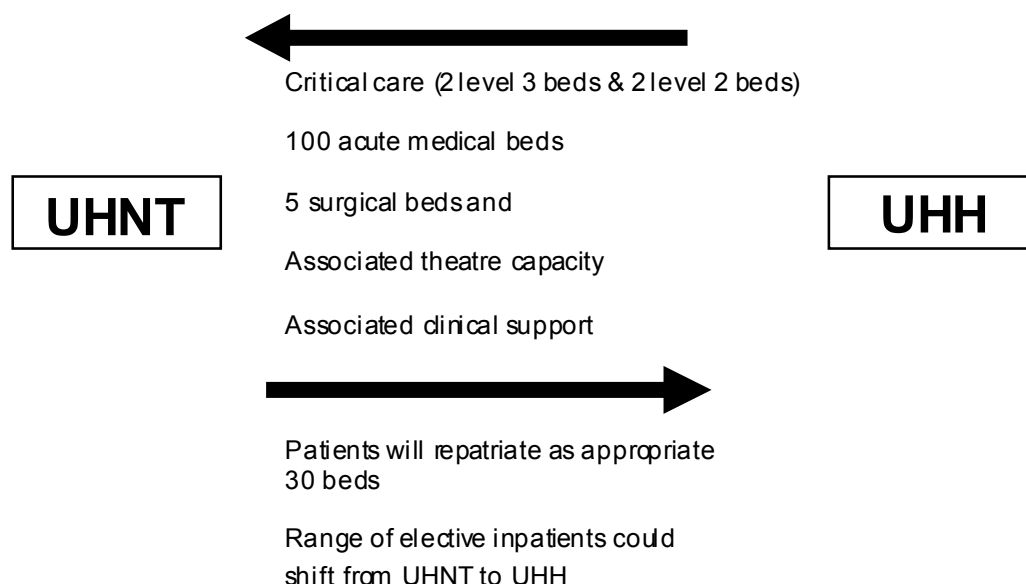
- 5.3 It is proposed that a 30 bed rehabilitation unit would be created at the UHH for patients to recover and a range of elective inpatients could move from UHNT to UHH. Some elective surgery may have to remain at UHNT for those patients considered to be high risk.

Options considered

- 5.4 Along list of options were considered including centralisation on the Hartlepool site before a short list of options were identified as potentially feasible. The short list of options was critical care; medicine; surgery and orthopaedics; and rheumatology and chemotherapy.

Proposal resulting from the options appraisal

5.5 The diagram below demonstrates the proposed changes:-

*Impact on bed numbers*

5.6 The following diagram illustrates the impact on bed numbers:

<i>In-patient Bed numbers (does not include day case beds and pre-assessment beds)</i>	<i>Current bed numbers</i>	<i>After proposed changes</i>
<i>University Hospital of Hartlepool</i>	190	55
<i>University Hospital of North Tees</i>	408	530
<i>Trust total</i>	598	585

Reasons for the changes

5.7 Representatives from the HaST CCG, DDES CCG and NTHFT provided information to Members on the proposed changes. Representatives explained that these changes need to be made because critical care at the UHH will not stay safe for much longer or be improved to a level of quality that local people should expect unless changes are made. Emergency medical services must have critical care to support it for patients who become seriously ill; this is why both services need to move together. NCAT provided clinical assurance that these proposals will help to

improve clinical quality and safety resulting in better services. The consultation proposes that leading up to the proposed changes Commissioners and the Trust would:-

- open 120 beds at the UHNT to make sure there are enough beds and staff to look after patients from right across our area;
- make extra space in critical care so they can look after critically ill patients;
- then, gradually, close the beds in medicine and critical care at the UHH;
- and transfer a number of staff from support services such as pharmacy, radiology and pharmacy and estates that need to come to the UHNT to support the new arrangements.

5.8 Representatives indicated that these changes need to be made as early as possible to ensure safe services are delivered.

What will the proposed changes mean for you?

5.9 Members were informed that people will not have to do anything different once these changes are put in place. People will still visit or call their GP, call 111 if they feel unwell or call 999 in an emergency as people do now. 97% of patients contacts with healthcare services will remain in Hartlepool.

Services provided in the UHH – post proposed change

5.10 The services that will be provided in the UHH after the proposed change are as follows:-

6.1 (a) Appendix A

- Inpatient elective orthopaedic surgery
- Inpatient elective general surgery (low risk)
- 30 bed rehabilitation unit
- General surgery day case
- Gynaecology daycase
- Paediatric day case surgery
- Orthopaedic day case
- Paediatric day unit
- Midwife led unit
- Planned endoscopy
- Cardiac investigations unit
- Chemotherapy day unit (non complex)
- Rheumatology day unit
- Elderly care day unit
- MIU from One Life Hartlepool
- Community dental
- Hand and foot surgery OLH

Supported by

- CT
- MRI
- Ultrasound scanning
- Pharmacy
- Pathology
- Nuclear medicine
- Plain film X-ray
- Therapy services
- Dietetics
- Community services
 - SPA
 - TAPs
 - Enhanced care model
 - Community respiratory service
 - Heart Failure Team
 - Podiatry
 - MSK

Quality and Safety

The medical guidelines and standards

- 5.11 Members of the Joint Committee were provided with evidence which explained why the changes had to take place on the grounds of clinical quality and safety. There are an increasing number of emerging guidelines and standards that services have to meet, but it is becoming increasingly difficult for the clinicians to keep pace with these requirements on two hospital sites. It is imperative to have the right skills at the right time. The way junior doctors are trained has changed and the deanery will not allow trainees to work in hospitals where they do not see enough patients to increase their learning and skills and services need to be brought together to ensure that the same standards of care are achieved for everyone living in the area served by the NTHFT.
- 5.12 Dr Clough from the NCAT Team submitted written evidence to the Joint Committee and he stated that both Dr Jones (another member of the NCAT team) and himself felt that there were “key clinical safety issues regarding the provision of critical care on the UHH site. This type of critical care service can no longer be supported, and the clinicians who supported that unit expressed the views that they no longer felt it was a safe unit”. This is because of the following reasons:-

- the unit is small with only 2 Intensive Treatment Unit (ITU) beds and 2 high dependency beds
- the level of usage has been poor, 50% on average, most of the activity coming from the acute medical team
- the anaesthetists are often doing other things within the hospital and although they are able to do a once daily ward round, they are not around most of the time and are not able to offer the full panoply of intensive care support
- procedures that are expected to be routine on an intensive care unit are difficult to provide, such as haemofiltration and routine tracheostomy
- difficult to recruit and retain anaesthetists
- nurses expressed the view that they felt isolated in the unit, without the level of medical support they need to support the level of care they are practicing
- the acute medical unit, though appearing to run well with plenty of beds, is not supported by the modern full panoply of services, thus patients needed to be transferred to UHNT for endoscopy and other specialist opinions.

5.13 Members were informed that if the services stay as they are the services in Hartlepool would not have the expertise to deliver the full range of services, resulting in patients being transferred to NTHFT. Overall, it would result in a delayed diagnosis, delayed intervention and an increase in the number of patients having to be transferred. Over time the services will not be as good as the services offered at the UHNT. The representatives stated that this is not acceptable and there should not be a difference in services due to location.

Why not locate the combined services at the UHH

5.14 The representatives explained why it would not be possible to centralise critical care and acute medicine at the UHH. This is because there would be insufficient space to accommodate the full range of clinical and support services on that site; it would not offer the appropriate clinical adjacencies with other services and the UHNT is the site for complex and emergency care.

5.15 Dr Clough, in his written statement commented that “clearly you might argue that it would be possible to provide fully comprehensive intensive care and critical care services at UHH and the full panoply of acute medical services. To do this though would require significant expansion in numbers of staff on that site, and this would be at significant cost. We felt that not only would this plan be unaffordable, but that to secure the level of activity at UHH site (the 50% utilisation of ITU for example) would mean

that these staff and facilities would largely not be used. When activity is low, clinicians deskill and lose their expertise”.

- 5.16 Members questioned staff recruitment and its difficulties. It was confirmed that a doctor with advanced training in intensive care would be more likely to seek to work in a large ITU where they could use and develop their skills.
- 5.17 It was confirmed by the representatives in attendance that these changes to critical care would be irreversible. If these services are transferred to the UHNT they cannot be returned to the UHH. This is because the changes are based on a clinical need to improve services now and for the future.

Likely numbers of patients affected by the proposed changes

- 5.18 Admission figures were presented to the Joint Committee which set out the likely numbers of patients that would be affected by the changes. The figures highlighted that 95% of emergency admissions would be affected by the proposals, equating to 7775 patients a year. 151 patients admitted for elective surgery would be affected by the proposals. Ambulatory care admissions would also be affected by the proposals with 100% of patients being admitted to UHNT.
- 5.19 A Member questioned whether these proposed changes would result in access to services 24 hours a day across weekends and bank holidays. It was confirmed that consultants worked 12 hour shifts and spent a period of time on call. If a patient needed a specialist that could not currently be offered 24 hours across the two sites. If the services were transferred to UHNT that level of service would not be available immediately but it would be easier to deliver 24 hour care with all specialists at one base.

Financial Context and Impact

- 5.20 The representatives indicated that there is a capital investment of £2.3 million to move critical care to UHNT and rehabilitation beds to UHH. This investment will have to be financed by NTHFT in addition to the required budgetary savings. These changes are not a major contributor to the ‘40 million’ challenge. Some savings would be achieved through changes to staffing rotas.
- 5.21 Some Members raised concerns at the financial viability of the proposals and the longer term viability of NTHFT due to potential effect of elective patients choosing to go elsewhere.

6. Wider Impact of the proposals

Transport

- 6.1 Members across all three local authorities raised specific concerns around transport because access to services is a major issue. This proposal will impact on Hartlepool and Durham residents accessing UHNT and Stockton residents accessing elective care at UHH. Representatives confirmed that patients who would be accessing critical care services would be doing so via GPs or through calling 999 or 111. Some patients could be admitted to UHNT for care and transferred to UHH for rehabilitation.
- 6.2 Representatives confirmed that two 17 seater shuttle vehicles had been ordered and will operate 7 days per week and where demand requires at a frequency of every 20 minutes. The shuttles will be available to both the public and staff and will operate between the two sites.
- 6.3 A volunteer drivers scheme is due to commence shortly whereby patients who's medical condition does not warrant an ambulance but who do require assistance with transport may use this service. Volunteer drivers will collect patients from their home and they will be escorted to their ward or department of care and where appropriate return the patient home.
- 6.4 People accessing UHH from the East Durham area had reasonable transport links into Hartlepool but if services were relocated to Stockton, people from these areas may start choosing to go to Sunderland or Durham for treatment.
- 6.5 Representatives confirmed that they will be working in partnership with Local Authorities to look at solutions to public concern with regard to transport links. Work is ongoing with Hartlepool Borough Council to consider some of the potential outcomes of the consultation process and the impact on transport services if services are moved to UHNT.
- 6.6 In addition NTHFT has recognised the need for short, medium and long term strategic planning relating to the provision of transport. It is anticipated that working in collaboration with Hartlepool's Integrated Transport Unit, is an excellent opportunity to ensure the best possible future transport outcome.
- 6.7 A collaborative approach in managing future provision is necessary in order to ensure the engagement of all modes of transportation rather than simply focus on public provision. To date strategies are being considered in relation to:

- Cycle schemes to reduce parking congestion within North Tees facility
- Future staff and public shuttle service in order to demonstrate future viability and opportunities for further commercial services
- The evaluation of current facility transport in order to support the reduction of traffic congestion between sites
- The development of additional modes of transportation through Volunteer Schemes

6.8 This list does not reflect the full strategic stages of planning required, however it provides an opportunity to demonstrate the holistic overview being taken in order to address transport related matters.

6.9 A Member commented that there is potential that the road infrastructure would be impacted with any increase in traffic travelling to UHNT as problems on the road already exist.

Staffing Impact

6.10 Members questioned what impact the proposals would have on staff. The representatives indicated that a robust workforce modelling tool has been used to arrive at staff requirements for the revised services; engagement and communication events for staff have been undertaken to ensure that everyone understands the changes; there will be a full consultation process involving trade unions around planned changes and how staff consultation will be managed, which will involve consistent documentation, collective meetings with staff and 1 to 1 meetings as required.

6.11 To date in the region of 200 staff from the medical directorate have been identified as having to transfer from UHH to UHNT. Shuttle buses will be provided and a car sharing scheme will be introduced and means to increase car parks at UHNT is being explored.

Scope of Consultation and what has been learned so far

6.12 A wide range of communication channels have been utilised to seek views and comments including public meetings, media press releases, posters in a range of venues, social media.

6.13 Representatives informed Members that some patients have concerns about the planned changes to hospital services; the public are beginning to understand the clinical safety concerns and the requirement for change to sustain and improve quality and clinical outcomes; transport issues are a key factor for patients and their families and there is a need for continuing investment in community and integrated services and co-operation with social services will be key.

7. Views from Healthwatch and Social Care Representatives

Healthwatch County Durham

- 7.1 The representative from Healthwatch County Durham commented on the low usage of cars in East Durham and how welfare reform has had a major impact. Healthwatch County Durham has reports of people not knowing how to access transport and expressed concerns about the impact that travelling a greater distance would have. The NHS representatives indicated that ambulance journey time would not be seen as having an impact and the representatives felt that there would be a greater impact if changes were not made as the changes are clinically driven.

Healthwatch Hartlepool

- 7.2 The representative from Healthwatch Hartlepool commented that in the past there had been a number of short term transport solutions; however, this cannot be the case this time. Transport has to be available the breadth of the town, not only to patients but to visitors also, as visitors are a really important part of a patients recovery process. There are many residents in Hartlepool who are on low incomes and cannot afford bus fares and taxis and therefore something has to be put in place to fund these journeys before they take place rather than be reimbursed after.

Healthwatch Stockton

- 7.3 Healthwatch Stockton raised concerns about winter bed measures and the discharge arrangements / pathways for discharge to community care. Representatives confirmed that bed numbers had been changed in light of winter figures.

Social Care Representatives

- 7.4 Hartlepool Borough Council's Adult Social Care commented that there will be an impact on social workers who support discharges in terms of travel time to UHNT. It is anticipated that this can be managed through a change to the scheduling of their work.
- 7.5 There are some concerns around the development of rehabilitation beds and the need to have a robust model in place to manage urgent care out of hours, which would prevent admissions and readmissions and support people appropriately in their own homes. A proposal for an integrated urgent out of hours model was developed last year and supported in principle by a number of partners. The model is primarily about bringing together existing services and utilising existing resources and

infrastructure but there is some investment required in order to make it work. The proposed model has the potential to address some of the national priorities for working more effectively together across health and social care such as intervening early to prevent admissions and readmissions and delivering care that is centered on individual needs, as well as local priorities linked to the dementia collaborative and ongoing work with care homes. This is a real opportunity for us to improve services and outcomes for local people and early discussions with community services within NTHFT have been positive. We would welcome a commitment from health partners to develop a business case and take this forward.

- 7.6 The representative from Durham County Council's Social Care Team questioned whether County Durham residents would be able to access the rehabilitation Unit at the UHH. It was confirmed that this would be the case if DDES CCG commission that service.

Health Scrutiny Joint Committee meeting held on 29 July 2013

The Joint Committee at its meeting on 29 July 2013 approved its consultation response. There was no unanimous / majority view agreed by the Joint Committee in relation to the proposals, as such views and comments from each of the Local Authorities are outlined separately in sections 8 – 10 of this report.

8. Views of Hartlepool Borough Council

- 8.1 Based on the four consultation questions, Members of Hartlepool Borough Council's Audit and Governance Committee have expressed the following views and comments on the proposed changes:-

i) What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

Difficulties / Disadvantages:-

- With regard to difficulties recruiting and retaining medical staff to support both sites, Members were concerned as to why such issues were not identified in the long term strategy to enable services to remain sustainable.
- There are risks associated with an increase in travel time for patients travelling to the UHNT as opposed to UHH.

ii) If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

- Transport - there is serious concern that many people, who are already isolated within their communities in Hartlepool, will not be able to access the services at UHNT. Hartlepool Members request that representatives from NTHFT and HaST CCG join Councillors and residents on public transport from the Hartlepool estates to see how difficult it is to travel to UHNT.
- Members consider the reasons for the recommendation to transfer medical and critical care services to UHNT is as a result of lack of long term strategic planning by NTHFT.
- There is a lack of investment in UHH and if the current proposals are implemented how long will it be before the fact that UHH will only have 55 beds is quoted as being inefficient.
- Hartlepool demands our fair share and that would mean moving some services back to Hartlepool.
- Members questioned whether the executive management of NTHFT is competent given the indication in the presentation that clinicians had reported concerns in relation to safety of services and sought clarification as to how NTHFT had allowed services to reach an unsafe level.
- Concerns were raised about capacity at UHNT, as previous reports suggest that North Tees site does not have sufficient capacity to deal with changes in services therefore why is there not an option in the consultation to choose to have such services in Hartlepool.
- NTHFT seem to be underestimating the will of many people to simply use another Trust for the provision of elective surgery as they are becoming frustrated by NTHFT's attitude to the provision of all services in Hartlepool.
- Concern was expressed about why two buses had already been purchased as this appeared that a decision to move the services had already been made.

iii) What do you think are the main things we need to consider in putting the proposed changes in place?

- Hartlepool residents' needs are being forgotten with the continual transfer of services from their hospital. Members feel very strongly that these services are being transferred because NTHFT has relocated other services to UHNT and therefore destabilising other

services at UHH. The people of Hartlepool are being treated appallingly.

- Many of the key clinicians working at UHNT were forcibly/ contractually transferred from UHH, and to now hear representatives using against us the fact that UHNT has an Accident and Emergency Unit and a Maternity unit, which Hartlepool does not have is so unbelievably audacious and typical of the strategy being deployed.
- Members emphasise that location is paramount to any service provision - why is the location not Hartlepool as this is central to both Stockton and South East Durham. Hartlepool residents are trying to access services at Stockton which is very difficult to reach from Hartlepool.
- Transport – Short term transport arrangements are not acceptable. A Long term sustainable transport plan needs to be in place.
- The green footprint will be disproportionately damaged by many people travelling to and from a more remote location every time as opposed to moving the service to the people.

iv) Is there anything else you think we need to think about?

- Members do not support any further transfer of services from UHH and do not support these proposed changes.
- Members support the concerns of local people in Hartlepool and strongly encouraged Members of the public to participate in the consultation process.
- Hartlepool did have a three star rated hospital (the highest standard at the time) when it provided the full range of services. Why could this not be the case in the future?
- Members support a recommendation from the Leader of Hartlepool Borough Council which specified that following the completion of this consultation exercise Hartlepool's Health and Wellbeing Board and the Council as a whole should consider the working relationship with NTHFT. In addition it was suggested that opportunities to engage with others to achieve better clinical outcomes be explored as well as the need to examine quality surveillance groups and promote the choice agenda. It was also suggested that the Council explore the composition of the Health and Wellbeing Board to assist when formulating future commissioning intentions and that all possible

options be considered, including pooling resources with an alternative hospital trust to ensure aspirations for locally delivered services were accessible by all.

- In relation to the financial viability of the proposals and the longer term financial viability of NTHFT, there is a clear political will to look outside the NTHFT for provision of elective services which could force the issue of a merger onto the agenda.
- Members are concerned that the public consultation document does not facilitate patient choice - Why do the services have to be located at UHNT when facilities at UHH are state of the art yet those at UHNT are not. You cannot ignore what has been found but we are looking at consultation and we believe in different options. The continual transfer of services is, besides many things, simply unfair to our community (including Southeast Durham) and ignores the facts that Hartlepool's hospital is more modern (especially in the operating theatres) when compared with UHNT which was partially derelict and bankrupt when merged.

9. Views of Durham County Council

- 9.1 This response summarises the key issues and concerns of Durham County Council's Adults Wellbeing and Health Overview and Scrutiny Committee held in Committee Room 2, County Hall, Durham on Tuesday 23 July 2013 at 9.30 a.m.
- 9.2 The response has been formulated following consideration of the evidence provided to the members of the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee by key stakeholders including:-
- Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG)
 - North Tees and Hartlepool NHS Foundation Trust (NT&H NHS FT)
 - Representatives from the Adult Social Care services from Durham County Council
 - Representatives from Durham County Council's Sustainable Transport Unit
 - HealthWatch County Durham
 - The National Clinical Advisory Team.

The response is structured to answer the key questions identified within the consultation document namely,

1. What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

Response

Both CCGs and the Trust have stated that the current provision of Emergency Medical and Critical Care services across the two Hospital sites are not sustainable up until 2017, when the new hospital site at Wynyard is planned to open. Clinicians base this assessment upon current inequities in the service provision at UHH and UHNT and the associated risks around service quality and clinical safety. The National Clinical Advisory Team supports the proposals based upon evidence gathered earlier in 2013 and identified within their report published in March 2013.

The proposals within the consultation document are to centralise Emergency Medical and Critical Care services at UHNT. This has been proposed in response to national and policy requirements and service standards within these disciplines which highlight the need for change to improve the quality and clinical safety of these services. This will allow the Trust to provide high quality, clinically safe Emergency Medical and Critical Care services up to 2017.

The proposals will allow the Trust to enhance teaching and training opportunities for staff within the Emergency Medical and Critical Care service specialism by ensuring a high throughput of casework within a larger "ITU" as recommended by national guidelines and best practice in these disciplines.

The issue facing Durham County Council is one of impact upon and accessibility by residents of East Durham and Sedgefield to both the new Emergency Medical and Critical Care services centralised at UHNT and those elective/ outpatient/day services that will transfer from UHNT to Hartlepool.

2. If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

Response

Transport/Accessibility issues

Engagement with, and adequate resourcing of, the ambulance service will be critical to the success of the proposal since, as has been indicated on numerous occasions, care starts when the patient enters the ambulance. Entering the ambulance in a timely way depends on the resourcing, configuration and deployment of vehicles all of which may be subject to a need for change as a result of these proposals. It is essential that

adequate resourcing is available for ambulance services and, to this end, the Trust and Commissioners must ensure that this is agreed with NEAS.

Implementation of the proposals would result in longer journeys for patients, families and carers in East Durham in respect of accessing Emergency Medical and Critical Care services as they would have to travel to UHNT, Stockton rather than UHH.

There are also added concerns that public transport links between East Durham and Stockton are not as frequent and also would require multiple journeys between East Durham – Hartlepool – Stockton at a potentially significant extra cost.

For patients accessing elective/outpatient/day surgery at UHNT from the Sedgefield/Trimdon/Wingate Corridor, any transfer of these services to UHH would result in additional journeys due to the absence of direct public transport links to Hartlepool.

Alternative transport solutions exist for East Durham residents to access UHH and UHNT via the East Durham Hospital Link service which is a bookable “dial a ride” door to door service. This service is not available in the Sedgefield area.

A number of volunteer drivers schemes exist in County Durham to enable patients, carers and families to get to hospital appointments but are not well publicised or known within North Tees and Hartlepool NHS Trust. There are also concerns whether such volunteer drivers can undertake “out of area” journeys past the borders of County Durham which also may restrict the use of such a scheme in accessing UHH and UHNT. This needs to be clarified.

Low car ownership levels in East Durham and high Indices of Multiple Deprivation mean that any transport solutions must be affordable. Concern has been expressed around patients being able to afford the cost of the extended journey. Whilst members appreciate that patients on low incomes can reclaim the cost of the journey, they may not have the money to pay any fare in the first instance. This might have a negative impact on patients whose relatives can't afford to access these transport solutions for visits.

The proposal stems from the need to ensure that Emergency Medical and Critical Care services remain clinically safe and of high quality up to the opening of the Wynyard hospital in 2017. To this end, we wish to highlight the importance of full and continuous dialogue between CCGs, North Tees and Hartlepool NHS FT and all local authorities regarding the

development of a sustainable, transport infrastructure servicing the site and which enables direct public transport access from all areas.

Intermediate/ “Step Down” services/Integration with Adult Social Care services

The Consultation and proposals detailed therein highlight the intention to centralise Emergency Medical and Critical Care services at UHNT and to ensure that appropriate “Step Down” provision is available at UHH which would enable rehabilitation care to take place at a more convenient location. The Adults Wellbeing and Health OSC would support this in principle but would invite the CCGs and Trust to go a step further and consider the development of such “Step Down” services at Sedgefield and Peterlee Community hospitals.

Durham County Council’s Adult social Care service have expressed concerns at the increased travelling time and associated costs for DCC Staff who need to access UHNT rather than UHH. DCC suggest that discussions need to take place between CCGs, North Tees and Hartlepool NHS FT and all local authorities Adult Social care teams to ensure that the acute Emergency Medical and Critical Care services/ “Step Down” rehabilitation and community based care pathways are effectively managed and are safe.

Durham County Council’s Adult social Care service would also seek ongoing dialogue with the Trust regarding the proposed development of the 30 bed rehabilitation unit at UHH to clarify the proposed arrangements for admission rights for County Durham residents to that facility. Clarification needed to be made also around the integration of the work of Acute staff in the Trust with the County Council’s Adult Social Care/Integrated team.

Reference was also made to the need for detailed discussions around how discharge arrangements between the Trust/GP’s and Community based health and social care staff were established and associated care pathways identified and agreed.

3. What do you think are the main things we need to consider in putting the proposed changes in place?

Response

In view of the potential impact of the proposals under consultation upon residents of Hartlepool, Stockton and County Durham, the CCGs and North Tees and Hartlepool NHS Foundation Trust must undertake a significant and extensive communications exercise in highlighting the

proposed changes to all service to all affected residents, including patients, families and carers. This should include a frequently asked questions section providing examples of health care scenarios/pathways highlighting how these services would be delivered.

In view of the significant impact upon residents of Hartlepool, Stockton and County Durham of the proposed service changes, the CCGs and North Tees and Hartlepool NHS Foundation Trust must ensure that services are accessible to all. To this end, any and all proposed transportations solutions must be sustainable, accessible, timely and affordable.

In order to develop these transport solutions, discussions must take place between the CCGs, North Tees and Hartlepool NHS Foundation Trust and the local authorities to ensure that such transport solutions are widely available to all and that they enable direct access to the services.

Ongoing discussions in respect of the proposed transport infrastructure required for the new Hospital at Wynyard must include all local authorities whose residents will access these services at the site.

Patients, carers and families must be provided with information which details the transportation solutions and options available to them when accessing the services affected within this consultation.

Subject to the above proposals being accepted by the CCGs/Trust and appropriate assurances given to this effect, Durham County Council's Adults Wellbeing and Health OSC would support the proposed service reconfigurations as set out in the Consultation document.

4. Is there anything else you think we need to think about?

Response

The Adults Wellbeing and Health OSC have examined previous implications around significant change to Acute Medical services when we were consulted upon the "Seizing the Future" proposals by NHS County Durham and Darlington and County Durham and Darlington NHS Foundation Trust.

Our experience of that process was that the establishment of an "Oversight Board" to monitor the implementation of proposed service changes and their subsequent impact upon the residents of County Durham and Darlington which involved and engaged local authority representatives was extremely well received and enabled a constructive dialogue to take place between all parties.

The Trust and CCG should give serious consideration to the establishment of such a body to allow this dialogue to take place and to ensure that the impact of these and any future service transformation proposals are monitored and any concerns addressed across the whole Healthcare pathway including NHS and Adult Social Care services

The Committee would also welcome continued dialogue with the Trust and CCGs around the Momentum/Service transformation process and any associated proposals.

10. Views of Stockton-on-Tees Borough Council

Quality and safety

- 10.1 It is accepted that the proposals to bring together critical care and emergency medicine on one site are clinically led, and have the potential to improve outcomes for patients from across the geographical area covered by the Trust. The preferred long term solution for hospital services in the North of Tees area remains the development of the new Wynyard hospital, however it is recognised that the Clinical Commissioning Group (CCG) and North Tees and Hartlepool NHS Foundation Trust must address the situation as it currently stands to ensure that services are safe and of high quality.
- 10.2 The main concerns are with the sustainability of the critical care unit at University Hospital of Hartlepool due to under-utilisation, difficulty in staffing, and its small size, which taken together mean that the unit is in danger of failing to meet the clinical standards required. These standards are continually developing, as critical care becomes a speciality in its own right, rather than a sub-set of anaesthetics. Emergency (or acute) medicine must be co-located with critical care and therefore the proposals have a wider impact. There are also opportunities to improve emergency medicine through a combined approach.
- 10.3 Continuing with the two site approach to critical care in particular raises a number of risks that will build over time. These include unnecessarily delayed diagnosis and therefore poorer outcomes, a detrimental effect on training opportunities, and an increasing need for transfers of critically ill patients.
- 10.4 A one site approach would mean patients have access to all the potential services they require at the first point of contact.
- 10.5 The different levels of service between the two sites are already apparent (for example routine tracheostomy can only be performed at certain times of the day at Hartlepool). This already creates an inequitable situation for patients, and the risk is that their outcomes become simply dependent on which hospital they are admitted to.

- 10.6 Due to the ever increasing specialisation of critical care, and the lower usage of the unit at Hartlepool, recruitment of anaesthetists is an issue. A combined critical care unit will be a more attractive option for trainees and provide a safer environment.
- 10.7 The centralisation of emergency medicine will enable the Trust to work towards having an increased range of specialists available around the clock, which will enable specialist input into a patient's care at an earlier stage than may be possible at present.
- 10.8 As the field of emergency medicine becomes increasingly specialised, Stockton representatives agree that there is a need to continually work towards having the right clinicians, in the right numbers, and in the right specialities, in order to cover the range of conditions that patients present with.
- 10.9 It is pleasing to note that recruitment in the emergency medicine department remains strong, and high quality candidates are seeking to work at the Trust, particularly in elderly care.
- 10.10 Ultimately, it would be unacceptable for a relatively small geographical area as covered by the Trust to have two units providing different levels of care. Therefore the proposal to concentrate these units on one site is strongly supported.
- 10.11 The proposals have been supported by the independent National Clinical Advisory Team (NCAT) following its review in January, and this was re-affirmed through its additional submission submitted to the Joint Committee.
- 10.12 The Joint Committee was informed that the Trust was being commissioned, separately to the proposals under consideration, to provide an additional 24 bed unit at North Tees to cope with winter pressures. This is to be welcomed in light of the recent experience of the NHS, and also due to the fact that, as a result of the proposals, the total number of beds at the Trust as a whole will go down from 598 to 585.

Location

- 10.13 The options process appraisal as described to the Joint Committee included consideration as to which site should be chosen, once the proposal to concentrate these services on one site had been agreed. North Tees was selected as it is the site for complex surgery and trauma, other related clinical and support facilities, and has the necessary space required.
- 10.14 It should also be noted that, even if it was possible to separate these services from those they inter-link with at North Tees and fit them into the current layout of the Hartlepool site (and Members were informed it was

not), this would have led to twice the disruption in terms of movement of beds and people, including staff.

- 10.15 There is also the issue of population and geography. North Tees Hospital is situated in the north of Stockton Borough, which has a population of c.192,406, compared to Hartlepool's population of 92,238 (ONS Mid-2012 population estimates). Therefore if the principle of combined units is accepted, it makes sense to locate them nearest to the greatest number of people. North Tees is also accessible for patients who are resident in the Sedgefield area of County Durham. Clearly transport is a key issue for all those affected, and this is addressed below.

Elective Care

- 10.16 The Joint Committee was reassured that the University Hospital of Hartlepool site will continue to be a centre for planned (elective) care, including orthopaedics and breast surgery for lower risk patients. This is crucial for the Trust as a whole as there is not enough capacity at the North Tees operating theatres to undertake all the surgical activity required.
- 10.17 On that basis it should be noted that already a number of Stockton Borough residents travel to Hartlepool, and there is the potential for this to increase once the detail of some shift in elective care from North Tees to Hartlepool is more fully described. Based on 2012-13 activity, 817 Stockton residents had elective care at Hartlepool (nb. it is assumed that of these 57 were higher risk patients who in future would be cared for at North Tees, as outlined above). Any increase in the number of Stockton residents having treatment at Hartlepool will need to be considered closely, including any impact on residents at risk of social exclusion through disability, those who require longer stays, and the consequent impact on visitors.
- 10.18 It will be key to the success of the elective centre at Hartlepool, and the safety of patients from all Boroughs, that the remaining clinical support team at that site is appropriately resourced (as noted by NCAT) and that the risk stratification process to determine whether a patient is low or high risk is as robust as possible.

Transport

- 10.19 Overall the proposals will mean 100 acute medical beds and 4 critical care beds will transfer to North Tees, which in terms of patient activity equates to 10,806 admissions a year (in total across all CCGs affected), based on 2012-13 activity levels. This means an additional 30 patients per day will receive their treatment at North Tees.

- 10.20 It should be noted that these figures include 284 emergency and ambulatory patients from Stockton who will be cared for at North Tees rather than Hartlepool in future.
- 10.21 In addition approximately 200 staff would be affected. Taken together with the numbers of visitors that can be expected, this clearly represents a significant number of people at the North Tees site.
- 10.22 Transport and access is a key concern in relation to any proposed change to health services, particularly for areas of low income and low car ownership. Visitors play a key part in the recovery of patients and will obviously be concerned about the condition of their relatives and friends.
- 10.23 The Joint Committee heard examples from Healthwatch of the stress placed on people in emergency situations when trying to visit relatives without access to cars. Examples were also provided of the difficulties in relation to attending early morning appointments that were difficult to attend using public transport, and also in some cases, using NHS Patient Transport due to its operating hours.
- 10.24 People with low incomes may qualify to claim back the costs of travel to health appointments, but this is on the basis of those people having had the money in the first place to spend; this is becoming increasingly hard for many people.
- 10.25 These are real concerns, and the CCG and Trust have both committed to working in partnership with local authorities, and Healthwatch, to tackle this issue which will affect patients from all areas, and this is to be welcomed.
- 10.26 In terms of initial patient access for emergency and urgent care, this will mainly continue as at present, with referrals via GPs, NHS111 or 999. The North East Ambulance Service was unable to be present at the Joint Committee but have indicated that they will work with the CCG and Trust to understand the impact on the overall capacity of the Service locally.
- 10.27 In terms of scheduled transport needs, the Trust has brought forward a number of suggestions. These include the provision of two 17-seater shuttle buses which will operate from summer 2013, on a seven-day a week basis, between 8am and 8pm. These will be operate between the two sites and will be available to the public and staff, free of charge. A staff car sharing scheme is also to be promoted in the summer, and the Trust retains its own 'same day' ambulances.
- 10.28 At the meeting, the Trust gave particular emphasis to the use of volunteer drivers. This would be a service delivered to patients that did not require an ambulance, but needed some assistance with transport. Volunteers are to be commended for their work and this scheme can play an important part in the mix of transport options. However, it is not

appropriate or sustainable to develop a major part of the transport solution on the basis of volunteer provision.

- 10.29 If this is a perception, it must be addressed. Patients, families and carers should be provided with the full range of transport options. Consideration could be given to building on the example of Durham County Council's Travel Response Centre; this is set up to manage bookings onto a variety of health transport options as part of its work, including Patient Transport, the East Durham Hospital Link Service, and in some cases taxis and volunteer drivers.
- 10.30 As was noted at the Joint Committee, there are congestion issues already between Stockton, Hartlepool and County Durham at peak times. Junction improvements are planned for the A19-A689 interchange, however these have not yet taken place and the proposals under consideration may come into force within months. Therefore it is understandable that this adds to residents' concerns, and transport issues need to be considered in the round by the Trust, all local authorities, and transport providers.
- 10.31 These issues will need addressing, although overall it is recognised that the major transport concerns lie with residents of Hartlepool and County Durham. However Stockton would need issues to be addressed in relation to the situation of North Tees and the Hardwick area. In particular, the impact of increased numbers of staff, patients and visitors to the University Hospital of North Tees site is a concern as the site and surrounding area currently experiences problems with car parking.
- 10.32 With this in mind we would be keen to work closely with the appropriate staff at the Trust to develop a realistic and meaningful travel plan and to encourage the use of sustainable modes of transport as an alternative to the private car where possible. This would ideally involve the introduction of appropriate infrastructure on the site. We would also like to understand the details of the various transport initiatives proposed as part of the changes including the shuttle bus service and car sharing scheme. The Trust has highlighted a potential planning application to increase car parking capacity at the North Tees site, and this should be progressed as a priority. If this cannot be brought forward to coincide with the transfer of services, then temporary solutions should be investigated.
- 10.33 It would also be appropriate to keep under review the facilities available for families, carers and other visitors at the North Tees site, given the increase in numbers that will ensue from these proposals.

11. Recommendations

- 11.1 There was no unanimous / majority view agreed by the Health Scrutiny Joint Committee in relation to the proposals, as such views and comments from each of the Local Authorities are outlined separately in sections 8 – 10 of this report.
- 11.2 The Health Scrutiny Joint Committee agreed to forward the report to the Hartlepool and Stockton-on-Tees Clinical Commissioning Group, Durham, Dales, Easington and Sedgefield Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust as its response to the consultation into the reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust.



**Hartlepool and Stockton-on-Tees
Clinical Commissioning Group**



**Durham Dales, Easington and Sedgefield
Clinical Commissioning Group**

**A Meeting in common of the NHS Hartlepool & Stockton-on-Tees Clinical
Commissioning Group and NHS Durham Dales, Easington and Sedgefield Clinical
Commissioning Group Governing Bodies will take place on**

**Monday, 2nd September 2013 at 1.30-3.00 pm
in Hartlepool College of Further Education, Conference Centre**

AGENDA

Approx Timings	Section 1			
13:30	1.1	Welcome and Introductions from Joint Chairs of the Meeting		Joint Chairs
13:30	1.2	Declarations of Interest		Joint Chairs
13:30	1.3	Apologies for Absence		Joint Chairs
Section 2 – Items for Decision				
13:35	2.1	Proposal to centralise emergency medical and critical care services at the University Hospital of North Tees. a) Presentation from North Tees and Hartlepool Foundation Trust on clinical case for change b) Overview Report	<i>Presentation</i> <i>Attached</i>	North Tees and Hartlepool Foundation Trust Ali Wilson, Chief Officer Mary Bewley, Head of Communications and Engagement
14:05	2.2	Opportunity for the Governing Body members to raise questions and issues	<i>Verbal</i>	All Members
14:30		Each Governing Body to consider received evidence and next steps required		
14:45	2.3	Next Steps	<i>Verbal</i>	Joint Chairs
Section 3				
14:55	3.1	Any Other Business		
15:00		Close of Meeting		

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group and NHS Durham Dales, Easington and Sedgefield Governing Bodies

Agenda Item: 2.1b

Monday, 2nd September 2013

Title	Proposal to centralise Emergency Medical and Critical Care services at the University Hospital of North Tees - Overview Report
Responsible	Ali Wilson, Chief Officer and Stewart Findlay, Chief Clinical Officer
Required of the Governing Bodies	Each of the CCG Governing Bodies i.e. NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham, Dales, Easington and Sedgefield CCG is required to consider the information presented in this report and the supporting evidence, in order to agree the next steps.
Summary	<p>The purpose of the report is to bring together the information to be considered by NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) and NHS Durham Dales, Easington and Sedgefield CCG following proposals to centralise emergency medical services and critical care (intensive care and high dependency care) at the University Hospital of North Tees so that next steps can be agreed. This includes consideration of the recommendations by the National Clinical Advisory Team, feedback from the formal public consultation that took place from 20 May to 11 August 2013 and consideration of issues raised relating to the proposals.</p> <p>The report sets out the context to the proposals put forward by North Tees and Hartlepool NHS Foundation Trust and the clinical advice provided by the National Clinical Advisory Team (NCAT), and provides an overview of the subsequent consultation process and outcome. Appended to the report are a series of documents considered highly relevant to the discussion and decision making process of the Governing Bodies. This includes a report on the outcome of the public consultation that took place between 20th May and 11th August 2013. The overview report sets out a series of issues that have or are being addressed that are key to the consideration of the proposals for change.</p>
Financial Implications	The CCGs have carried out a financial impact assessment on the potential financial impact of these proposals and have concluded that the overall financial impact on the CCG commissioning resources is minimal. This is addressed in section 2.5.2 of the report.
Legal/Regulatory Implications (e.g. Equality legislation, Human Rights Act, employment law, health and safety, information governance & data protection)	Legal advice has been sought and implemented prior to and throughout the consultation process to ensure compliance with all relevant legal requirements.

Assurance Framework/Risk Register Implications	All risks have been documented and are monitored during the Steering Group Meetings. These are included within organisational risk and assurance frameworks.
Details of relationship to the NHS Constitution	<p>The consultation process and proposals put forward in this paper meet the rights of patients and the public as defined within the NHS Constitution and the seven key principles that guide the NHS in all it does.</p> <p>Should the proposed change be agreed, the relevant health service organisations must ensure that local people are fully informed of any change to the services available to them.</p>
Details of Patient and Public Involvement and/or Implications	The report provides both a summary overview in section 2.4.2 and a full consultation report is included at Appendix C.
Details of Clinical Engagement and/or Implications	Details of clinical engagement are provided in section 2.4.1 and within the full consultation report.
Has an Equality Analysis been completed?	<p>An equality analysis was carried out to inform the consultation process and to consider whether the proposals have any unintended consequences on the protected groups as set out in the Equality Act 2010 and also to consider if the changes would be fully effective for all target groups.</p> <p>Action plans have been completed to mitigate negative impacts. These are attached to Appendix G and within Appendix C.</p>
Attachment	<p>Overview Report and the following Appendices:</p> <p>Appendices</p> <p>A Option appraisal</p> <p>B Report of the National Clinical Advisory Team</p> <p>C Report on the outcome of public consultation with appendices:</p> <ol style="list-style-type: none"> 1. Consultation document. 2. Schedule of events and meetings where the consultation was discussed. 3. Grid of comments received (by e-mail, letter and telephone from members of the public). 4. Independent evaluation of survey by Explain Research 5. Report of Health Scrutiny Joint Committee (including letter from Stockton-on-Tees Borough Council). 6. Response from Hartlepool MP Iain Wright 7. Responses from Healthwatch County Durham, Healthwatch Hartlepool and Healthwatch Stockton-on-Tees 8a. Equality analysis of the consultation process – HaST CCG 8b. Equality analysis of the consultation process – DDES CCG <p>D Travel plan</p> <p>E Four tests evidence grid</p> <p>F Report following practice meetings in Hartlepool</p> <p>G1 Equality analysis of proposals (incl. action plan) – HaST CCG</p> <p>G2 Equality analysis of proposals (incl. action plan) – DDES CCG</p>



**Hartlepool and Stockton-on-Tees
Clinical Commissioning Group**



**Durham Dales, Easington and Sedgefield
Clinical Commissioning Group**

Overview report on proposals to centralise emergency medical and critical care services at the University Hospital of North Tees

Executive summary

Doctors in critical care at North Tees and Hartlepool NHS Foundation Trust have raised concerns with the trust management that they cannot carry on providing emergency medical and critical care services safely and to the expected quality standards at both the University Hospital of Hartlepool and the University Hospital of North Tees until 2017 when, subject to necessary approvals, it is expected that the new hospital at Wynyard will open.

These concerns were discussed with NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) and NHS Durham Dales, Easington and Sedgefield CCG. The trust's doctors said that they wanted these services to be centralised at the University Hospital of North Tees. This followed an option appraisal by the trust.

As commissioners of healthcare, the CCGs could not ignore the concerns raised by the trust doctors and therefore asked the National Clinical Advisory Team (NCAT) for its views on the case for change.

NCAT strongly supported the case for change and recommended that public consultation take place on proposals to centralise these services at the University Hospital of North Tees. It recognised the impact of travelling for patients and recommended that there needed to be some explanation for the public about what the changes would mean for them, along with reassurances for the Hartlepool public that there is a continuing future for their hospital as a centre for elective (planned) care and other 'cold site' services, such as diagnostics and outpatients. It said that there was potential within the plans to develop intermediate care at the University Hospital of Hartlepool, which would ensure that once Hartlepool patients had been treated at the University Hospital of North Tees, they would be transferred to appropriate step down care facilities at the University Hospital of Hartlepool. It also said that capacity modelling for the new services at the University Hospital of North Tees needs to be robust and that the residual clinical support (including medical on call) needs to be described for the University Hospital of Hartlepool site.

Prior to the NCAT activity taking place the CCGs began early discussions with the local authority overview and scrutiny committees about the proposed changes.

A comprehensive process of public consultation on the proposals then followed from 20 May to 11 August 2013. A steering group was established to plan and monitor the consultation and this included representatives from the CCGs, the trust, the Durham, Darlington and Tees Area Team (part of NHS England) and from Healthwatch at Hartlepool, County Durham and Stockton-on-Tees. The group met fortnightly and during their discussions the process was shaped and adjusted to take into account comments received from the public and partner bodies about the proposals.

Understandably there were some strong comments received during the consultation process, including from Hartlepool Borough Council and others about the further loss of services from the University Hospital of Hartlepool. Another key theme was around transport and the difficulties for patients, carers and families travelling to the University Hospital of North Tees.

The steering group received updates on comments received during the consultation at its meetings and began work to address issues wherever possible, including the development of a transport plan.

In considering the way forward the CCGs need to focus on responding to issues raised by NCAT, including ensuring quality and safety on the University Hospital of North Tees and University Hospital of Hartlepool sites and the achievement of the four tests, as set out nationally, which must be complied with before any major service reconfiguration. The four tests are:

- support from GP commissioners
- strengthened patient and public involvement
- clarity of clinical evidence
- proposals should take into account the need to develop and support patient choice.

The CCGs also need to consider their requirements under the Health and Social Care Act 2012 ie that their governing bodies function in an efficient, effective and economic way.

Purpose of report

To bring together the information to be considered by NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) and NHS Durham Dales, Easington and Sedgefield CCG following proposals to centralise emergency medical services and critical care (intensive care and high dependency care) at the University Hospital of North Tees so that next steps can be agreed. This includes consideration of the recommendations by the National Clinical Advisory Team, feedback from the formal public consultation that took place from 20 May to 11 August 2013 and consideration of issues raised relating to the proposals.

1 Background

Doctors in critical care at North Tees and Hartlepool NHS Foundation Trust raised concerns with the trust management that they could not carry on providing emergency medical and critical care services safely and to the expected quality standards at both the University Hospital of Hartlepool and the University Hospital of North Tees until the new hospital at Wynyard opens in 2017.

Nationally, the specialties of anaesthetics and intensive care have been separated into two different training programmes designed to improve outcomes for patients. In order to provide sufficient medical staff in each specialty to run functional rotas the trust would need to centralise the two existing teams on each site in one location and realign the services.

Acute medical care cannot be provided without critical care backup so this too would have to be centralised.

The trust discussed these concerns with NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham Dales, Easington and Sedgfield CCG.

The trust's doctors said they wished to centralise these services at the University Hospital of North Tees as an interim solution pending the opening of the new hospital, which was originally planned for 2014 but has been delayed following the withdrawal of public funding. The trust has recently submitted a revised outline business case for the scheme based on a PF2 funding model (a new approach to public private partnerships). Should approvals of the outline and full business case for the new hospital be achieved, which will include approval from the Department and Health and the trust's regulator Monitor, the new hospital would be expected to open in 2017.

In raising their concerns, the doctors said:

- The small critical care service at the University Hospital of Hartlepool is unsustainable
- The acute medical unit at the University Hospital of Hartlepool provides only a limited service due to the limited range of specialist support services on site, which means some patients need to be transferred to the University Hospital of North Tees for certain procedures
- Acute medical care cannot be provided without critical care
- It is difficult to recruit and retain required medical staff to the University Hospital of Hartlepool
- Nursing staff feel isolated and concerned about levels of care they can provide.

North Tees and Hartlepool NHS Foundation Trust had considered a number of options including the centralisation of these services on the University of Hartlepool Hospital site. However, this would not have been possible because there would be insufficient space to accommodate the full range of clinical and support services on that site. Also, the hospital would not offer the appropriate clinical adjacencies with

other services. The University Hospital of North Tees is already the site for complex and emergency care including trauma, cancer and haemofiltration. See Appendix A for the option appraisal report.

The CCGs are now responsible for buying these services from hospital trusts and they are also responsible for making sure that local people receive high quality and safe services. Their job is to look forward and try to prevent problems from happening so it was important they acted very quickly once these concerns had been raised by the hospital doctors.

In doing so, the CCGs sought advice from the National Clinical Advisory Team (NCAT), which provides independent clinical expertise to support and guide the local NHS on service reconfiguration proposals to ensure safe, effective and accessible services for patients. As a result there was a visit by NCAT on 29 January 2013, led by Dr Chris Clough from Kings College Hospital, London, who listened to doctors, nurses, managers, patient representatives, politicians and other stakeholders so that they could give an independent view of the situation and what should be done about it.

NHS Hartlepool and Stockton-on-Tees CCG published NCAT's findings on 15 May 2013. NCAT strongly supported the clinical case for change and recommended that consultation regarding the changes took place as soon as possible. The team recognised that while some local community representatives and members of the public agreed that some increased travelling time was a necessary price to pay for a better quality of care, it also recognised that for some local people travelling was an issue. It recommended that there needed to be some explanation for the public about what the changes would mean for them, along with reassurances for the Hartlepool public that there is a continuing future for their hospital as a centre for elective (planned) care and other 'cold site' services, such as diagnostics and outpatients. It said that there was potential within the plans to develop intermediate care at the University Hospital of Hartlepool, which would ensure that once Hartlepool patients had been treated at the University Hospital of North Tees, they would be transferred to appropriate step down care facilities at the University Hospital of Hartlepool. It also said that capacity modelling for the new services at the University Hospital of North Tees needs to be robust and that the residual clinical support (including medical on call) needs to be described for the University Hospital of Hartlepool site.

A copy of the NCAT report is attached at Appendix B.

Prior to the NCAT activity taking place, NHS Hartlepool and Stockton-on-Tees CCG began discussions with the local authority overview and scrutiny committees so that they were aware of the issues and the challenges posed to the health economy.

The two CCGs and the North Tees and Hartlepool NHS Foundation Trust then led a formal public consultation from 20 May to 11 August 2013 on a proposal to centralise emergency medical and critical care services at the University Hospital of North Tees.

A copy of the public consultation document is included in Appendix C (which sets out the consultation process and feedback).

During the consultation, key messages for patients and the public have been:

- The vast majority (97%) of the healthcare contacts currently taking place in Hartlepool remain in Hartlepool
- The proposal would affect 30 Hartlepool and Easington patients a day
- There is no change to point of access for patients, ie patients will still visit or call their GP, 111, or 999 if they feel unwell as they do now
- An extra 120 beds will be made available at the University Hospital of North Tees
- Emergency medical ward and critical care unit staff at the University Hospital of Hartlepool will transfer to the University Hospital of North Tees
- Some support services staff will be affected such as pathology, radiology, pharmacy and also some in facilities and catering
- The University Hospital of Hartlepool will become the centre for diagnostic tests, day case and low risk operations with additional medical rehabilitation (sub-acute) beds.

The consultation document set out what steps are currently being undertaken to improve transport for patients, visitors and staff.

People have also been reminded that due to advances in medicine many patients from the areas covered by the two CCGs already go past their local hospital for their emergency hospital care. For example, patients who have had a stroke are all taken to the University Hospital of North Tees where the latest treatments are available seven days a week, 365 days a year and patients who have had a heart attack are assessed at the scene and, if appropriate, taken to The James Cook University Hospital in Middlesbrough to have the affected artery unblocked.

In addition, in the consultation document people were reminded that most health service care is already provided in GP surgeries, local clinics and in people's homes and, under *momentum: pathways to healthcare* programme, this will continue.

As part of the consultation process people were asked for their views on the proposals, any concerns they had and also about how the impact of the changes could be managed and implemented.

2 Issues for the CCGs to consider

2.1 Quality and safety (capacity at North Tees and cover for residual clinical services at Hartlepool)

Ensuring quality and safety is the most important consideration for the NHS and it is essential that patients, the public and partner organisations are reassured on this point. As such NHS Hartlepool and Stockton-on-Tees CCG convened a specific clinical quality group to receive appropriate assurances from the trust in relation to the implementation of these proposed changes.

(Due to the timing of the preparation of this report, the outcome the clinical quality group will be provided at the Meeting in Common.)

North Tees and Hartlepool NHS Foundation Trust has already undertaken significant work in relation to ensuring maintenance of high quality, safe services. A review of capacity within the University Hospital of North Tees site has taken into consideration the requirements for additional beds, theatre, support services and staffing as a consequence of increased emergency activity.

Within the University Hospital of Hartlepool a review has been undertaken of the support requirements for services which will remain on site. This includes a review of:

- The cardiac arrest 24/7 response
- Escalation protocols for the deteriorating patient
- Accessibility of emergency transfusions
- Pathways for inappropriate attendances of patients at the Hartlepool site
- Security particularly for out of hours
- Out of hours site manager support.

2.2 Range of future services at Hartlepool

NCAT recommended that there needed to be some explanation for the public about what the changes would mean for them, along with reassurances for the Hartlepool public that there is a continuing future for their hospital as a centre for elective (planned) are and other 'cold site' services, such as diagnostics and outpatients. It also said that there was potential within the plans to develop intermediate care at the University Hospital of Hartlepool, so that once Hartlepool patients had been treated at the University Hospital of North Tees, they would be transferred to appropriate step down care facilities at the University Hospital of Hartlepool.

The following services will remain at the University Hospital of Hartlepool, including 'step down' or sub-acute services:

- Low risk inpatient elective orthopaedic surgery
- Low risk inpatient elective general surgery
- 30 bed sub-acute unit (a new development for patients who have been treated at the University Hospital of North Tees to continue their recovery closer to home)
- General surgery day case unit
- Gynaecology day case unit
- Paediatric day case unit
- Orthopaedic day case unit
- Midwife led maternity unit
- Planned endoscopy unit
- Cardiac investigations unit
- Non complex chemotherapy day unit

- Rheumatology day unit
- Elderly care day unit
- Outpatient services (in the hospital and some soon to be transferred to One Life Hartlepool)

They are supported by:

- Diagnostic imaging services – CT, MRI and ultrasound scanning and x-ray
- Nuclear medicine (for the diagnosis and treatment of disease)
- Pathology services
- Pharmacy

A range of other health services are available within the town:

- GP services (including out of hours services)
- Community services (podiatry, speech and language, musculo skeletal, hand and foot surgery, respiratory services etc)
- Integrated urgent care services at One Life Hartlepool

2.3 Transport

Issues surrounding transport and travelling to the University Hospital of North Tees were recognised by NCAT and have emerged as a key theme during the engagement activity which took place prior to formal public consultation and also during the consultation process. North Tees and Hartlepool NHS Foundation Trust, working with partner organisations, has developed a transport plan to address some of the questions and concerns raised (see attached Appendix D). All of the organisations mentioned in this plan have been working hard to ensure patients, visitors and staff needs are covered as far as they possibly can in terms of transport.

The transport plan covers:

Activity by CCGs

Both NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham Dales, Easington and Sedgefield CCG are committed to providing high quality transport services to all patients at the point of need. For those who are medically unable to get to and from their hospital appointments/inpatient stays, the CCGs fund free patient transport from a host of organisations in order to provide a flexible service to those who need it. For patients living in the East Durham area, this includes the East Durham Hospital Link service.

In addition, funding is provided to North Tees and Hartlepool NHS Foundation Trust which allows the trust to plan transport provision for patients to ensure that all appropriate patients receive the required level of transport support.

As defined nationally, the CCGs will reimburse the costs of travel to hospital or other NHS-funded treatment or diagnostic tests for those patients who meet the qualifying criteria detailed on the NHS Choices website:

<http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx>

The CCGs will continue to investigate alternative transport solutions that are appropriate to patients' needs with partner organisations.

Steps taken to ensure that North East Ambulance Service NHS Foundation Trust can cope with the impact of the changes.

People will be reminded that they should continue to call 999 for an ambulance if they or someone else they know is seriously ill or injured. This will not change, whatever the decision taken on the proposals being considered.

There is a national target which sets out that North East Ambulance Service must reach 75% of these types of emergencies in eight minutes. This is a trust-wide target which means it must be met for the area covered by the ambulance trust. In the Hartlepool and Stockton-on-Tees area, there have been 5,700 emergencies between April and July 2013. The ambulance service reached 4,500 of these incidents in eight minutes or faster. That is 78.95% of incidents reached in eight minutes which is above the national target of 75%.

Both the ambulance trust and the CCGs who are responsible for paying for ambulance services, are committed to ensuring that this 999 performance does not fall below the national 75% target.

In terms of available resources, there are currently 28 paramedics and a further 42 ambulance technicians, urgent care and support staff providing emergency care and urgent transport in the Hartlepool and Stockton-on-Tees area. In 2012, NEAS announced plans to introduce an additional double-crew paramedic ambulance to cover this area in response to existing demands and relocate some of the rapid response paramedic cars and urgent care transport ambulances. The change, due to be implemented later this year, will help to maintain response time standards across the area.

The ambulance service anticipates that if the hospital changes are agreed, a small number of patients previously taken to the University Hospital of Hartlepool will in the future be taken to the University Hospital of North Tees. On these occasions, when a slightly longer journey to hospital takes a paramedic crew out of the Hartlepool area, the nearest available ambulance will move to a standby point to maintain 999 cover. This already happens across the region, which is why ambulances can be seen parked in lay-bys, flyovers and beside roundabouts providing maximum medical cover when other crews are responding to 999 incidents.

A small number of patients in County Durham, for whom the University Hospital of Hartlepool was their nearest hospital, may also be affected if the changes are agreed. In such cases, the clinical decision of the paramedic will determine which hospital they are taken to in an emergency situation.

In addition, the ambulance service has agreed with the CCGs the impact of providing the additional resources required to maintain ambulance responses during the extended journey times to the University Hospital of North Tees.

Steps taken by North Tees and Hartlepool NHS Foundation Trust to improve access to the University Hospital of North Tees

It is recognised that providing appropriate transport services for patients, visitors and staff is vital to the success of centralising services. Extensive work has taken place and is on-going to ensure those affected by the service transfers have access to appropriate transport or car parking.

The trust set up a transportation sub-group including two governor representatives. The group has been working hard to improve transport arrangements which can be put into place if the proposals go ahead.

The trust has a policy of never leaving a patient stranded. So, for example, staff will always ask a patient brought in by ambulance how they are going to get home, especially in the later evening when transport is not available. If the patient has no way of getting home the trust will help with one of its transport schemes.

Ongoing activity includes:

- A patient journey exercise, led by Healthwatch, so that the trust and commissioners can understand the challenges of getting to hospital by public transport.
- An exercise to see what other transport is available that local people may not know about, including volunteer driver and community schemes.
- A phased implementation to minimise the inconvenience to patients and their relatives and make the transition smoother.
- Looking at appointment times to make them more convenient for patients. The committee is working with other people in the trust to look at appointment times and theatre sessions to see if these can be changed or patients offered times which are easier for them to get to.
- Providing additional shuttle buses running between the hospital sites. As well as the current eight-seater minibus the trust has ordered two 17-seater buses which will run regularly between the two hospitals. This service is free.
- Negotiation of a discount with the trust's taxi provider 23 Taxis for patients or relatives travelling to appointments or visiting relatives.
- Establishment of a volunteer driver scheme for people who need help getting to appointments. The first group of volunteers has now been trained.
- The trust has applied to Stockton Borough Council for additional temporary car parking space at the University Hospital of North Tees site.
- People receiving certain benefits may be able to get help with travel costs under the Department of Health's Help with Hospital Transport Costs scheme. More information is available at www.dh.gov.uk or by asking at the trust's cashier's offices.

Also, in relation to staff travelling the trust has reviewed its travel policy to be ready for the changes, should the proposals be accepted.

The trust has a duty to reduce carbon emissions, traffic congestion and parking requirements and would prefer staff who need to travel between sites to do so using the free shuttle buses. The trust is putting into place:

- A free *park and ride* facility for staff affected by the changes
- A car sharing scheme for staff with guaranteed reserved parking and discounted cost arrangements
- An enhanced car park management system to maximise car parking capacity
- Additional shuttle buses (detailed above)
- Different shift patterns for staff to enable them to get across sites in time for work.

2.4 National requirements around reconfiguration

The Secretary of State (Gateway 14335) identified four key areas in which reconfiguration processes need to improve as plans for significant service change are developed and consulted upon. Appendix E sets out evidence to support compliance with the four tests and the following provides further elaboration on steps taken to meet these tests, which are support from GP commissioners (2.4.1, page 10), strengthened patient and public engagement (2.4.2, page 12), clarity about the clinical evidence base (2.4.3, page 19) and proposals should take into account the need to develop and support patient choice (2.4.4, page 20).

2.4.1 Support from GP commissioners

The public consultation has been led by NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham Dales, Easington and Sedgefield CCG who sought expert advice from NCAT after clinicians from North Tees and Hartlepool NHS Foundation Trust raised concerns with them.

Overall, the proposals have received substantial support from clinical members of the CCGs, whose patients are affected by the changes, both in their capacity as commissioners and as providers of GP services.

In the consultation document the chair of NHS Hartlepool and Stockton-on-Tees CCG, the chief clinical officer of NHS Durham Dales, Easington and Sedgefield CCG and the Hartlepool and Stockton-on-Tees locality leads of NHS Hartlepool and Stockton-on-Tees CCG explained why they were carrying out the consultation. They said that they had no choice but to take action after doctors who provide critical care and emergency medical services at the foundation trust told them that they could not carry on providing these services safely and to the expected quality standards on two new sites until the new hospital opens in 2017.

They explained that as commissioners they cannot wait for a problem to arise before action and that their job is to look forward and try to prevent problems from happening because this is in the best interests of patients.

The proposals have also been considered at a large number of meetings within primary care.

Such meetings included the Stockton locality group (of NHS Hartlepool and Stockton-on-Tees CCG) on 13 June 2013. The discussion included consideration of the impact on capacity of moving 100 beds from the University Hospital of Hartlepool

to the University Hospital of North Tees. Capacity issues were noted from the public's perspective, specifically during the winter months and there were comments that this could lead to early discharges, putting pressure on community services. The group was assured that the trust has a clear plan on how this shift will work.

There was a discussion on the clinical case for change at the Hartlepool locality group on 10 June 2013 (of NHS Hartlepool and Stockton-on-Tees CCG). The key issues raised were around ensuring as much information is made known to the public as soon as possible especially around the medical reasons for any changes being planned.

The chair of NHS Hartlepool and Stockton-on-Tees CCG visited the 14 GP practices in Hartlepool whose patients would be most affected by the proposals to ensure that clinical colleagues were aware of the proposals and that they understood the case for change, including the outcome of the NCAT review. These practice meetings were well attended – GPs working in the practices were present as well as most practice managers and some practice nurses. The views of all present were sought and there were opportunities for questions and answers. The report from that meeting is attached as Appendix F.

There were reservations from one GP who wished to examine the evidence in detail. Another GP, while accepting the clinical case had some initial reservations that the population of Hartlepool was being hard done by again. A third GP did not accept the case for change. However, the consensus among those present was that the clinical rationale for change could be understood, that the proposed changes were logical and needed to happen.

A consistent theme among the GPs, practice managers and nurses was that transport would be a big issue for patients, visitors, particularly older people and those who are less well off financially. At a number of practices there were comments about the challenges of travelling by public transport to the University Hospital of North Tees, while some mentioned the potential difficulties for people visiting (within visiting hours) and others talked about the impact of costs associated with travelling for families on low income.

Some GPs recognised that the changes were likely to be viewed negatively by a number of patients who have a negative perception of care at the University Hospital of North Tees when compared to the University Hospital of Hartlepool. They said this perception is more likely to be held by older patients.

Also, many of the GPs suggested it would be worth looking into whether any ambulatory care could in the future be delivered from a Hartlepool setting.

Other comments included a suggestion that the proposed changes be made as soon as possible, confirmation of the need for 24 hour clinician support in hospital units, and that the changes will be a good preparation for the eventual shift of services to Wynyard.

Similarly, the Stockton-on-Tees locality lead for the CCG has visited a number of practices where he met with GPs and practice staff, again to ensure they understood the case for change and that they had the opportunity to comment. There were no major concerns raised.

The proposals were also discussed at the July board meeting of the Cleveland Local Medical Committee (LMC), which is the representative body for all NHS GPs in Cleveland. Following this discussion the board members requested assurance that there is adequate capacity available on the single site at the University Hospital of North Tees to accommodate the centralisation.

Other meetings involving primary care clinicians where the proposals have been discussed include the Easington Locality Commissioning Board on 20 June 2013 and the County Durham Local Medical Committee on 2 July 2013. There were no major concerns expressed.

2.4.2 Strengthened patient and public engagement

2.4.2.1 Consultation process

A process of engagement preceded the formal public consultation. This included discussions with the local authority overview and scrutiny committees. This helped shape the consultation process and also provided early information about emerging questions and concerns.

The formal process of public consultation, which was comprehensive, spanned 12 weeks from 20 May to 11 August and was in line with the statutory requirements for involvement and consultation as outlined in the Health and Social Care Act 2012 and also sections 242 and 244 of the NHS Act (2006). Comments received during the week following the closure of the consultation were accepted and included in the feedback.

Appendix C provides a detailed account of the consultation process and the feedback received.

A steering group was set up to plan and monitor consultation. This included representatives from the two CCGs, North Tees and Hartlepool NHS Foundation Trust, the North East Ambulance Service NHS Foundation Trust, Durham, Darlington and Tees Area Team (part of NHS England) and Healthwatch representatives from Hartlepool, County Durham and Stockton-on-Tees. This group met fortnightly and provided an opportunity for all present to comment on the process, receive updates on the consultation plan and to suggest any actions that might be need to be taken. As a result of discussions in these meetings, it was agreed that a leaflet about the consultation needed to be distributed to households. In a response following the consultation (available as part of Appendix C), Healthwatch Stockton-on-Tees commented on how welcome its involvement was in the steering group and referred to changes in the consultation process following its input. Healthwatch County Durham said its staff worked in partnership with the CCGs and trust to 'promote, plan and develop' the consultation.

Following discussions involving Healthwatch about the need to have a better understanding of the existing difficulties for patients in some parts of Hartlepool patients in accessing the University Hospital of Hartlepool and the University Hospital of North Tees, Healthwatch Hartlepool is leading on some work to map out patient journeys.

An important element of the process was working with the health scrutiny joint committees covering Durham County Council, Hartlepool Borough Council and Stockton-on-Tees Borough Council. This included presenting at their meetings and providing timely responses to key lines of inquiry. As a result of this involvement, the joint scrutiny committee which was set up to consider the proposals submitted a 27-page report which included the evidence they had considered as well as the comments of the individual local authorities (available as part of Appendix C). In addition, Stockton-on-Tees Borough Council also submitted its response separately.

The proposals were also discussed at a meeting of the Hartlepool Health & Well-being Board.

From the outset, there was a concerted effort to raise awareness of the consultation to give local people and organisations the opportunity to comment. This has included:

- Wide distribution of the full consultation document to local organisations and interested individuals. This has been available in hard copy and online, with copies in community and health settings. It has also been available in other formats on request.
- Information about the consultation and an online survey on the NHS Hartlepool and Stockton-on-Tees CCG website. There were links to this website on the NHS Durham Dales, Easington and Sedgefield CCG and North Tees and Hartlepool NHS Foundation Trust websites.
- Following feedback that the key messages were not reaching as many people as the NHS organisations would like within communities and particularly within Hartlepool and Easington, a leaflet which included some of the emerging themes from the consultation, a summary of the proposals and advice for people about how to comment was distributed to 45,000 households in Hartlepool and Easington, as well as in libraries and health centres in those areas. It was also made available in health centres and libraries in Stockton and Sedgefield.
- Ten consultation events and meetings for the public in accessible locations and at a range of times to take account of the public's preferences. These included five drop-in sessions in busy and accessible locations, four market place events and one event for governors and public members of the North Tees and Hartlepool NHS Foundation Trust. Information about the proposals and hard copies of the survey were available at these sessions. At these

meetings doctors, nurses and managers from the trust and CCGs were able to have face to face discussions with individual members of the public.

- Presentations to a wide range of groups and audiences including overview and scrutiny (both meetings of the health scrutiny joint committee and meetings of the individual scrutiny committee meetings), Healthwatch, patient groups, voluntary and community groups etc. This has included targeting those groups which may be easy to overlook, such as older people, those with disabilities and sensory difficulties, members of the black and minority ethnic groups and other bodies listed as protected groups under the Equality Act 2010.
- Staff briefings, newsletters and meetings to ensure staff were aware of the proposals and that they had the opportunity to comment.
- Media articles in the Hartlepool Mail and Evening Gazette.
- Posters in a range of community venues throughout the health economy including health settings, libraries etc.

An independent research company, Explain Research, was asked to analyse the surveys that were completed as part of the consultation process. A report from Explain Research is included as part of Appendix C.

It is important to note that all documents reviewed by NCAT and any subsequent documents have been made available on the CCGs' websites www.hartlepoolandstocktonccg.nhs.uk and www.durhamdaleseasingtonsegefieldccg.nhs.uk .)

An equality analysis of the consultation process was undertaken to ensure that it complied with the requirements of the Equality Act 2010 (this is included as part of Appendix C).

2.4.2.2 Issues raised during the consultation

There were 85 emails/letters/telephone calls from members of the public and a number of formal responses including from the MP for Hartlepool, Iain Wright, Healthwatch County Durham, Healthwatch Hartlepool and a report from the health scrutiny joint committee which included responses from Durham County Council, Hartlepool Borough Council and Stockton-on-Tees Borough Council (which also submitted its response separately). Healthwatch Stockton-on-Tees is still recruiting to its board and therefore was not in a position to submit a formal response but instead sent in a letter outlining its involvement in the process and comments it had received. There were also 64 completed surveys submitted which, as indicated above, were evaluated independently by Explain Research, whose report is attached as part of Appendix C.

A small number of those commenting or responding indicated explicitly whether they supported or objected to the proposals, however, there were a number of consistent

themes across all of the comments received, including those made in meetings. The two main themes related to transport/travelling and loss of hospital services at Hartlepool.

- **Transport/travelling**

Overall, there were many comments, including in the survey which was independently evaluated, about the implications for patients, families and carers of the additional travelling from Hartlepool to the University Hospital of North Tees and these included concerns about public transport (in terms of availability and cost), car parking (in terms of cost), the stress of travelling to an unfamiliar area and the volume of traffic on the A19. While the provision of a shuttle bus service by the hospital trust was welcomed, including by Stockton-on- Tees Borough Council, there were questions from others about how the hospital shuttle bus service would operate.

There were a number of comments about how vehicles would need to be able to accommodate wheelchairs and a number of general comments about the implications of the travelling for people with disabilities. In particular, the Hartlepool Learning Disability Partnership Board asked if the shuttle bus drivers would receive any training around customer service for learning disabled patients.

MP for Hartlepool Iain Wright said his constituents find it difficult to access services out of the town and said the issues of transport and accessibility “need to be considered as a high priority during the reconfiguration of emergency and critical care services”.

Hartlepool Borough Council commented that people who are already ‘isolated within their communities’ will not be able to access the services at the University Hospital of North Tees.

Healthwatch Hartlepool said that from comments received, ‘high on the agenda of concern was the accessibility of North Tees hospital both from a safety perspective ie distance of travel as a critically ill patient both from Hartlepool and the east Durham area and also journey times for carers and visitors’. It is currently undertaking some work with the trust to understand patient experience of accessing public transport to the University Hospital of North Tees and early findings show that some patients have to leave Hartlepool at 5.50am to attend 8am appointments’.

Healthwatch Hartlepool also commented on the cost of transport to the University Hospital of North Tees.

Hartlepool Health & Wellbeing Board highlighted the importance of addressing transport issues and expressed their contentment that the options available in terms of transport were being considered by the trust.

Healthwatch County Durham said the main concerns expressed were around transport, particularly since East Durham has the lowest rate of car usage in the

county and many people rely on public transport – ‘the poorest people will suffer the most’.

However, there were positive comments about volunteer drivers although one person commented that there would need to be a back-up in case a volunteer wasn’t able to turn out as expected.

Some expressed concerns about the transfer of critically ill patients and they worried that the travelling would put them at risk.

There were specific comments about the implications of travelling for carers, including from the Stockton Over 50s Assembly.

A number of people talked about the importance of having a transport plan, including Hartlepool Borough Council who stressed that there is a need for a long term sustainable transport plan.

Stockton-on-Tees Borough Council said it would be keen to work closely with the appropriate staff at the hospital trust to develop a realistic and meaningful travel plan and to encourage the use of sustainable modes of transport as an alternative to the private car where possible.

Durham County Council said that there needed to be a significant public information exercise about transport arrangements.

Finally, in relation to concerns expressed about increased travelling times and costs for council staff who need to access the University Hospital of North Tees rather than the University Hospital of Hartlepool, Durham County Council suggested that all parties are involved in discussions to ensure that ‘step down rehabilitation and community based pathways are effectively managed and are safe’.

● **Loss of hospital services in Hartlepool**

It is clear from many people who sent comments, completed the survey, or who attended meetings that they would prefer to see as many hospital services as possible in Hartlepool and that they would not wish to see any further reduction in services at the hospital. Hartlepool Borough Council was clear in its response to the health scrutiny joint committee that they do not support any further transfer of services from the University Hospital of Hartlepool. It said that Hartlepool residents’ needs are being forgotten with ‘the continual transfer of services from their hospital’.

Healthwatch Hartlepool said among comments it received was the sustainability of the University Hospital of Hartlepool following the migration of any services.

While a number of members of the public commented favourably on care at the University Hospital of Hartlepool, there were less favourable comments about the care they or relatives had received at the University Hospital of North Tees.

Some, including Hartlepool MP Iain Wright referred to the continued uncertainty about the new hospital which meant that more services were going to the University Hospital of North Tees in the interim.

- **Ambulance provision**

There were comments by the public and by key stakeholders about the need to ensure that the ambulance service is able to cope with the changes. This was included in the response by Durham County Council which said that engaging with and adequate resourcing of the ambulance service would be vital. It was referred to by the MP for Hartlepool, Iain Wright and Healthwatch County Durham said people hoped that ambulance response times would not be affected.

- **Safety**

Many people attending meetings commented that if the transfer of services was the right thing to do (ie from a clinical point of view) then it should just happen.

Hartlepool MP Iain Wright said that the first priority in any consideration of health services should be clinical safety and that he would not wish to advocate any particular option which would compromise the safety of patients or lead to loss of life which could have been avoided.

Similarly there were comments from Durham County Council and Stockton-on-Tees Borough Council which acknowledged the clinical case for change (as an interim solution pending the development of the new hospital). Stockton-on-Tees Borough Council said: "A one site approach would mean patients have access to all the potential services they require at the first point of contact." It also said: "Ultimately, it would be unacceptable for a relatively small geographical area as covered by the Trust to have two units providing different levels of care. Therefore the proposal is strongly supported."

Healthwatch County Durham said people had commented that 'safety is the most important thing' and that 'high quality care with all of the professionals in one place can only be a good thing'.

However, Hartlepool Borough Council said there are risks associated with an increase in travelling time for patients travelling to the University Hospital of North Tees rather than the University Hospital of Hartlepool.

- **Provision of services in the community**

There were comments made by members of the public and by partner organisations about the importance of having the right services to support people in the community.

In particular, Durham County Council said it would support in principle the proposal to ensure that 'step down' provision is available at the University

Hospital of Hartlepool but invite the CCGs and trust to go a step further and consider the development of 'step down' services at Sedgefield and Peterlee Community Hospitals.

The county council's adult social care service seeks ongoing dialogue with the trust regarding the proposed development of the 30-bed rehabilitation (sub acute) unit at the University Hospital of Hartlepool to clarify proposed arrangements for admission rights for County Durham residents to that facility. The council said detailed discussions are also needed around how discharge arrangements between the trust/GPs and community based health and social care staff are established and associated care pathways identified and agreed.

Hartlepool MP Iain Wright commented on his increasing concerns at the risk to constituents caused by the falling budgets in local authority care which he feels will "place growing pressure on health budgets, particularly in areas like emergency and critical care, as councils will not have the resources to ensure there is a safe move out of hospital and back into the community for often frail and vulnerable patients".

At the Easington Patients Reference Group some said they felt that the Peterlee Community Hospital is not used to its full extent and that the urgent care centres are not used efficiently.

There were a number of critical comments about the One Life Centre at Hartlepool (in terms of it not providing the level of service that some people would expect). This was also referenced in the response from Healthwatch Hartlepool which said it had received comments related to the 'lack of trust in the One Life centre with regards to delivering community based services'.

Healthwatch Stockton-on-Tees said that some of the comments it had received during the consultation were about the impact on other services, including community services.

- **Information**

Throughout the feedback, including in the survey, there were consistent references about the need for good information to be available for the public about what the changes meant for them and also about transport arrangements. In particular, as indicated above, Durham County Council said there needed to be a significant public information exercise about transport arrangements and the need was highlighted by Hartlepool Health & Wellbeing Board.

There were also references in some of the comments received and in the survey evaluation about how future consultations should be carried out. The independent report by Explain Research said there was a call for clear, honest, timely communication and consultation, with an emphasis for the trust and the CCGs to inform, engage and listen to the views of the public, patients and stakeholders.

2.4.3 Clarity about the evidence base

The proposed changes have been driven by clinicians at North Tees and Hartlepool NHS Foundation Trust who were concerned about continued safety and quality under the current arrangements. As such there have been extensive discussions within the trust, with clinicians at the CCGs (including at governing body meetings), with GPs across the area concerned and with NCAT (some key points from the NCAT report are included below). The consensus has been that the changes are needed to ensure the best possible care can be provided for patients who need those services.

For the CCGs as commissioners of healthcare and the trust as the provider of services, the main concern has to be safety and quality and ensuring that services meet the increasing national standards and guidance. These were used extensively to inform the proposed changes and include:

- Effective Approaches in Urgent and Emergency Care – Priorities within Acute Hospitals (NHS Emergency Care Intensive Support Team – part of NHS Interim Management and Support)
- Acutely ill patients in hospital - Recognition of and response to acute illness in adults in hospital (National Institute for Health and Clinical Excellence)
- Levels of Critical Care for Adult Patients – Standards and Guidelines (The Intensive Care Society)
- Acute Care toolkit 2 – High quality acute care (Royal College of Physicians)

The proposals are also in line with the strategic priorities of both CCGs (which are outlined on the websites of both - www.hartlepoolandstocktonccg.nhs.uk and www.durhamdaleseasingtonsegefieldccg.nhs.uk .)

Furthermore, the NCAT report was considered by the North of England Critical Care Network, which responded that they were aware of the challenges faced by North Tees and Hartlepool NHS Foundation Trust over the continued provision of two site critical care and acute medical services following a network peer review that was undertaken in April 2012. The network said that on that basis it would also support the clinical case for change and the reprovision of critical care and move of acute medical services to the University Hospital of North Tees.

It is also important to note that the proposals followed a comprehensive option appraisal, which is attached as Appendix A.

Report by the National Clinical Advisory Team (NCAT)

NCAT clinically assured the proposals following review of the clinical evidence, options considered by the trust and the views of stakeholders following their site visit. Its report (Appendix B) said the team ‘strongly supported the clinical case for change’ and that it had witnessed ‘dedicated and hard-working clinical teams at both sites endeavouring to create a first class service but hampered by the present configuration’.

It said the provision of critical care is the key to what must happen: “The present critical care service at UHH is inadequate, poorly staffed and does not meet the

standards required for a modern intensive care unit. Its size and level of use mean it will never be able to achieve these standards, thus it is not surprising that anaesthetists feel uncomfortable about working there, and there are problems with recruitment of anaesthetists and support staff. We heard that at times the nursing staff, particularly at night, feel unsupported and concerned in case a clinical error occurs. Certain practices are unacceptable, for instance the ability to call on specialist services. It is difficult to envisage how these deficits may be corrected. Massive investment in the service is not justified on the level of patient use, and it would be unlikely to be supported by the local education and training board (previously deanery). Thus we can see no alternative other than to transfer this service to UNHT. We believe there is capacity at this site to accommodate the increasing activity, and there will be the opportunity to bring together all the available staff and develop a dedicated intensivist workforce at UNHT.”

It continued that the inevitable consequence of decommissioning critical care at the University Hospital of Hartlepool is that acute medical care can no longer be provided. “Acutely sick patients need the availability of on-site resuscitation and critical care facilities. This must trigger the movement of acute medical care to UNHT. Not only that, the present service is relatively small and does not have the full panoply of acute specialist care that is required to deliver high quality acute medicine. The bringing together of the two units under a single roof will undoubtedly enhance the level of support required for acute medicine and ensure there are viable specialist rotas, for instance in gastroenterology, respiratory medicine etc. It should also enhance the ability of elderly medicine to play an important part in identifying the frail elderly who require a comprehensive geriatric assessment and subsequent multi-disciplinary management.”

NCAT said that from a clinical standpoint, the potential for small increases in travel times does not pose a significant clinical risk.

2.4.4 Patient choice

In the NHS, in terms of elective or planned care, patients have choice over where they wish this to take place. This is set out in the NHS Constitution, which states: “If your GP refers you to see a consultant you may have a choice of a number of hospitals. You might want to choose a hospital that has better results for your treatment, or one near your place of work.”

Choice over planned care will not change under these proposals as planned care will continue to take place at both the University Hospital of Hartlepool and the University Hospital of North Tees (although a small number of orthopaedic patients will not be able to choose to have their surgery at the University Hospital of Hartlepool due to other illnesses they may have or their general state of health which may mean they may need the back-up of intensive care services after their operation. Patients will also continue to be able to choose to have their elective care at a hospital outside their immediate area if that is their preference.

However, the proposals under discussion relate to emergency medical services and to critical care and on such occasions it is crucial that patients who are very ill are

referred to the nearest hospital that can provide the level of care that they require as soon as possible.

It should be noted that the NHS Constitution also points out that it is important that patients are involved in decisions about their treatment and are given information to help choose the right treatment. As patients sometimes need ongoing or further treatment following emergency care, this element of choice will still be available to them.

An important point is that 97% of the patient contacts that currently take place in Hartlepool will continue to do so, as set out in Section 2.2 .

2.5 Requirements under the Health and Social Care Act 2012

CCGs need to consider their requirements under the Health and Social Care Act 2012 which stipulates that “A clinical commissioning group must have a governing body. The main function of the governing body will be to ensure that CCGs have appropriate arrangements in place to ensure they exercise their functions **effectively, efficiently and economically** and in accordance with any generally accepted principles of good governance that are relevant to it”.

2.5.1 Exercising functions effectively and efficiently

The proposals are aimed at a more effective and efficient use of resources. They will result in the creation of a larger acute medical unit at the University Hospital of North Tees, which will then be supported by a larger group of medical staff and other clinicians with specialist skills. The intensive care unit at the University Hospital of Hartlepool will then close and the capacity at the University Hospital of North Tees will be expanded to accommodate the increased activity. There are likely to be efficiencies and economies of scale and quality dividends by bringing all of the individuals with intensivists skills onto one site.

At the University Hospital of Hartlepool there are currently two ITU beds and two high dependency beds. Over recent years the occupancy has been 50% on average. This critical care service is supported by anaesthetists with intensive care skills who are able to do a daily ward round but are not able to offer the full panoply of intensive care support such as haemofiltration and routine tracheostomy can only be performed on mornings when the consultant is there. Such services are routinely available at the University Hospital of North Tees.

The current situation means that there is a growing disparity between the two sites because of the increasing isolation of the acute medical service and supportive critical care. This can lead to an unwillingness to transfer patients from the University Hospital of Hartlepool which may not be in the patients' best interests.

Also, at the University Hospital of Hartlepool there is difficulty in recruiting anaesthetists.

2.5.2 Exercising functions economically

The changes will be made within existing resources. The ambulance service has agreed with the CCGs the impact of providing the additional cover that will be required.

The CCGs have carried out a commissioning impact assessment on the potential financial impact of these proposals and have concluded that the overall financial impact on the CCG commissioning resources is minimal.

The key areas identified are as follows:

- Changes to activity levels – Payment by results means that the CCGs pay for activity on a cost per case basis and there should be no changes to the levels of activity being carried out as a result of this change
- Double running costs – As the changes are introduced and one site starts to receive new activity the remaining site will scale down. This means there will be a period of approximately three weeks where two sites will be running. The double running costs have been taken into account and non-recurrent support has been made available.
- Ambulance journey times - The ambulance service has agreed with the CCGs the resources required to maintain ambulance responses during the extended journey times to the University Hospital of North Tees.

3 Equality analysis of proposals

An equality analysis was carried out to consider whether the proposals would have any unintended consequences on the protected groups as set out in the Equality Act 2010 and also to consider if the changes would be fully effective for all target groups.

The analysis, which found that the travelling implications could result in a negative impact for older people, people with disabilities and carers is attached as Appendix G. It also outlines the actions being taken to minimise any negative impact relating to travelling and this is also discussed in greater detail in Section 2.3.

4 Conclusion

The provision of high quality and safe services must always remain a priority for the NHS. When doctors from the North Tees and Hartlepool NHS Foundation Trust raised concerns with the trust management and then with the CCGs about their ability to continue to provide safe emergency medical and critical care services at the University Hospital of Hartlepool they could not be ignored.

Following an option appraisal they suggested centralising these services on the University Hospital of North Tees site as an interim measure pending the development of the new hospital at Wynyard. The clinical case for change received strong support from the National Clinical Advisory Team which recommended that public consultation took place about the implementation of these changes. The proposals have also received substantial support from GPs both in their role as

commissioners and as providers of healthcare and the majority of key partner organisations recognised that patient safety could not be compromised.

The public consultation process (and the earlier period of engagement with overview and scrutiny committees) has enabled a thorough discussion of issues that need to be considered in implementing the proposals. It was stressed from the outset that the issue was one of safety and for this reason the consultation did not provide an option to 'do nothing' but rather people were asked for their views on implementation. The consultation process has been overseen by a steering group including representatives from the CCGs, the trust, the Durham, Darlington and Tees Area Team (part of NHS England) and Healthwatch from Hartlepool, County Durham and Stockton-on-Tees. The involvement of Healthwatch throughout this process has been very much appreciated as have the discussions that have taken place with the local authority overview and scrutiny committees.

Understandably, there have been concerns raised about the further loss of services from the University Hospital of Hartlepool, some of which referred to the continued uncertainty around the development of the new hospital at Wynyard (for which the trust has recently submitted a revised business case).

The other key issue was around the difficulties of travelling to the University Hospital of North Tees and a substantial amount of work has already taken place to introduce measures to minimise the difficulties for patients, carers, their families and staff. These are included in a transport plan which will be kept under regular review.

It is hoped that the development of a 30-bed sub-acute (step-down) ward at the University Hospital of Hartlepool will help to minimise the impact of travelling. The unit means that patients from Hartlepool and Easington who have been treated during the acute phase of their illness at the University Hospital of North Tees will be able to return to the University Hospital of Hartlepool to continue their recovery in the new sub-acute unit.

Clearly discussions will need to continue with the local authorities to ensure that appropriate pathways of care are developed for these patients.

Also, the CCGs remain committed to working with partner organisations to explore what further support can be provided closer to home for patients within available resources.

The CCGs have been reassured that appropriate steps have been taken by the trust to ensure safety and quality for the services being transferred to the University Hospital of North Tees and for the remaining services at Hartlepool. NHS Hartlepool and Stockton-on-Tees CCG has convened a clinical quality group to receive appropriate and ongoing assurances.

There have also been discussions with North East Ambulance Service NHS Foundation Trust and assurance sought that it is able to cope with the impact of the changes.

Finally, the CCGs and the trust fully accept that there is a need for a public information campaign to ensure people are aware of the services remaining at the University Hospital of Hartlepool, of how the changes regarding emergency medical and critical care services will affect them and about transport arrangements.

The CCGs and the trust would continue further close working with all partners over the implementation of the changes should the Governing Bodies agree to their implementation.

The table below summarises issues raised and how these are being addressed:

Issue	Response
Travelling/transport	Development of a comprehensive transport plan by North Tees and Hartlepool NHS Foundation Trust working with other partners. This includes a wide range of steps being taken to improve access to the University Hospital of North Tees. See Section 2.3 and Appendix D.
Loss of hospital services at Hartlepool	<p>The vast majority (97%) of patient contacts currently taking place in Hartlepool will remain in Hartlepool. (See Section 2.2 for a list of services remaining in Hartlepool.)</p> <p>A public information campaign will include information about services remaining in Hartlepool.</p> <p>Both CCGs remain committed to ensuring that wherever possible, services are provided as close to home as possible.</p> <p>Associated with some of the comments about loss of services, were concerns about the continued uncertainty about the new hospital at Wynyard. The trust has recently submitted a revised outline business case for the scheme based on a PF2 funding model. Should approvals of the outline and full business case for the new hospital be achieved, which will include approval from the Department and Health and the trust's regulator Monitor, the new hospital would be expected to open in 2017.</p>
Safety	The proposals have been clinically driven and follow concerns raised by hospital doctors that they can not continue to provide emergency medical and critical care services safely and to the expected quality standards on two hospital sites. The clinical case for change was strongly supported by the National Clinical Advisory Team. (See Section 2.4.3. NCAT report is attached as Appendix B.) It was also supported by the North of England Critical Care Network.

	<p>The CCGs have been assured by the trust that appropriate steps are being taken to ensure quality and safety regarding the transfer of services to the University Hospital of North Tees and also for the remaining services at the University Hospital of Hartlepool. (See Section 2.1). The CCGs will continue to monitor clinical quality to receive appropriate and ongoing assurances through their relevant quality assurance mechanisms.</p>
Ambulance provision	<p>Development of a comprehensive transport plan by North Tees and Hartlepool NHS Foundation Trust working with partners. This includes assurances that from the North East Ambulance Service NHS Foundation Trust that it can cope with the impact of the changes without loss of performance against relevant national and local targets. (See Section 2.3 and Appendix D.)</p>
Provision of services in the community	<p>It is recognised that patients would prefer to see the majority of their healthcare provided as close to home as possible. The CCGs remain committed to ensuring that wherever possible services are available as close to home as possible.</p> <p>A 30-bed sub-acute (step-down) unit is being developed at the University Hospital of Hartlepool so that patients from Hartlepool and Easington can return there to continue their recovery after treatment for the acute phase of their illness at the University Hospital of North Tees.</p> <p>The CCGs and the trust will continue to work with the local authorities to ensure that appropriate pathways of care are developed.</p> <p>The CCGs will also continue to monitor patient satisfaction levels for services provided in the community.</p>
Public information	<p>The two CCGs and the trust have committed to work with partners to develop a public information campaign to ensure that people are aware of the new services, transport arrangements and what services remain at the University Hospital of Hartlepool.</p>

5 Requirements of members of Meeting in Common

Each of the CCG Governing Bodies i.e. NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham Dales, Easington and Sedgefield CCG is required to consider the information presented in this report and the supporting evidence, in order to agree the next steps.

Full consideration should be given to the clinical case for change and the feedback from the public consultation process. This should include the evidence provided by the trust and by NCAT to ensure that standards of clinical care, quality and equity of

service provision will be met should the proposed change be approved and that the areas of concern identified by the public and stakeholders have been or will be appropriately mitigated. Any decision the Governing Bodies make must be in the best interest of their respective populations. The Governing Bodies may also wish to propose further recommendations that reflect the implementation of their decision.

Appendices

- A Option appraisal**
- B Report of the National Clinical Advisory Team**
- C Report on the outcome of public consultation**
- D Travel plan**
- E Four tests evidence grid**
- F Report following practice meetings in Hartlepool**
- G1 Equality analysis of proposals (including action plan) for NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group**
- G2 Equality analysis of proposals (including action plan) for NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group**

North Tees and Hartlepool NHS Foundation Trust

Strategic Options Paper for Service Transformation

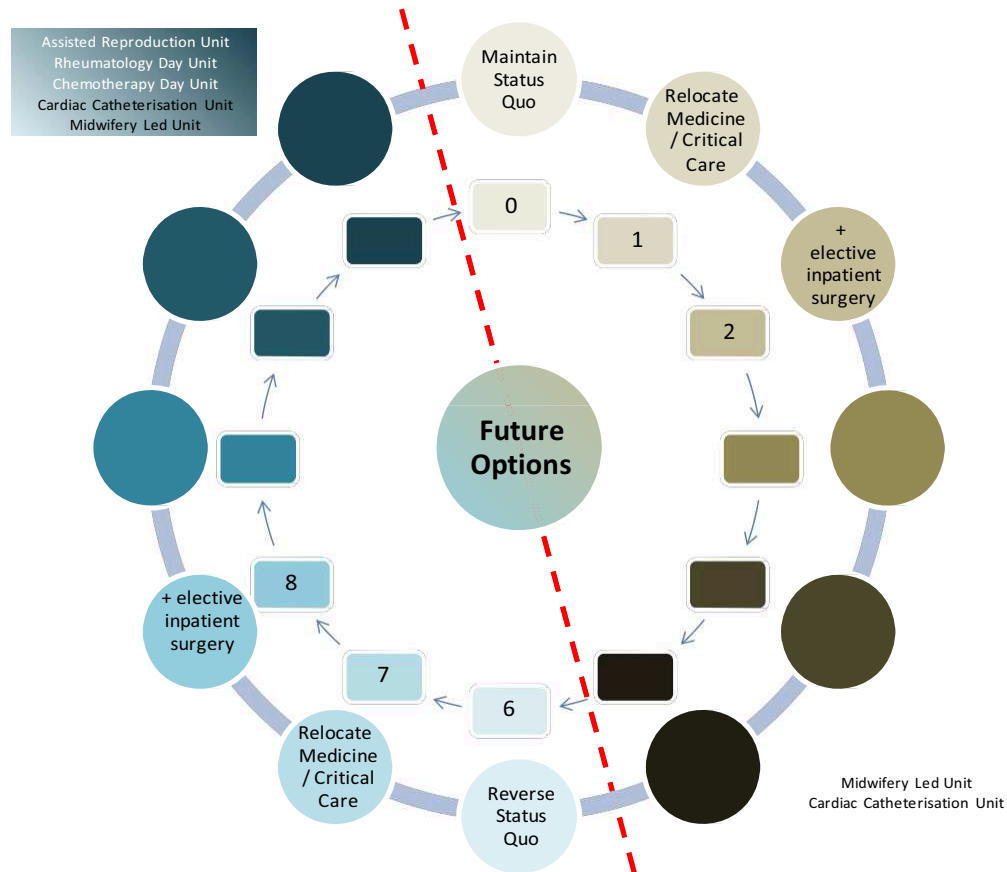
The Options and Variations

North Tees and Hartlepool NHS Foundation Trust is working towards a new single site hospital that will open in the next five years, as part of the *momentum: pathways to healthcare* programme.

In the interim period, risks to service continuity have been highlighted from clinicians. Demand for specialist clinical care is increasing, and the case mix is becoming much more complex as a result of the increasing age of the population and the presence of multiple co-morbid conditions. Clinical standards are changing and improving and it is important that progress in safety and outcomes is sustained. Against this backdrop, options for service transformation, during the transition to the new hospital need to be considered.

The main options that represent what the future might look like have been identified, from maintaining the status quo through to centralisation of all services on one site through the systematic relocation of emergency medicine, elective inpatient activity, elective day case activity, elective endoscopy activity and outpatients. There are some variations within the twelve main options identified.

- 0) Maintain the status quo
- 1) Relocate acute medicine and critical care to UHNT
- 2) As 1) plus relocate elective inpatient surgery and orthopaedics to UHNT
- 3) As 2) plus relocate all elective
- 4) Day case surgery and orthopaedics to UHNT / community facilities
- 5) As 3) plus relocate all elective endoscopy to UHNT / community facilities
- 6) As 4) plus relocate all outpatient services to UHNT / community facilities
- 7) Reverse the status quo i.e. swap services between sites so that University Hospital of Hartlepool becomes the more acute / emergency focused site
- 8) As 6) plus relocate emergency medicine and critical care to UHH
- 9) As 7) plus relocate elective inpatient surgery and orthopaedics to UHH
- 10) As 8) plus relocate all elective day case surgery and orthopaedics to UHH / community facilities
- 11) As 9) plus relocate all elective endoscopy to UHH / community facilities
- 12) As 10) plus relocate all outpatient services to UHH / community facilities



Chronology of internal debate and discussion

Executive team;

July 2011: Clinical case for change discussed

December 2011: Strategic options to take forward clinical case for change identified and discussed

June 2012: Strategic options discussed

July 2012: Options for rehabilitation provision at UHH discussed

August 2012: Strategic Options discussed further

Trust Board:

May 2012: Clinical case for change together with strategic options for the way forward discussed

September 2012: Implications and timescales associated with service transformation discussed

Trust Directors Group;

October 2012: The clinical evidence for change was presented to trust staff, followed with questions and debate

Workshop;

July 2012: The options for service transformation were debated and discussed with senior medical and nursing staff.

Option 0 - Maintain the Status Quo

The Trust maintains the status quo and continues to provide emergency medicine from UHH with the support of level 2 and 3 critical care, with the majority of the emergency work carried out at UHNT. This does not mean standing still, as professional standards and guidance changes all the time. Changes will be required going forward to enable the trust to maintain present standards.

This will mean the trust continues to provide the services below

UHH	UHNT
<ul style="list-style-type: none"> • Acute medicine • Elderly / stroke rehab • A full range of out patients • 2 x level 2 beds and 2 x 3 beds critical care support • General surgery elective inpatients • General surgery day case • Orthopaedic elective inpatients • Orthopaedic day case • Gynaecology day case • Cardiac catheterisation unit • Cardiac investigation unit • Planned Endoscopy • Chemotherapy day unit • Rheumatology day unit • Elderly Care Day Unit • Assisted Reproduction Unit • Mortuary Services • Midwife Led Unit • Community dental • Paediatric day unit • Support Required • A dedicated critical care area • CT, MRI, Ultrasound Scans and plain x-ray support from radiology • A ward base for emergency medical inpatients • A ward base for elective surgical and orthopaedic inpatients • A ward base for elderly / stroke rehabilitation inpatients • Access to main theatres • Access to endoscopy suite / day case theatre • Pharmacy • Outpatients department • Pathology • Fluoroscopy • Medical Illustration • Nuclear Medicine 	<ul style="list-style-type: none"> • Emergency medicine • Elderly / Acute stroke / stroke rehab • A full range of out patients • 4 x level 2 beds and 8 x level 3 beds critical care support • Emergency general surgery • General surgery elective inpatients • General surgery day case • Emergency orthopaedic surgery • Orthopaedic elective inpatients • Orthopaedic day case • Gynaecology inpatients • Gynaecology day case • Cardiac investigation unit • Planned Endoscopy • Chemotherapy day unit • Rheumatology day unit • Elderly Care Day Unit • Mortuary Services • Full range of obstetric services • Support Required • A dedicated critical care area • CT, MRI, Ultrasound Scans and plain x-ray support from radiology • A ward base for emergency medical inpatients • A ward base for elective surgical and orthopaedic inpatients • A ward base for elderly/ acute stroke rehabilitation inpatients • Access to main theatres • Access to endoscopy suite / day case theatre • Pharmacy • Outpatients department • Pathology • Fluoroscopy • Medical Illustration • Nuclear Medicine

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NB

- UHNT is a trauma unit and a cancer unit,
- JCUH is a trauma centre and cancer centre, as well as being a centre for vascular surgery, upper GI and neurology and other specialist services.
- Newcastle Freeman Hospital is a trauma centre, cancer centre, as well as being a centre for vascular surgery and neurology and other specialist services

Critique

Maintaining the status quo will mean there is no change to the way the local populations access services. However it can be argued that the status quo does not provide an equitable service on both sites. The Trust strives to provide high quality services to the population it serves. To facilitate this some services such as hyper acute stroke, have centralised to UHNT to ensure clinical guidelines and standards are met by making optimum use of specialist staff and equipment. Going forward patient safety has to be the utmost priority in service provision.

Maintaining clinical standards and patient safety is becoming increasingly difficult across two hospital sites as described. Looking to the future, further service changes will be required to meet more stringent standards as they are introduced if the Trust is to continue providing a safe, high quality service. These changes will need to be proactively managed.

There is a skilled and dedicated workforce, working at UHH and UHNT; however specialisation is increasing making it more difficult to provide an equitable service on both sites and to attract and retain medical and clinical staff across two hospital sites. This is exacerbated by the training requirements relating to the case mix of patients and conditions that trainees must have exposure to treating on a regular basis. There is a real threat that the Deanery will withdraw trainees in the future leaving the services non-viable if change is not proactively managed.

This configuration will result in the delivery of the current key performance measures; however it is questionable whether the configuration is future-proof in terms of sustainability of services.

Maintaining the status quo will not require any significant reconfiguration of estate, however it does not allow for economies of scale to be fully realised and will necessitate the maintenance and upkeep of two fully operational sites.

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Option 1 - Relocate emergency medicine and critical care to UHNT

This option considers the feasibility of centralising acute medicine and critical care on the UHNT site, which will complement existing emergency services at UHNT such as Accident and Emergency, 24 hour Surgical cover and a Gastro Intestinal Bleeding rota to support (and requiring support from) critical care. This will facilitate sub specialty medical rotas for specialist management of patients. The relocation of acute medicine to UHNT would require a further digital room to cope with the increase in demand for plain film X-Ray.

These changes could result in an “Elective Centre of Excellence” at UHH.

This would result in the service configuration detailed in the table below:

UHH	UHNT
<ul style="list-style-type: none"> Elderly / stroke rehab medical beds for repatriation of Hartlepool patients (see variations below) General surgery elective inpatients Orthopaedic elective inpatients General surgery day case Orthopaedic day case Gynaecology day case Cardiac investigation unit Planned Endoscopy Outpatients department Chemotherapy day unit Rheumatology day unit Elderly care day unit Midwifery Led Unit Assisted Reproduction unit Rehabilitation unit <p>Support required</p> <ul style="list-style-type: none"> CT, MRI, Ultrasound Scans and plain film X-Ray support from radiology A ward base for surgical / orthopaedic in patients Access to main theatres Access to endoscopy suite / day case theatre Pharmacy Outpatients department Nuclear Medicine Rehabilitation facilities 	<ul style="list-style-type: none"> Emergency medicine including cardiac catheterisation Elderly / acute stroke/ stroke rehab A full range of out patients 4 x level 2 beds and 8 x 3 beds critical care support Emergency general surgery General surgery elective inpatients -all ASA Grades General surgery day case Emergency orthopaedic surgery Orthopaedic elective inpatients - all ASA Grades Orthopaedic day case Gynaecology inpatients Gynaecology day case Cardiac investigation unit Planned Endoscopy Chemotherapy day unit Rheumatology day unit Elderly Care Day Unit Mortuary Services Full range of obstetric services <p>Support Required</p> <ul style="list-style-type: none"> A dedicated critical care area CT, MRI, Ultrasound Scans and plain x-ray support from radiology (1 additional digital room and 1 additional USS room) A ward base for emergency medical inpatients A ward base for elective surgical and orthopaedic inpatients A ward base for elderly /acute stroke rehabilitation inpatients Access to main theatres

	<ul style="list-style-type: none"> • Access to endoscopy suite / day case theatre • Pharmacy • Outpatients department • Pathology • Fluoroscopy • Medical Illustration • Nuclear Medicine
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Variations of this option would be

- a) Relocate the elderly care / stroke rehabilitation in patients to UHNT to facilitate continued medical input to the care of these patients
- b) Purchase community beds in an appropriate location, for example West View Lodge, with daily in reach from an elderly care physician
- c) Have Nurse or therapy led beds at UHH with daily medical input

Critique

This option would result in a better critical care and acute medicine service as skilled staff will be concentrated on one site. The efficiencies gained would enable the services to attain and maintain latest best practice standards including 7 day cover on base wards in medicine and early specialist input. Training placements for junior staff would offer exposure to an unselected patient base thus meeting the requirements of the Deanery. This option is more future proof for service delivery than maintaining the status quo.

An improvement is expected on the delivery of key performance and clinical outcome measures, however, pressures on space will result in a reassessment of cleaning regimes and surge capacity availability. Some patients will have to travel to North Tees for their inpatient stay, as will their visitors. Conversely, some patients from the Stockton area may have to travel to UHH for their out patient diagnostic as well as elective care.

Some staff who have been based at UHH will have to be relocated to UHNT and vice versa. The

initial estimate of medical beds to transfer from UHH to UHNT is around 130 assuming the realisation of some economies of scale, 100 additional beds at North Tees are required to centralise the Medical directorate onto one site. There are a number of possible estate solutions.

Reducing any service currently provided from UHH will be politically contentious and will require relationship management and collaborative working.

N.B.

If elective inpatient general and orthopaedic surgery continues at UHH there is a need to review the 24 hour medical and nursing workforce cover to ensure safety and quality is paramount in service delivery. It would be possible to treat more elective day case and in patients at UHH from the surrounding area.

Option 2 - As 1) plus relocate elective inpatient surgery and orthopaedics to UHNT

This option entails relocating acute medicine, critical care, inpatient elective surgery and inpatient elective orthopaedic surgery to UHNT from UHH. This would allow elective day case

general surgery and orthopaedics to be delivered from UHH. The day case unit could run 7am until 10pm. This would result in the closure of UHH overnight, however there is a risk that patients may need to transfer to UHNT for overnight observation. There would need to be agreed criteria for patients who can be treated at UHH.

These changes could result in a “Diagnostic and Treatment Centre” at UHH.

Pursuing this option would result in the service configuration detailed in the table below

UHH	UHNT
<ul style="list-style-type: none"> • A full range of outpatients • General surgery day case • Orthopaedic day case • Gynaecology day case • Cardiac investigation (albeit with reduced activity and staff due to no inpatient work) • Planned Endoscopy • Outpatients department • Chemotherapy day unit • Rheumatology day unit • Elderly Care day Unit • Assisted reproduction Unit • Midwifery Led Unit <p>Support required</p> <ul style="list-style-type: none"> • CT, MRI, Ultrasound Scans and plain film X-ray support from radiology but only in extended office hours to support day case / 23 hour ward. • Access to endoscopy suite / day case theatre • Pharmacy • Day case suite 	<ul style="list-style-type: none"> • Emergency medicine including cardiac catheterisation • Elderly / acute stroke/ stroke rehab • A full range of out patients • 4 x level 2 beds and 8 x level 3 beds critical care support • Emergency general surgery • General surgery elective inpatients • General surgery day case • Emergency orthopaedic surgery • Orthopaedic elective inpatients • Orthopaedic day case • Gynaecology inpatients • Gynaecology day case • Cardiac investigation unit • Planned Endoscopy • Chemotherapy day unit • Rheumatology day unit • Elderly Care Day Unit • Mortuary Services • Full range of obstetric services <p>Support Required</p> <ul style="list-style-type: none"> • A dedicated critical care area • CT, MRI, Ultrasound Scans and plain x-ray support from radiology (additional upgrade of analogue room to digital and an image intensifier unless theatre adopts 3 session working) • A ward base for emergency medical inpatients • A ward base for elective surgical and orthopaedic inpatients • A ward base for elderly/acute stroke rehabilitation inpatients • Access to main theatres • Access to endoscopy suite / day case theatre • Pharmacy • Outpatients department

	<ul style="list-style-type: none"> • Pathology • Fluoroscopy • Medical Illustration • Nuclear Medicine

NB

Further clinical risk scoping is required for the areas listed below

- Chemotherapy Day Unit
- Rheumatology day unit

A variation to this option is

- a. All inpatient surgery transfers to UHNT requiring 45 inpatient beds
- b. ASA grade 3&4 patients only transfer to UHNT requiring in the region of 10 inpatient beds (tbc)

Critique

If inpatient general surgery, gynaecology and orthopaedics are centralised to UHNT, either all ASA grades could be done there or just the more complex ASA grades 3 and 4. If only ASA grade 3 and 4 patients were operated upon at UHNT, this would require approximately 5 - 10 extra beds, if all inpatients were operated upon at UHNT this would require an extra 45 beds. There is an argument to maintain ASA grades 1 and 2 at UHH as the patients are low risk, with few associated complications, and it maintains services at UHH. There would need to be pathways in place to ensure patients had access to a surgical review out of hours if the need arises. This would also provide facilities for those "Day Case" patients who on rare occasions require an unplanned overnight stay. If some surgery is maintained at UHH it will relieve pressure on theatres at UHNT.

There is also an option to centralise all inpatient surgery to UHNT. This would facilitate efficiencies of medical and nursing staff by bringing the surgical specialty together on one site.

An improvement is expected on the delivery of key performance and clinical outcome measures, however, additional pressures on space will need reassessment of cleaning regimes and surge capacity availability. There would also be additional pressure on theatres and extended working would be required if all elective inpatient specialties transferred to UHNT. There could be a loss of activity through patient choice. There will be an impact upon CSSD at North Tees if there is significant shift in work from UHH to UHNT.

With regard to access, some patients and their relatives would have to travel to UHNT for their inpatient stay that would have previously been admitted to UHH. Some patients from the Stockton area will have to travel to UHH for their in patient stay or out-patient diagnostic, as happens now. Providing all inpatient general and orthopaedic surgery at UHNT would realise staffing efficiencies in main theatres, medical rotas and on the ward areas. Staff that have been based at UHH will have to be relocated to UHNT.

Providing all inpatient general and orthopaedic surgery at UHNT would realise staffing efficiencies in main theatres, medical rotas and on the wards staff and therefore should reduce the associated costs.

Reducing any service currently provided from UHH will be politically contentious and will require relationship management and collaborative working.

Option 3 - As 2) plus relocate all elective day case surgery and orthopaedics to UHNT / community facilities

This option explores the feasibility of providing of all acute medicine, elective surgical and elective orthopaedic services onto one site. This may be an opportunity to develop a “Diagnostic Centre of Excellence”.

This would result in the service configuration detailed in the table below

UHH	UHNT
<ul style="list-style-type: none"> • A full range of outpatients • Cardiac investigation unit • Planned Endoscopy • Outpatients department • Chemotherapy day unit • Rheumatology day unit • Elderly care day unit • Assisted reproduction Unit • Midwife led unit <p>Support Required</p> <ul style="list-style-type: none"> • CT, MRI, Ultrasound Scans and plain film X-ray support from radiology but only in office hours. • Access to endoscopy suite • Pharmacy • Outpatients department 	<ul style="list-style-type: none"> • Emergency medicine including cardiac catheterisation • Elderly / acute stroke / stroke rehab • A full range of out patients • 4 x level 2 beds and 8 x level 3 beds critical care support • Emergency general surgery • General surgery elective inpatients • General surgery day case • Emergency orthopaedic surgery • Orthopaedic elective inpatients • Orthopaedic day case • Gynaecology day case • Gynaecology inpatients • - Cardiac investigation unit • Planned Endoscopy • Chemotherapy day unit • Rheumatology day unit • Elderly Care Day Unit • Mortuary Services • Full range of obstetric services <p>Support Required</p> <ul style="list-style-type: none"> • A dedicated critical care area • CT, MRI, Ultrasound Scans and plain x-ray support from radiology (relocate digital equipment from UHH) • A ward base for emergency medical inpatients • A ward base for elective surgical and orthopaedic inpatients • A ward base for elderly / acute stroke rehabilitation inpatients • Access to main theatres • Access to endoscopy suite / day case theatre • Pharmacy • Outpatients department

	<ul style="list-style-type: none"> • Pathology • Fluoroscopy • Medical Illustration • Nuclear Medicine
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NB

Further clinical risk scoping is required for the areas listed below

- Chemotherapy Day Unit
- Rheumatology day unit

This would result in the closure of UHH at around 8pm.

There is a variation of this option

- a. Some additional day case procedures could be provided from a community location such as One Life Hartlepool (hand and foot surgery is already delivered from this site)

Critique

There are no quality, patient safety and experience arguments for moving day case surgery from UHH to UHNT. There is no clinical standard argument for moving day case surgery from UHH to UHNT. The Royal College of Surgeons (2007) and The British Association of Day Surgery / The Association of Anaesthetists of Great Britain & Ireland (2011) supports the use of day case facilities claiming it has significant benefits for patients including reduced risks of hospital acquired infection or having their operation postponed.

Plans will need to be in place to ensure demand does not negatively impact on the trusts elective waiting times and flexibility. Additional pressures on space may result in less robust cleaning regimes and surge capacity availability. There would also be additional pressure on theatres both main and day case and extended working would be required in all elective inpatient and day case specialties. This option would result in more patients travelling from the Hartlepool to Stockton areas for their surgery.

There would be efficiencies in staffing realised by centralising all day case surgery to UHNT, but staff who have been based at UHH will have to be relocated to UHNT.

The impact on estate would be the similar to option 2. If this option is to be pursued, further clarity on day case theatres and spaces will be sought.

Reducing any service currently provided from UHH will be politically contentious, requiring relationship management and collaborative working.

Option 4 - As 3) plus relocate all elective endoscopy to UHNT / community facilities

The provision of all elective surgical services and endoscopy services onto one site maximises efficiencies of staff but increases demand on the major site for appropriate estate, endoscopy and theatre capacity. The service configuration would be the same as the table above but there is a variation of this option

1. Provide some endoscopies and or day case surgery from a community location or locations, given that facilities meet the appropriate standards ie the Joint advisory group for accredited endoscopy units.

Critique

There are no quality, patient safety and experience arguments for moving endoscopy from UHH to UHNT. Anecdotally, concentrating endoscopy services in a self-contained endoscopy suite would improve patient experience, but this is already the case on both hospital sites. Any rooms used for endoscopy will need to meet JAG standards. This is currently achieved in the Rutherford Morrison Unit at UHH and the suite at UHNT.

There would be no impact expected on the delivery of key performance measures, however, there would need to be reassessment of cleaning regimes and surge capacity availability. There would also be additional pressure on theatres both main and day case and on the endoscopy suite and extended working would be required in all elective inpatient and day case specialties, this could be off set by the use of community facilities.. Further endoscopy suite developments would be required to maintain access and delivery performance. This option may mean that patients would be required to travel to UHNT for what is a relatively short and minor procedure.

Having all service on one site, with the exception of out patients increase staffing efficiencies and therefore should reduce the costs associated. Staff who have been based at UHH will have to be relocated to UHNT.

Currently there are 4 endoscopy examination rooms at UHNT and 2 at UHH (with proposals to expand to 3 at UHH).

Reducing any service currently provided from UHH will be politically contentious, requiring relationship management and collaborative working.

Option 5 - As 4) plus relocate all outpatient services to UHNT / community facilities

Centralising all services onto one hospital site is the most efficient configuration in terms of staff utilisation, however, it will likely lead to significant pressure on demand for estate
This would facilitate the closure of UHH. This is not the journey expected in the delivering
the new hospital

Critique

Having all service on one site, with the exception of out patients, and increase staffing efficiencies and therefore should reduce the costs associated. Staff who have been based at UHH will have to be relocated to UHNT. Centralising all services may realise staffing efficiencies but would exacerbate existing estate pressures. The resultant quality, patient safety and experience would suffer as a result of all services being located and vying for estate on a single site. Notwithstanding all of the access and delivery issues outlined in the previous options, key performance measures would likely deteriorate if all services from UHH were reprovided at UHNT.

With regard to estate cognisance should be given to the following:

- Community facilities should be considered for a proportion of the day case, endoscopy and outpatient activity

- The rheumatology day unit could be provided in an alternative manner, removing the need for provision of estate
- There are facilities for the provision of plain film X-Ray and Ultrasound Scans in the One Life Centre in Hartlepool which would result in the effective utilisation of One Life Hartlepool for adult and children's outpatient services
- There would need to be further clarification of what may be required from the estate to facilitate this.

Reducing any service currently provided from UHH will be politically contentious.

Option 6 - Reverse the status quo i.e. swap services between sites so that University Hospital of Hartlepool becomes the more acute / emergency focused site

It is necessary to consider the option of recreating UHH as the major site. Reversing the status quo would require re-providing all emergency services, including obstetrics at UHH, with emergency medicine at UHNT supported by level 2 and 3 critical care. The current capacity of the two hospital sites are different, with UHNT having a larger gross internal floor area and total footprint than UHH. Furthermore it should be noted that:

- There are presently
 - 6 main and 1 day case theatres at the University Hospital of Hartlepool and
 - 8 main theatres, including 2 obstetric theatres, 3 day case and 1 minor operations theatres at the University Hospital of North Tees,
 - There is space for 4 endoscopy rooms at UHNT and 3 at UHH.
- For critical care there are 15 bed spaces at UHNT and 6 bed spaces at UHH

The current internal floor space at UHNT is much greater than UHH and would therefore require a significant multi million pound investment to create the same space at UHH that UHNT has.

This will mean the trust continues to provide the services below from UHNT

UHH	UHNT
<ul style="list-style-type: none"> • Emergency medicine • Elderly / stroke rehab • A full range of out patients • 4 x level 2 beds and 8 x 3 beds critical care support • Emergency general surgery • General surgery elective inpatients • General surgery day case • Emergency orthopaedic surgery • Orthopaedic elective inpatients • Orthopaedic day case • Gynaecology elective inpatients • Gynaecology day case • Cardiac investigation unit • Planned Endoscopy • Chemotherapy day unit • Rheumatology day unit • Elderly Care Day Unit 	<ul style="list-style-type: none"> • Acute medicine • Elderly / stroke rehab • A full range of out patients • Level 2 and 3 critical care support • General surgery inpatients • General surgery day case • Orthopaedic inpatients • Orthopaedic day case • Gynaecology Day case • Cardiac catheterisation unit • Cardiac investigation unit • Planned Endoscopy • Chemotherapy day unit • Rheumatology day unit • Elderly Care Day Unit • Mortuary Services • Midwife Led Unit

<ul style="list-style-type: none"> • Mortuary Services • Full range of obstetric services <p>Support Required</p> <ul style="list-style-type: none"> • A dedicated critical care area • CT, MRI, Ultrasound Scans and plain x-ray support from radiology • A ward base for emergency medical inpatients • A ward base for elective surgical and orthopaedic inpatients • A ward base for elderly / stroke rehabilitation inpatients • Access to main theatres • Access to endoscopy suite / day case theatre • Pharmacy • Outpatients department • Pathology • Fluoroscopy • Medical Illustration • Nuclear Medicine 	<p>(Note that the swapping of the reproduction units from UHH to UHNT have not been considered)</p> <p>Support required</p> <ul style="list-style-type: none"> • A dedicated critical care area • CT, MRI, Ultrasound Scans and plain x-ray support from radiology • A ward base for emergency medical inpatients • A ward base for elective surgical and orthopaedic inpatients • A ward base for elderly / stroke rehabilitation inpatients • Access to main theatres • Access to endoscopy suite / day case theatre • Pharmacy • Outpatients department • Pathology • Fluoroscopy • Medical Illustration • Nuclear Medicine
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Critique

Reversing the status quo will mean there will be changes to the way the local populations access services. It can be argued that the status quo does not provide an equitable service on both sites. An example of this is a lack of surgical input out of hours at UHNT. The Trust strives to provide high quality services to the population it serves. To facilitate this some services have centralised to UHNT to ensure clinical guidelines and standards are met by making optimum use of specialist staff and equipment. Going forward patient safety has to be the utmost priority in service provision, it could be argued that that with this configuration, patients at UHH and UHNT would not receive an equal service.

Maintaining clinical standards and patient safety is becoming increasingly difficult across two hospital sites. Looking to the future, service changes will be required to meet more stringent standards as they are introduced if the Trust is to continue providing a safe, high quality service. There is a skilled and dedicated workforce, working at UHH and UHNT; however specialisation is increasing making it more difficult to attract and retain medical and clinical staff across two hospital sites. This is exacerbated by the training requirements relating to the case mix of patients and conditions that trainees must have exposure to treating on a regular basis. Against this back drop it should be noted that more senior staff will be needed to cover rotas to enable standards to be maintained going forward. This would bridge the gap left in posts that would traditionally have been filled by trainees. There is a real threat that the Deanery will withdraw trainees in the future leaving the services non viable if change is not proactively managed.

The existing spare capacity in estate at Hartlepool offers the potential to provide 2 wards that are currently not used as patient accommodation. Thereafter requirements to increase capacity further would require either modular build as EAU solution, or more probably a new

building construction to house multiple wards and services. This would require a significant multi million pound investment. There would be no staffing efficiencies.

Reducing any service currently provided from UHNT will be politically contentious, requiring relationship management and collaborative working .

Options 7 - 11

From a start point of Reversing the Status Quo and with the exception of the Cardiac Catheterisation and Assisted Reproduction Units noted above, Options 7 – 11 are a reflection of options 1 – 5 with services systematically being relocated to UHH from UHNT. Each option therefore has the same implications for Quality, patient safety and experience, clinical standards, workforce and political implications as their reflected option 1-5.

7) As 6) plus relocate emergency medicine and critical care to UHH

See option 1

8) As 7) plus relocate elective inpatient surgery and orthopaedics to UHH

9) As 8) plus relocate all elective day case surgery and orthopaedics to UHH / community facilities

10) As 9) plus relocate all elective endoscopy to UHH / community facilities

11 As 10) plus relocate all outpatient services to UHH / community facilities

4.7 The Assessment Criteria

Initially it was proposed that the options appraisal is carried out in 2 stages. The first stage was to be a formal pass / fail stage, where each of the options is subject to 6 questions relating to each of the six assessment criteria categories. A “No” answer to any of the 6 questions rules the option out from further consideration. However, in the course of gathering the clinical evidence for change and exploring the options more rigorously, a more generic red / amber / green rating is suggested for the first pass against the six broad criteria:

Clinical Quality, Safety and Patient Experience
Access and Delivery
Workforce
Estate
Finance
Political

For each area, three key questions have been considered and rated on a three point scale of

- Red - does not meet the dimension / no
- Amber - partly meets fulfils the dimension / partly
- Green - fully meets the dimension / yes

[Ratings still to be constructed]

Clinical Quality, Safety and Patient Experience

This category focuses on the delivery of high quality clinical care which doesn't compromise patient safety and provides a positive patient experience. The three key dimensions are:

- Will the clinical quality of the service provided be improved?
- Is service likely to be safer?
- Will the patient have a better experience?

Access and Delivery

This is fundamentally about whether patients are able to access services in a convenient and timely fashion and that the Trust meets the range of regulatory frameworks and performance measures expected of it.

- Are services provided closer to the majority of users?
- Will the range of regulatory frameworks be adhered to?
- Will users receive treatment in a timely fashion?

Workforce

This is essentially around the ability to recruit and retain a suitably skilled and competent workforce paying attention to their health and wellbeing.

- Will recruitment and retention rates be improved?
- Will the Royal Colleges and Deanery support the model of care proposed?
- Will staff benefit from the changes with respect to their personal health and wellbeing?

Estate

Although related to geographical access to services this category also importantly recognises the physical condition of the current estate and the feasibility to modify estate to meet the service changes.

- Is there sufficient available estate?
- Can physical access issues be overcome in particular transport and parking?
- Can clinical adjacencies be optimised?

Finance

Primarily concerned with the cost effectiveness of each option when capital and revenue costs and savings are evaluated, primarily estate refurbishment, maintenance and running costs and staffing expenditure.

- Is the solution cost-effective from a capital spend / revenue savings perspective?
- Is the payback period acceptable?
- Can the Trust raise sufficient capital to deliver the changes?

Political

Consideration is given to the local political arena in the form of Health Overview and Scrutiny Committees and also national policy, in particular the changing shape of NHS commissioning and national drivers for centralisation and sub-specialisation

- Is the solution aligned to the national policy direction of travel?
- Is there buy-in from the local commissioners?

- Will it be acceptable to the Local Authority Health Overview and Scrutiny members?

Those options that remain following stage 1 will pass into a second stage and be subject to a weighted scoring system against more specific statements within each category. A complete assessment matrix will be developed if this approach is agreed.

A workshop will then be held with clinical staff to evaluate the options options.

Transition Workshop: Summary

Purpose

The purpose of the transition workshop was to inform and engage clinical staff in evaluating the options available to the Trust during the transition to the new hospital. An introduction was given, explaining events leading up to the workshop and why the Trust needs to look at alternative models for service provision in advance of the opening of a new hospital. The specialties discussed were critical care, medicine, general / orthopaedic inpatient surgery, cardiac catheterisation, rheumatology and chemotherapy. All Clinical directors, general managers, assistant directors, executive directors, matrons and service leads were invited to attend the workshop or to send a deputy on their behalf. There was representation from a wide range of clinical staff groups

Methodology

The attendees were seated in seven groups of three or four people. They were each given papers that detailed the options for each specialty together with a scoring matrix. The groups were encouraged to debate the pros and cons of each option and allocate the score they felt to be most appropriate (-1, 0, or +1) based on the six categories listed below.

Six categories to consider:
<p>Clinical Quality, Safety and Patient Experience</p> <p>Access and Delivery</p> <p>Workforce</p> <p>Estate</p> <p>Finance</p> <p>Political</p>
For each area, three key questions have been considered to be rated on a three point scale of:
<p>SCORE = -1 : does not meet the dimension / no</p> <p>SCORE = 0 : partly meets fulfils the dimension / partly</p> <p>SCORE = 1 : fully meets the dimension / yes</p>

Results

The results for each specialty are captured below. The preferred option is coloured green.

Medicine and Critical Care

Option 1	Option 2	Option 3
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The remaining 2 level 2 beds will be relocated from UHH to UHNT 2 additional level 2 bed spaces (to HBN standards), would be provided in a modular build adjacent to the unit on the flat roof	The remaining 2 level 2 beds will be relocated from UHH to UHNT 2 additional single rooms will be developed within the current unit to (HBN standards). And relocation of ancillary accommodation to an alternative location	Relocate 1 level 2 bed from UHH to UHNT critical care and the other to a main ward area in UHNT (1 critical care bed in a remote area)
Centralise all medicine to UHNT <ul style="list-style-type: none"> This will require 130 beds at UHNT 	Centralise Acute medicine to UHNT but maintain a rehabilitation unit at UHH <ul style="list-style-type: none"> This will require an extra 100 beds at UHNT. This allows more scope for the provision of a decant ward and managing surge from an estate perspective. This will maintain 30 beds at UHH 	Centralise Acute medicine to UHNT but maintain a rehabilitation unit in a community location in Hartlepool <ul style="list-style-type: none"> This will require an extra 100 beds at UHNT. This allows more scope for the provision of a decant ward and managing surge from an estate perspective. This will maintain 30 beds in a community location in Hartlepool

Surgery

Option 1	Option 2
All elective surgical patients who have ASA grade 1 and 2 will have their operation at UHH <ul style="list-style-type: none"> This will require a review of the workforce at UHH 	All elective surgical patients will have their surgery at UHNT.

Cardiac Catheterisation, Rheumatology and Chemotherapy

Option 1	Option 2
Cardiac Catheterisation Unit remains at UHH	Cardiac Catheterisation centralises to UHNT in line with Acute medicine
Provide rheumatology outpatients from a community location and maintain day unit services at UHH	Provide rheumatology outpatients and day unit services from a community location .
Provide chemotherapy outpatients from a community location and maintain day unit services at UHH	Provide chemotherapy outpatients and day unit services from a community location .

Discussion

The workshop generated lively debate among the group members. The group members did find it difficult to score the finance sections, so they have been left blank in many cases. The results of the scoring exercise were fed back to the groups at the end of the session.

The group members were not surprised by the outcomes and reported they felt the results reflected the issues that need to be addressed.

Conclusion

- The group work from the transition work shop suggests
- Relocating the remaining 2 level beds from UHH to UHNT, utilising 2 additional single rooms within the current unit to (HBN standards).
- Centralise medicine to UHNT and maintain a rehabilitation / step up / step down unit in a community location in Hartlepool.
- There is not a clear preference around surgery and therefore more work is needed to agree on a model for this specialty
- Centralise cardiac catheterisation to UHNT in line with acute medicine
- Provide rheumatology out patient services in a community location but maintain day unit services at UHH
- Provide chemotherapy out patient services in a community location but maintain day unit services at UHH.

NCAT review

**National Clinical Advisory
Team - NCAT**
Chair: Dr Chris Clough

To: North East NHS

North Tees & Hartlepool NHS Foundation Trust

Date of Visit: 29 January 2013
Venue(s): Hartlepool and North Tees Hospitals
NCAT Visitors: Dr Chris Clough
Dr Mike Jones

King's College Hospital
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London
SE5 9RS

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1. Introduction

- 1.1. NCAT was asked to clinically assure reconfiguration proposals for North Tees and Hartlepool NHS Foundation Trust (NTHFT) involving the University Hospital of Hartlepool (UHH) and University Hospital of North Tees (UHNT). The request for clinical assurance was initiated by Hartlepool and Stockton-on-Tees Clinical Commissioning Group as part of their service change assurance process as the Trust and Clinical Commissioning Group move towards public consultation.
- 1.2. Information reviewed - list of information received is shown in Appendix 1
- 1.3. Agenda and list of people met is shown in Appendix 2

2. Background

- 2.1. The background to this reconfiguration is lengthy and complex starting with the Tees Service Review in 2003, followed by the acute services review for Hartlepool and Teeside in 2005, the recommendations of the Independent Reconfiguration Panel 2006 and the development of the strategic plan Momentum – pathways to healthcare 2007. The details of these various recommendations and strategic plans will not be summarised here, but the conclusion of the most recent Independent Review Panel (IRP), the Momentum programme, is that there should be a single new hospital, built between Hartlepool and Stockton, to replace the current services provided at UHH and UHNT. Additionally there should be a number of other work-streams to ensure that health services were as near to patient homes as possible, with the development of community services.

2.2. As part of the health service reform/redesign in North of Tees and the shared vision originating from the recommendations of the IRP, the new hospital capital project was consulted on in late 2008, leading to a final draft of the outline business case. As part of the spending review undertaken by the new coalition government following the general election in May 2010, the approval for public dividend capital (£464m) was withdrawn in June 2010. The Trust, with support from the then PCT (NHS Tees) and now NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group, is exploring alternative options for securing the required finance and, by the end of 2013 hope to identify an appropriate financial partner. A new hospital at the Wynyard site is expected to be in service by 2017.

2.3. In advance of and as anticipated in the new NHS with a strive for greater quality and safety standards that move to the new hospital the Trust is experiencing clinical problems of sustainability to keep abreast of escalating standards with the continued provision of two site acute medical and critical care services. It is the case for change for these services that NCAT has examined, but we have also reviewed the overall strategic direction of the Trust plans. Within the accompanying paperwork, plans to close the stand alone midwife led birthing unit (MLBU) at UHH were advanced, but we understand these are being reconsidered in an overall assessment of the provision of midwife-led services that exist within the community, or are hospital based. Whilst NCAT can understand that there may be concerns about the affordability and sustainability of a small stand-alone MLBU (approximately 300 births per year) we have not addressed the issue of maternity services directly, and these are not further discussed within the following report.

3. Case for change

3.1. Presently acute medicine and critical care (intensive care and high dependency care) are provided on the two sites of UHH and UHNT. Whilst UHNT is the major provider of acute medical services and critical care, UHH continues to admit acutely ill medical patients. Patients suffering from a possible stroke are already taken to UHNT (patients identified by the FAST test are transferred by the ambulance services to UNHT, other patients can self-present or be referred by GPs), and secondly patients

with acute coronary syndromes (ie those so-called STEMI patients) are taken directly or transferred to James Cook University Hospital for percutaneous coronary intervention. About 30 patients a day present to the acute medical unit (emergency medical unit) at UHH and a significant proportion of these will be ambulatory.

- 3.2. UHH is supported by a small critical care service with two ITU beds and two high dependency beds. Over recent years the bed occupancy has been 50% on average. Most of the activity using this service is referred on by the acute medical team. It is supported by anaesthetists with intensive care skills who are able to do a once daily ward round but are not able to offer the full panoply of intensive care support such as haemofiltration and routine tracheostomy can only be performed on mornings when the consultant is there. Such services are available routinely on the UNHT site. Patients for surgical tracheostomy need to be transferred to UNHT. It has been difficult to recruit and retain anaesthetists and medical staff to the UHH. In addition the nurses feel isolated within the unit and insecure about the level of care they are practicing.
- 3.3. The acute medical unit does run well and there are plenty of beds to which patients may be admitted , but again is not supported by the full panoply of services one would expect in a modern AMU. Patients need to be transferred to UNHT for endoscopy or other specialist opinion or interventions.
- 3.4. Thus the case for change here is predominantly clinically based, driven by the need to close the critical care unit at UHH which may potentially be unsafe, and secondly to provide modern fully supported acute medical care which certainly could not function without on-site critical care facilities. In the present situation patients may be left at UHH following their admission when it would have been better to transfer them in the first place to UNHT.
- 3.5. The proposal is to create a larger acute medical unit at UHNT, which would then be supported by a larger group of medical staff and other clinicians with specialist skills. The intensive care/critical care unit at UHH would

close and the capacity at UHNT would be expanded to accommodate the increased activity. Again there are likely to be efficiencies of scale and quality dividends by bringing all the individuals with intensivists skills onto one site.

- 3.6. The proposal will mean that the number of beds at UHNT will need to be expanded, and the figure given was of 100 extra beds committed to acute medicine. Within this present move there would also be some movement of plain X ray and diagnostic services to support acute medicine and critical care but these services would also remain on the UHH site to support outpatient services. Patients requiring elective surgery on the UHH site would undergo appropriate assessment to ascertain their ASA grade. Low grade patients (ASA 1 and 2) would be deemed fit enough to undergo surgery at the elective care centre. Those with higher ASA grades would be treated at UNHT in case of the need for critical care.

4. Views expressed on the day

- 4.1. The Trust and the CCG both have clear and creditable plans to develop high quality care for the people of Stockton and Hartlepool. It is important that the plans that emerge are evidence based and can be supported by our clinicians.
- 4.2. The Trust took on community services some time ago and would like to deliver integrated care, but there has been less investment in the community services at the Stockton side to enable us to do this.
- 4.3. There are now three short-listed bidders which have emerged to compete for the development/funding of the new hospital, and we would expect a recommendation by the end of the year
- 4.4. There has been a renaissance in community services. The single point of access has been a great success with signposting of appropriate services for the first time. However staff working at the SPA centre can feel stressed when attempting to make a decision about what is the appropriate patient pathway to recommend, and the default position may well be to admit.

- 4.5. We need to plan for the future, particularly the management of the frail elderly. It will be important to have integrated services with social services. A large proportion of these patients will have dementia who require appropriate care.
- 4.6. These plans will mean that 97% of the healthcare contacts that occur presently will remain in Hartlepool. We recognise that transport needs to be a key project. We are suggesting there needs to be a shuttle bus between the two hospitals. We know the public is worried about transport and it will be important to enhance both public transport and ensure that the ambulance service has sufficient capacity to make swift transfers if need be.
- 4.7. We are an upper decile performer with regard to average length of stay (3.6 days) for the acute medical service. We are trying to run an 85% bed occupancy, but often the occupancy is over 90%, particularly at the Stockton end (UHNT). Surgery runs at much lower occupancy rates (77-78%). Overall there will be 100 extra beds at North Tees to accommodate the increase in medical activity and this can be provided by refurbishing wards as at present. Additionally it would be relatively easy to reprovide the intensive care beds by some creative utilisation of space within the present ITU.
- 4.8. We must try to concentrate our elective surgical activity on the UHH site. Out of hours there will be a resident medical officer supported by advanced care nurse practitioners.
- 4.9. There are problems treating patients safely in the present UHH ITU. The number of beds is small, with low bed occupancy, and the medical cover relies on general anaesthetists some with intensivist skills. There is no dedicated intensivist presence on the ITU.
- 4.10. There is a growing disparity between the two sites because of the increasing isolation of the acute medical service and supportive critical

care. This can lead to an unwillingness to transfer patients from UHH which may not be in the patients' best interests. It is difficult to get specialist advice re haemofiltration and other specialist interventions for the patients in ITU. We have difficulty recruiting anaesthetists because of the low ITU throughput and facilities at UHH.

- 4.11. It would be difficult to justify training of junior anaesthetists in the ITU, and it is unlikely that the Deanery would support this at the UHH site. Increasingly we rely on locums which are difficult to find, and locum behaviour is worrying. Whilst what we are doing is adequate, this is not the model of care we want to see in the future.
- 4.12. One of the biggest challenges we have is working with the social services. However we do think we can preserve the relationships that have developed at UHH with community and social services if the acute services were to transfer to UHNT.
- 4.13. We want to develop consultant-led surgical care and this plan would assist that direction of travel. In the main UHH, as a surgical elective centre, would be dealing with orthopaedics (lower limb arthroplasty, spinal anaesthesia), breast surgery and paediatric day case surgery. There have been rare occasions when it has been necessary to open up the theatre out of hours for a deteriorating surgical patient using the UHH team. In future this occurrence must be kept to a minimum but in an extreme case it may be necessary to stabilise patients on the UHH site before transfer to UHNT.
We must utilise the capacity at UHH because without those 3 operating theatres we would not have the capacity to deliver all the surgical activity at UHNT.
- 4.14. There are concerns about equipment transfer between the two sites, and this needs to be clarified. We also need to do further work about understanding what competencies the out of hours team must have to support the level of elective care we would predict.

- 4.15. The acute medical team is comfortable with the assumptions about the rising level of admissions. We would expect this to be no more than 1% per year if integrated care and management of the vulnerable patients is developed within the community. We have work streams in mental health, substance misuse which aim to look at those care pathways carefully to identify patients at risk and prevent them being admitted unless absolutely necessary.
- 4.16. The local GPs are happy with the quality of care presently delivered at the two hospitals. We recognise the challenges faced by the Trust and support the movement of acute care to one site at UHNT.
- 4.17. We are not happy with the numbers of patients presently attending the ambulatory care unit at the Trust, and think these numbers need to be reduced over time by better provision of primary and community care. We recognise that GP services need to be more accessible, with 7 day working and extended hours. Presently there are a lot of zero day admissions; these need to be prevented wherever possible.
- 4.18. We are not happy with the paediatric assessment unit at UHH. We expect our children who are identified as being sick to be assessed by a paediatrician, at best a consultant, and presently this is mainly being performed by a nurse practitioner. Hence many of us are diverting children to UHNT anyway.
- 4.19. Whilst we recognise that community care needs to be developed, we must accept there has never been sufficient investment in the community services. It is worrying that the Trust re-admission rate is high, better community provision would help improve that.
- 4.20. Transport issues are key factors for patients.
- 4.21. The local Hartlepool Council has passed a vote of no confidence in the Trust management. Many people in Hartlepool do not support the building of a new hospital at Wynyard.

- 4.22. We would like to challenge the logic of the Momentum proposals. Why it is necessarily Stockton is the acute site rather than Hartlepool?
- 4.23. Patients do have concerns about the interim plans. Many of us took some convincing about the Momentum plans but have come to the view that the plans are acceptable as long as we develop community plans, and we would strongly support all attempts to keep care close to home.
- 4.24. We think the staff on both sites are good, and when we access care it is generally of a good quality. There are problems with access to some of the GPs locally, with up to 48 hours wait for an urgent appointment.

5. Discussion

- 5.1. Prior to the NCAT visit, both visitors were provided with a good deal of information about the background to the reconfiguration and the considerable political and other difficulties that the Trust and Commissioners have had over the past few years in making change happen with the North East. Thus it wasn't always clear from the paperwork what the substance of the proposal was, and what operational steps had been taken to achieve that. We fully understand the political difficulties in making change happen. Nevertheless we think the supportive paperwork could be considerably simplified, and certainly this would be necessary for public consumption, so that everybody is clear exactly what the proposal is about, the clinical case for change and what are the objectives and hoped-for outcomes to be achieved.
- 5.2. The core of this reconfiguration proposal is relatively straight-forward and that is the consolidation of the acute medical service on one site at Stockton and the transfer of the critical care services (ITU and HDU) to the Stockton site. This is the proposal we have clinically assured. As above, we have not reviewed plans for any changes in maternity services but did express our concerns about the viability of small standalone midwife led birthing units. We have not clinically assured any plans for a single site for all services, as envisaged with the new hospital build. Nevertheless we would like to make some broad strategic comments about the movement to

a possible new hospital at Wynyard, as this needs to be seen in the context of a national movement to create hospitals able to deliver care 24/7 with round the clock working for the acute team and supportive diagnostics.

- 5.3. We recognise that the public see a linkage between the interim plans and the final plans, but we think there is a pressing need to do something about what is happening to the acute services presently, no matter what the plans are for the future. Thus we see no need to link our decision with the decision making processes required for the acute hospital.
- 5.4. The clinical case for change can be strongly supported. What we witnessed today was dedicated and hard-working clinical teams at both sites, endeavouring to create a first class service but hampered by the present configuration. The key to what must happen is the provision of critical care. The present critical care service at UHH is inadequate, poorly staffed and does not meet the standards required for a modern intensive care unit. Its size and level of use mean that it will never be able to achieve these standards, thus it is not surprising that anaesthetists feel uncomfortable about working there, and there are problems with recruitment of anaesthetists and support staff. We heard that at times the nursing staff, particularly at night, feel unsupported and concerned in case a clinical error occurs. Certain practices are unacceptable, for instance the level of support for tracheostomy, the lack of haemofiltration and the ability to call on other specialist services. It is difficult to envisage how these deficits may be corrected. Massive investment in the service is not justified on the level of patient use, and it would be unlikely to be supported by the local education and training board (previously deanery). Thus we can see no alternative other than to transfer this service to UNHT. We believe there is capacity at that site to accommodate the increasing activity, and there will be the opportunity to bring together all the available staff and develop a dedicated intensivist workforce at UNHT.
- 5.5. The inevitable consequence of decommissioning critical care at UHH is that acute medical care can no longer be provided. Acutely sick patients need the availability of on-site resuscitation and critical care facilities. This must trigger the movement of acute medical care to UNHT. Not only that,

the present service is relatively small and does not have the full panoply of acute specialist care that is required to deliver high quality acute medicine. The bringing together of the two units under a single roof will undoubtedly enhance the level of support required for acute medicine and ensure there are viable specialist rotas, for instance in gastroenterology, respiratory medicine etc. It should also enhance the ability of elderly medicine to play an important part in identifying the frail elderly who require a comprehensive geriatric assessment and subsequent multi-disciplinary management.

- 5.6. When we spoke to the public and to the Overview & Scrutiny Committee members there was a significant majority in favour of the clinical argument for reconfiguration of the service. Not surprisingly the strongest support did come from those members of the public residing within the Stockton end of the patch. Nevertheless there were others from Hartlepool who also supported the plans. Understandably there are great concerns from the Hartlepool population about any changes to the services at UHH. They had two main concerns; firstly, whilst recognising that only a small part of the hospital services were being transferred to UNHT, and that the majority of services were remaining, it was felt that this could be the beginning of the end for UHH. Secondly, there are considerable concerns about transport – this has two components, firstly the extra travelling that relatives and carers would have to make in order to see their loved ones at UNHT when they were admitted acutely, and secondly was there sufficient capacity within the ambulance services to absorb the increased activity that inevitably would result from this transfer. From a clinical standpoint, the potential for small increases in travel times does not pose a significant clinical risk.
- 5.7. The Trust and its partners need to explain clearly the clinical case for change here, which is strong and can be strongly supported, but also reassure the Hartlepool public in particular that there is a continuing future for their hospital as a centre for elective care and other cold site services such as diagnostics and outpatients. Indeed there is a potential within the plans to develop intermediate care at UHH which would improve the care pathway for patients and ensure that once Hartlepool patients in particular had been treated at UNHT, they would be rapidly stepped down to

appropriate intermediate care facilities at UHH. The development of intermediate care at UHH will be an important component in managing the throughput of patients at the acute end.

- 5.8. Not enough has been done to describe patient narratives which I tell the story of what happens now and what will happen in the future. Overall we would expect these changes to deliver better patient outcomes, and all the OSC representatives and members of the public we spoke to agreed that some increased travel times was a necessary price to pay for better quality of care.
- 5.9. We were concerned about the lack of clarity about capacity planning for the enlarged Stockton unit. The assumptions used to model the bed numbers need to be robustly challenged and risk-assessed. Whilst it is very commendable that the CCG is emphasising the importance of providing adequate community services, and are putting plans in place to enhance admissions avoidance, it would be unwise to make any great assumptions that this necessarily will result in lowering the rise in hospital admissions. The Trust does need to plan for worse-case scenarios and risk-assess appropriately. It is possible that levels of admissions continue to rise and the planned achievements or reduction in average length of stay are not realised. We think the public need to be reassured that capacity planning has been carried out rigorously and the new service will be able to run efficiently and provide beds when they are needed. It would be best practice for the acute medical unit to assume a bed occupancy of 75% rather than the higher levels it has been achieving presently. The proposed bed/ambulatory care spaces in the acute medical unit on the UHNT site must be carefully modelled on present numbers and the time of day when patients present to ensure that the high quality care provided at the moment will not be compromised by the introduction of patients queues
- 5.10. There is much to be gained by developing primary care services and utilising community care. A community approach that utilises case registers for elderly patients with multiple morbidities, who are then appropriately risk stratified, would hopefully identify those patients in danger of needing admission so that they can receive targeted care within the community. Whilst we cannot guarantee that this would drive down

hospital admissions, the health economy can only thrive in the future if it reduces the reliance on hospital services, where the majority of costs are; the approach must be to concentrate on provision of high value interventions and decommission those healthcare interventions that have low value.

- 5.11. Removal of the acute services and critical care services from UHH will mean the Trust is able to focus on the provision of elective care on the UHH site. This can have considerable advantages in improving efficiency, patient flows and lowering rates of hospital acquired infection. Elective sites should be run to maximally utilise those resources, ensuring high levels of bed occupancy and theatre utilisation with low rates of cancellation and short waiting times. Patients will need to be appropriately risk-stratified, we were pleased to hear that the surgeons and anaesthetists fully recognise this. Consideration should be given to all the specialties that could potentially provide services on the UHH site as part of an elective care centre to ensure maximal utility of this site.
- 5.12. So far there has been very little debate about what the clinical support will be like following reconfiguration, and the key clinical competencies that must be provided in and out of hours within the on-site clinical team. This will be an important issue to resolve in advance of the transfer, and will determine exactly what the case-mix of patients who will be treated at UHH should be. There are a number of modern practices which can significantly enhance post-operative care of patients within daytime and early evening hours to ensure safe post-operative recovery and identify those patients who need further care (ie if they deteriorate surgically or have medical complications). This will require that appropriate protocols are put in place with physiological tracking schemes which provide an early warning of those patients who might need further care or indeed transfer to UHNT.
- 5.13. We would suggest that the clinicians, i.e. the surgeons and anaesthetists, get together very quickly to discuss these issues and agree on what the protocols of care should be, and what this might mean for the design of the clinical services. A lot can be safely done out of hours with the provision of a clinical team consisting of advanced care nurse practitioners with

resuscitation skills (ALS) but we suspect, following the discussion of the proposed case-mix of patients, there will need to be a medical presence on site overnight. This was described as a resident medical officer, or alternatively as a surgical trainee. The key to unlocking this problem is to look at the competency base of the whole team required to be on site in and out of hours. This will identify the skills and competencies of the individuals required. For instance we have seen similar plans where it was thought the most appropriate individual was an anaesthetist in training. Senior level support can be via telephone, presumably the on-call team at UHNT. Further thought should be given to whether telemedicine connections have anything to offer; for instance a video link might enable a consultant at distance to see and evaluate a patient, and watch a clinical exam. Digital imaging information can be easily transferred between the two hospitals. Our conclusion was that more work needs to be done to define the level of clinical support which would reside in and out of hours at UHH.

- 5.14. Turning to the more strategic issue of the long-term future of acute hospital services within the North East. This is of course a very large question, but it is one we feel we must raise. Whilst we wouldn't want to hold up the planning that is moving at a pace for the new acute hospital at Wynyard, we would point out that, within the North East, there are probably too many small DGH style hospitals. It would be appropriate to consider the consequences of planning a new hospital as above, but also to recognise that there may be an opportunity to configure services advantageously for the North East which in this case we would define roughly as that area between the Tyne and the Tees. It is clear that the two fixed points for acute hospital services are the Royal Victoria Infirmary at Newcastle and the James Cook University Hospital Middlesbrough. These are both large tertiary and, secondary care style hospitals which provide most services. What then is the requirement for other acute care providers? Whilst we recognise that the Healthcare Act provides for more qualified providers coming into the marketplace, acute care is extremely complex and costly and requires a strategic plan with partnership working between commissioners and providers.

- 5.15. The challenges ahead are a health economy which will not be growing as in previous years, and a requirement for year on year significant efficiency

savings. The major brunt of this inevitably will fall on the acute services, especially as there is a drive to improve primary and community services and deliver more care closer to patients' homes. The inevitable result of this is that there will be a requirement for fewer acute hospitals, and that these will cater for larger populations. The other side of the coin is that clinical care is becoming increasingly specialised within the acute sector, and needs to be provided by larger teams of clinicians who are available around the clock to ensure that patients' conditions are diagnosed speedily, and that there is immediate access to diagnostics and treatment in order to improve clinical outcome and produce shorter stays in hospital. Other drivers to change include a coming together of more specific services, for instance paediatrics, with the drop in the need to admit children and a requirement to provide 24/7 high quality inpatient care from dedicated paediatricians. This inevitably means there will be fewer paediatric inpatient units in the North East. We are aware that there are discussions within the North East to determine where these may be placed. The inevitable consequence of fewer paediatric units is fewer neonatal intensive care units and that will define where obstetric units will be placed (unless the size of the maternity unit justifies having its own standalone NICU).

- 5.16. We raise these issues because we think that there needs to be a broader strategic assessment of the requirement for acute hospital services within this geographical area and that CCGs need to come together to future-proof any plans they may have for new capital investment in acute hospital services. In the case of the proposed new hospital at Wynyard for instance, there may be a critical cut-off level for the population catchment area which will mean that the business case is challenged. If for instance this geographic site means that more patients from Hartlepool, through choice, are drifting down to the James Cook University Hospital, that could reduce the patient catchment to about 300,000, which will lead to a potential fall in income to fund the complex acute hospital care we would envisage as above. We would estimate (and here the evidence base can be challenged) that a larger population base of 500,000 and above, would lead to a more sustainable and affordable model. Nevertheless there are many other factors to consider including geographical variation, population clusters, travel times and political factors. Despite this, we think that this issue must

be raised with the commissioners and addressed speedily prior to proceeding with the new hospital build.

6. Conclusions

- 6.1. The clinical case for change is accepted. NCAT can support the move of the acute medical services and critical care services to UHNT. The timescale, whilst challenging, is supported and necessary in view of the potential for clinical risk at the UHH site
- 6.2. Capacity modelling needs to be robust and ensure that the reconfigured acute medical service aims to operate with an average bed occupancy of 75%.
- 6.3. The Trust needs to describe clearly what these changes will mean for the public and what services can be expected on both sites. A number of clinical narratives describing patient journeys need to be put forward to explain the change.
- 6.4. The public needs to see action taken about their concerns regarding transport and availability of appropriate public services between the two sites. Additionally the North East ambulance service needs to ensure they have sufficient capacity to deliver the increased numbers of transfers that might arise.
- 6.5. The residual clinical support (including medical on call) needs to be described on the UHH site. The approach should be one whereby the clinical competencies for the out of hours and in hours teams are defined to support the acutely ill patient.
- 6.6. The CCG and Trust need to work together to define patient pathways which ensure the right patient is treated in the right place first time, the aim being to reduce the number of patients who are admitted to secondary care and to improve overall quality of care delivered to patients, particularly those with multiple morbidity and long-term care needs.

- 6.7. The bigger questions of acute hospital strategy for the North East need to be addressed (see above).

7. Recommendations

- 7.1. The Trust proceeds to public consultation regarding the changes described above as soon as possible.
- 7.2. The CCG and Trust working together to respond to the conclusions as above and gives a written response to NCAT and NHS North of England within 3 weeks.
- 7.3. The CCG and Trust consider the need for external clinical review of the plans for the new hospital beyond the element of review built into the next steps of commissioning the new hospital to ensure that the model of care and facilities proposed will meet the needs of the local population and wider strategic direction of healthcare in the North East.

Appendix 1 Documentation Received

1 Covering Letter

2 Strategic Options

- 2.1 Strategic Options – 4 May 2012
Previous versions available if required
- 2.2 Presentation Transition Plan Summary of Options 12 June 2012

3 Cases for Change

- 3.1 Transition Plan 17 October 2011
- 3.2 Transition Workshop outcomes

4 Project Management of Service Reconfiguration

- 4.1 Presentation Strategic Options for Future Configuration of Services – 24 April 2012
 - ☐ Transition Board Agenda – 17 January 2012
 - ☐ Transition Board Agenda – 17 October 2011
 - ☐ Service Transformation Project Group – Agenda of 7 December 2012
- 4.2 Service Transformation Project Group – Terms of Reference
- 4.3 Service Transformation Project Group – Project Initiation Document
- 4.4 Service Transformation Project Plan
- 5 North of Tees Partnership Board Agenda 20 December 2012
- 4.5 North of Tees Partnership Board Terms of Reference
- 5 North of Tees Partnership Board Agenda 21 June 2012
- 4.6 Minutes of the North of Tees Partnership Board – 21 June 2012
- 4.7 Service Transformation Presentation to North of Tees Partnership Board – 21 June 2012

5 Communication and Stakeholder Engagement

- 5.1 Communications Strategy and Implementation Plan
- 5.2 £40 m Challenge / Transition Plan – Engagement Schedule
- 5.3 Report to Executive Team: future service model 28 August 2012
- 5.4 Report to Trust Board: future service model 13 September 2012
- 5.5 Presentation to Trust Directors Group 19 October 2012
 - Report to Trust Executive Team 27 November 2012
 - Audit Trail of Current Engagement relating to Service Transformation.

6 Overview and Scrutiny Committee

- 6.1 Presentation to demonstrate the Trusts' commitment to developing services in Hartlepool – February 2012
- 6.2 Presentation by NHS Hartlepool on the proposal to transfer Outpatient Services to One Life
Hartlepool – 23 August 2012
- 6.3 (a & b) Presentation by NHS Hartlepool and Stockton and Tees Clinical Commissioning
Group and North Tees & Hartlepool NHS Foundation Trust – October 2012
- 6.4 Report to outline the potential impact of Outpatient moves into Community settings –

December 2012

6.5 The Positive Moves discussed with Hartlepool OSC on 15 December 2011

7 Clinical Evidence

- ☐ Links to Clinical Evidence documents

8 Guidance and Service Reviews

- 8.1 Guide to Service Change – Incorporating the NHS Yorkshire and the Humber Service Change Assurance Process
- 8.2 Reconfiguration Proposals That Have Passed The Lansley Criteria (HSJ Online (19/11/10))
- 8.3 Tees Review Acute Services – Report by Professor Sir Ara Darzi 2005
- 8.4 Independent Reconfiguration Panel Report (IRP) – Advice of Proposals for changes to Maternity and Paediatric Services in North Tees and Hartlepool 2006

9 Clear and Credible Plans

- 9.1 NHS Hartlepool and Stockton-on-Tees CCG
- 9.2 NHS Durham Dales, Easington and Sedgefield CCG

10 Activity and Performance and Additional Information

- 10.1 Annual Report
- 10.2 Annual Plan
- 10.3 Operational Efficiencies Report 2011/12
- 10.4 Operational Efficiencies Report 2012/13 to date
- 10.5 Board of Directors Report – Operational Efficiencies – November 2012
- 10.6 Board of Directors - Winter Resilience Report – October 2012

Appendix 2

PROGRAMME FOR VISIT

Time	Subject	Venue
9.15 am	Introduction to NCAT by Dr Chris Clough	Board Room University Hospital of Hartlepool
9.20 am	Expectations of the Visit and NHS Hartlepool and Stockton-on-Tees Clear and Credible Plan – led by Dr Boleslaw Posmyk and Mrs Alison Wilson.	
9.35 am	Case for Change and the bigger picture – led by Trust Executive Team.	
9.50 am	Discussion	
10 am	Tour of facilities at the University Hospital of Hartlepool including ITU, Ward 7, EAU and Ambulatory Care	Visit General Medicine and Critical Care
11.45 am	Clinical Case for Change	Board Room University Hospital of Hartlepool
12.15 am	Discussion	
12.30 pm	WORKING NETWORKING LUNCH Trust consultants drop in	
1 pm	Meet with Local GPs and CCG Representatives	Board Room, University Hospital of Hartlepool
2pm	Meet with Representatives from Hartlepool, Durham and Stockton Overview and Scrutiny Committee	Board Room, University Hospital of Hartlepool
2.45pm	Meet with Representatives from Patient Carer Groups (LINKs, Hospital User Group)	Board Room, University Hospital of Hartlepool
3.15 pm	TRAVEL TO UNIVERSITY HOSPITAL OF NORTH TEES	
3.50 pm	Tour of facilities on the University Hospital of North Tees including EAU, Ambulatory Care, Short Stay Unit and Critical Care Unit.	Visit General Medicine and Critical Care
4.45 pm	Closing Session	Board Room, University Hospital of North Tees
5 pm	Depart the University Hospital of North Tees	

People Met

Julie Gillon	Chief Operation Officer/Deputy Chief Executive
David Emerton	Medical Director
Lynne Hodgson	Director of Finance & Information Management
Alan Foster	Chief Executive
Sue Smith	Director of Nursing and Patient Safety
Farooq Brohi	Consultant Anaesthetist & Critical Care
Kevin Oxley	Commercial Director
Narayanan Suresh	Clinical Director Anaesthetics
Cameron Ward	Acting CE NHS Tees Director (Durham, Darlington & Tees) Area Team of NHS Commissioning Board
Ben Clark	Assistant Director (Durham, Darlington & Tees) Area Team of NHS Commissioning Board
Katie Dixon	Strategic Planning Manager
Nick Roper	Clinical Lead, Acute Medicine and New Hospital
Jean Macleod	Clinical Director Medicine
Linda Watson	Clinical Director of Community Services
Peter Tindall	AD Strategic Planning & Development
Boleslaw Posmyk	Chair NHS Hartlepool and Stockton-on-Tees CCG
Ali Wilson	Chief Officer NHS Hartlepool and Stockton-on-Tees CCG
Paul Williams	Locality Lead (Stockton) NHS Hartlepool and Stockton-on-Tees CCG
Mike Smith	Locality Lead (Hartlepool) NHS Hartlepool and Stockton-on-Tees CCG
Paul Pagni	GP
Nick Timlin	GP
Paddy O'Neill	GP
S Findlay	GP, CCO DDES CCG
Graeme Niven	Chief Finance Officer, NHS Hartlepool and Stockton-on-Tees CCG
Jed Hall	Vice Chair, Hartlepool Health Scrutiny Forum
Louise Wallace	Director of Public Health, Hartlepool Borough Council/PCT
Keith Fisher	HBC – Member of Health Scrutiny Forum

G Lilley	HBC – Member of Health Scrutiny Forum
J Beall	Deputy Leader, Chair HWB Stockton Borough Council
M Javed	Chairman Health Committee Stockton Borough Council
Peter Kelly	Director of Public Health, Stockton Borough Council
Peter Meenear	Scrutiny Officer, Stockton Borough Council
Cllr Robin Todd	Chair, PWH OSC Durham County Council
Feizel Jassat	OSC Manager, Durham County Council
Chris Greaves	General Manager, Anaesthetics & Critical Care
Sue Piggott	General Manager Medicine & Emergency Care
Chris Tulloch	CD Trauma/orthopaedics
Pud Bhaskar	CD Surgery/urology



**Hartlepool and Stockton-on-Tees
Clinical Commissioning Group**



**Durham Dales, Easington and Sedgefield
Clinical Commissioning Group**

APPENDIX C

Report on outcome of public consultation - proposals to centralise emergency medical and critical care services at the University Hospital of North Tees

Purpose of report

To provide feedback to NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) and NHS Durham Dales, Easington and Sedgefield CCG following a public consultation from 20 May to 11 August 2013 on proposals to centralise emergency medical and critical care services at the University Hospital of North Tees. This means transferring those services from the University Hospital of Hartlepool to the University Hospital of North Tees.

1 Background

Doctors in critical care at North Tees and Hartlepool NHS Foundation Trust raised concerns with the trust management that they could not carry on providing emergency medical and critical care services safely and to the expected quality standards at both the University Hospital of Hartlepool and the University Hospital of North Tees until the new hospital at Wynyard opens in 2017.

The specialties of anaesthetics and intensive care have been separated and this has resulted in a need to centralise these two teams in one location and realign the services to reflect this change which is designed to improve outcomes for patients.

Acute medical care cannot be provided without critical care backup so this too would have to be centralised.

The trust discussed these concerns with NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham Dales, Easington and Sedgefield CCG

The trust's doctors said they wished to centralise these services at the University Hospital of North Tees as an interim solution pending the opening of the new hospital, which was originally planned for 2014 but has been delayed following the withdrawal of public funding. The trust has recently submitted a revised outline business case for the scheme based on a PF2 funding model (a new approach to

public private partnerships). Should approvals of the outline and full business case for the new hospital be achieved, which will include approval from the Department and Health and the trust's regulator Monitor, the new hospital would be expected to open in 2017.

In raising their concerns, the doctors said:

- The small critical care service at the University Hospital of Hartlepool is unsustainable
- The acute medical unit at the University Hospital of Hartlepool provides only a limited service due to the limited range of specialist support services on site, which means some patients need to be transferred to the University Hospital of North Tees for certain procedures
- Acute medical care cannot be provided without critical care
- It is difficult to recruit and retain required medical staff to the University Hospital of Hartlepool
- Nursing staff feel isolated and concerned about levels of care they can provide.

The CCGs are now responsible for buying these services from hospital trusts and they are also responsible for making sure that local people receive high quality and safe services. Their job is to look forward and try to prevent problems from happening so it was important they acted very quickly once these concerns had been raised by the hospital doctors.

In doing so, the CCGs sought advice from the National Clinical Advisory Team (NCAT), which provides independent clinical expertise to support and guide the local NHS on service reconfiguration proposals to ensure safe, effective and accessible services for patients. As a result there was a visit by NCAT on 29 January 2013, led by Dr Chris Clough from Kings College Hospital, London, who listened to doctors, nurses, managers, patient representatives, politicians and other stakeholders so that they could give an independent view of the situation and what should be done about it.

The CCGs and the trust had already began engagement with the local authority overview and scrutiny committees to explain the situation and the challenges it posed for the health economy and these early discussions helped shaped the consultation process.

NHS Hartlepool and Stockton-on-Tees CCG then reported the NCAT findings on 15 May 2013. NCAT strongly supported the clinical case for change and recommended that consultation regarding the changes took place as soon as possible. It said that in doing so, the consultation should explain to the public what this would mean for them, as well as seek their views about the things they are concerned about, especially how they and their relatives get to hospital.

2 Public consultation process

The two CCGs and North Tees and Hartlepool NHS Foundation Trust then led a formal public consultation from 20 May to 11 August 2013 on a proposal to centralise emergency medical and critical care services at the University Hospital of North Tees.

A copy of the consultation document is attached at Appendix 1.

A steering group was set up to plan and monitor delivery of the consultation. This included representatives from the two CCGs, North Tees and Hartlepool NHS Foundation Trust, the North East Ambulance Service NHS Foundation Trust, Durham, Darlington and Tees Area Team (part of NHS England) and Healthwatch representatives from Hartlepool, Stockton-on-Tees and County Durham. This group met fortnightly.

During the consultation, key messages for patients and the public were:

- The vast majority (97%) of the healthcare contacts currently taking place in Hartlepool remain in Hartlepool
- The proposal would affect 30 Hartlepool and Easington patients a day
- There is no change to point of access for patients, ie patients will still visit or call their GP, 111, or 999 if they feel unwell as they do now
- An extra 120 beds will be made available at the University Hospital of North Tees
- Emergency medical ward and critical care unit staff at the University Hospital of Hartlepool will transfer to the University Hospital of North Tees
- Some support services staff will be affected such as pathology, radiology, pharmacy and also some in facilities and catering
- The University Hospital of Hartlepool will become the centre for diagnostic tests, day case and low risk operations with additional medical rehabilitation (sub-acute) beds.

In the consultation document people were also reminded that most of health service care is already provided in GP surgeries, local clinics and in people's homes and, under *momentum: pathways to healthcare* programme, this will continue and increase.

The consultation document set out what steps are currently being undertaken to improve transport for patients, visitors and staff.

People have also been reminded that, due to advances in medicine, many patients from the areas covered by the two CCGs already go past their local hospital for their emergency hospital care. For example, patients who have had a stroke are all taken to the University Hospital of North Tees where the latest treatments are available seven days a week, 365 days a year and patients who have had a heart attack are

assessed at the scene and, if appropriate, taken to The James Cook University Hospital in Middlesbrough to have the affected artery unblocked.

As part of the consultation process people were asked for their views on the proposals, any concerns they had and about how the impact of the changes could be managed and implemented. In particular, people were asked:

- 1 What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?
- 2 If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?
- 3 What do you think are the main things we need to consider in putting the proposed changes in place?
- 4 Is there anything else we need to think about?

These questions were outlined in the consultation document and were also available in an online survey.

People were able to submit comments by email to communications@tees.nhs.uk or mynhstees@nhs.net or by writing to:

Hartlepool and Stockton-on-Tees CCG
Freepost NEA9906
Middlesbrough
TS2 1BR

They could telephone their comments through to 0191 374 4143.

People could also attend one of the market place events organised to provide information and take comments about the proposals. Dates of meetings were available on line at www.hartlepoolandstocktonccg.nhs.uk and were well publicised in the press.

Community groups were approached to offer trust and CCG attendance at their meetings to explain the consultation and the changes proposed.

See Appendix 2 for a list of consultation meetings and events.

2.1 Raising awareness

From the outset, there was a concerted effort to raise awareness of the consultation to give local people and organisations the opportunity to comment. This has included:

- Widespread distribution of the full consultation document to local organisations and interested individuals (including more than 3,350 people through My NHS as well as public members of the hospital trust), which

included questions seeking views on the implementation of the proposals. Advice was also taken from NCAT to include patient stories in the consultation to help local people understand what the changes would mean. This document has been available in hard copy and online, with copies in community and health settings. It has also been available in other formats on request.

- Information about the consultation and an online survey on the NHS Hartlepool and Stockton-on-Tees CCG website. There were links to this website on the NHS Durham Dales, Easington and Sedgefield CCG and NHS North Tees NHS Foundation Trust websites.
- Following feedback that the key messages were not reaching as many people as the NHS organisations would like within their communities and particularly within Hartlepool and Easington, a leaflet which included some of the emerging themes from the consultation, a summary of the proposals and advice for people about how to comment was distributed to 45,000 households in Hartlepool and Easington, as well as in libraries and health centres in those areas. It was also made available in health centres and libraries in Stockton and Sedgefield.
- Five drop-in sessions in accessible locations, including Asda in Hartlepool and the One Life Centre in Hartlepool and four market place consultation events across Hartlepool, Peterlee, Stockton and Sedgefield held at a range of times. There was also an event in Hartlepool for governors and public members of North Tees and Hartlepool NHS Foundation Trust. Information about the proposals and hard copies of the survey were available at these sessions.
- Presentations to a range of groups and audiences including overview and scrutiny, Healthwatch, patient groups, residents associations, voluntary and community groups etc. This has included targeting those groups which may be easy to overlook, such as older people, those with disabilities and sensory difficulties, members of the black and minority ethnic groups and other bodies listed as protected groups under the Equality Act 2010.
- Staff briefings, newsletters and meetings.
- Media articles in the Hartlepool Mail and Evening Gazette.
- Posters in a range of community venues throughout the health economy including health settings, libraries etc.

It is also important to note that all documents reviewed by NCAT and any subsequent documents have been made available on the CCG websites www.hartlepoolandstocktonccg.nhs.uk and www.durhamdaleseasingtonedsedgefieldccg.nhs.uk

for anyone interested in understanding the background and context to the consultation.

3 Feedback received

3.1 Comments made at public consultation events

There were five drop-in sessions in public areas in Hartlepool which were staffed by representatives from the hospital trust and CCGs. These took place at the Asda supermarket, the One Life Centre and the Central Library at York Road, which are all busy areas with a considerable throughput of members of the public, many of whom took the time to stop to find out more and to make their views known.

There was an event at the University Hospital of Hartlepool for trust members, which was attended by 35 governors, members and non-members.

There were also four market place consultation events at the Hartlepool Historic Quay (48 in attendance), Shotton Hall in Peterlee (36 in attendance), at the Norton Education Centre in Stockton (4 in attendance) and at Sedgefield Parish Hall (11 in attendance).

At these events information was available about the consultation and doctors, nurses and managers from the hospital trust and CCGs were on hand to explain the proposals, answer questions and take a note of comments made so that these could be fed into the process.

While some people said they would prefer services to remain in Hartlepool, others who took part in discussions at these events accepted the clinical reasons why change was needed and there were comments that if it was the right thing to do then just do it.

Transport and travelling to the University Hospital of North Tees for patients and for visitors was an issue for some and there were questions and concerns about car parking. There were concerns about the distance that critically ill patients would have to travel. One person who said she was a member of the Multiple Sclerosis Society had concerns over accessibility for people with this condition. Someone else commented that transport provided for people with physical disabilities needs to be able to accommodate heavy wheelchairs. There were comments that consideration had to be given not just to the transport needs of getting to the University Hospital of North Tees but also returning home. There were also comments about the difficulties of travelling from Hartlepool to the University Hospital North Tees at weekends (ie public transport availability). Some commented that any transport arrangements would need to be well publicised and clarification was sought over arrangements for a volunteer driver scheme ie around checking that their vehicles are properly maintained and insured. Some felt that the University Hospital of North Tees is not accessible including for cyclists and pedestrians.

There were also comments about ambulance provision in terms of avoiding any delays in getting people to hospital.

Some commented favourably about the care they had received at the University Hospital of Hartlepool and others implied that their perception was that the care at the University Hospital of North Tees would not be what they would expect, with some referring back to previous personal and family experiences. Some expressed concerns about all of the services moving to the University Hospital of North Tees and there were comments that the new hospital at Wynyard was not happening.

Someone asked whether if a patient died at the University Hospital of North Tees, would the funeral directors charge more to return to Hartlepool.

There were requests for information about more care closer to home and comments that it was important to get the right level of social care for people being cared for in the community.

Others sought more information and clarity about the actual proposals and what this meant in terms of bed numbers. There were questions about what would happen to the vacated wards at the University Hospital of Hartlepool.

A councillor who attended the Historic Quay event said his concerns were job losses, transport and the quality of care. He felt there should be a referendum on the proposals. He was concerned about knocking down buildings and wasting money.

A regional representative from the Royal College of Nursing who attended one of the events said she found the layout of the meeting very conducive for discussions.

At the meeting in the Norton Education Centre there were questions about the impact of the proposals on the University Hospital of North Tees site and that there was a need to ensure that the service provided for Stockton patients is not adversely affected.

At Sedgefield, a member of the public said that while she was in support of the proposals, she had concerns about the capacity of the community hospitals in Sedgefield and Bishop Auckland to cope with patients returning from acute care in the University Hospital of North Tees.

3.2 Comments made in community group meetings

3.2.1 Hartlepool Learning Disability Partnership Board

The proposals were discussed at a meeting of the Hartlepool Learning Disability Partnership Board on 12 July 2013. A number of issues were raised, several of which related to transport/travelling. Comments were made that transport is essential for carers and parents to visit along with good bus routes and also that appointment times need to consider those using public transport. There were questions about whether the proposed shuttle buses will be able to accommodate wheelchairs and

whether the shuttle bus drivers will receive any training around customer service for learning disabled patients.

3.2.2 Hardwick Residents Association

The proposals were discussed at a meeting of the Hardwick Residents Association on 25 June 2013. There were no concerns expressed about the clinical case but residents did ask about parking and it was explained that that a request for planning permission for car parking spaces had been lodged with Stockton Council.

3.2.3 Stockton Road residents meeting

The proposals were discussed at a Stockton Road residents meeting in Hartlepool on 2 July 2013. There were comments about transport and travelling implications and information was provided about the steps being taken to address these concerns.

When the clinical case for change was explained some of those present indicated that the issue of clinical safety was not coming across in some of the local discussions that were taking place and in the media coverage and that if this was made clearer then people would understand the need for change.

3.2.4 Stockton Over-50s Assembly

The Stockton Over-50s Assembly discussed the proposals at a meeting on 8 July 2013 and raised a number of issues including the importance of hospital patients having visitors and that many of the patients affected by the proposals will be elderly. There were comments that it is essential that additional transport is provided for visitors, many of whom could be elderly themselves and relying on public transport. Also, it was suggested that carers need to be allowed to travel and stay with patients throughout transfer and admission.

There were concerns relating to ambulances having to cross the A19 from Stockton to Hartlepool at peak times, increasing the time taken for the patient to arrive at the University Hospital of North Tees.

It was suggested that there should be a reduction in car parking charges at the University Hospital of North Tees.

There was a request for further explanation on how medical training impacts on the current service.

Comments were made that if people did not own a computer or have access to the internet they would not know about the consultation.

It was acknowledged that the proposals are an interim solution pending the development of the Wynyrd hospital.

There were comments about the transfer of A&E to the University Hospital of North Tees and some said it would be useful to publish the results of this move so that the

public could see how such a service change can work. The group asked for reassurance that the increase in patient flow in A&E would not result in patients being left on trolleys in corridors.

3.2.5 Easington Patients Reference Group

The proposals were discussed at two meetings of the Easington Patients Reference Group, one on 13 June 2013 and the other on 13 July 2013.

At the first meeting there were comments that they may impact on City Hospital Sunderland emergency and critical care intake.

One of the main concerns raised related to transport facilities and further information was sought about the qualifications and experience of paramedics. A question was also asked about the drugs that paramedics are trained to administer.

There were similar comments at the second meeting, by which time several members said they had attended consultation events. At this meeting there were comments that the transport for patients and visitors will be inadequate.

Members asked if it is possible that the impact on City Hospitals Sunderland is already happening and not yet planned for.

In supporting the transfer one person said he was very aware of transport issue. The buses available do not meet needs.

There was a comment that East Durham Link is a good service, but the uptake is low.

There were questions about whether the additional activity from the Peterlee district is different to that of previous years and whether ambulances find it easier to transport to Sunderland than Teesside.

Some said it is difficult for patients and visitors to find Sunderland hospitals and that there is a lack of adequate signposting on the A19.

Some felt that the Peterlee Community Hospital is not used to its full extent and that the urgent care centres are not used efficiently. Others said that since the Sunderland drop-in centres had closed this would be impacting on A&E.

3.2.6 Norton Medical Centre Patients' Group

The proposals were discussed at a meeting of the Norton Medical Centre Patients' Group on 8 August 2013. There were questions about the timescales and why they were tight and whether there would be any reductions in staff numbers. In response to questions an explanation was given on the case for change, on working with partner organisations and on the implications for Stockton patients who in future would go to Hartlepool for elective care. Reassurances were also given that the changes would not impact on waiting times.

3.3 Comments made in other meetings

3.3.1 Hartlepool Health & Wellbeing Board

There was a discussion about the proposals at a meeting of the Hartlepool Health & Wellbeing Board on 24 June 2013. The board received a report which provided an update on the consultation process and the rationale and implications of the proposed changes.

The minutes from this meeting state that members of the board highlighted the importance of addressing transport issues. They expressed their 'contentment that the options available in terms of transport were being considered by the Foundation Trust and that the Trust was committed to addressing these issues'.

Members also highlighted that it was essential to ensure effective public communication about the transport services available for patients and visitors.

3.4 Telephone calls/emails/letters from members of public

There were 85 responses from members of the public via telephone call, emails and letters. Of those responding, two people identified themselves as councillors. The vast majority of responses were by email and are attached at Appendix 3.

People were not asked whether or not they supported the proposals but rather for their concerns and thoughts on implementation. It was clear that many people were not happy with the proposals and while a number of issues were raised, there were two main themes – transport/travelling and loss of services from the University Hospital of Hartlepool.

Of those responding 59 referred to transport to the University Hospital of North Tees in terms of distance (including having to travel on a busy A19), lack of public transport, costs incurred when using buses (and what financial support might be possible ie subsidised fares) lack of car ownership and cost of car parking. Of those mentioning transport, a number said that they felt that transferring very sick people to the University Hospital of North Tees would put them at risk. Some asked for clarification about how any transport provided by the NHS would operate and one disabled member of staff said that any transport links to the University Hospital of North Tees should be suitable for wheelchair users. Others commented that the University Hospital of North Tees site is inaccessible for pedestrians and cyclists. There were suggestions that if volunteers are to be used for transport purposes, they should link up with other groups providing transport on a voluntary basis, particularly in County Durham. Some also commented that they felt access to the University Hospital of North Tees was not good, including for pedestrians and cyclists and that improvements could be made to address this.

Among the comments relating to travelling issues were a small number saying that the distance would increase pressure on the ambulance service.

A similar number of responses (60) included reference to keeping the University Hospital of Hartlepool open or to concerns about the further reduction of services there. It was clear that some did not support the proposals because they would result in more services moving out of the University Hospital of Hartlepool. There were comments about the transfer of A&E services and several negative references to the One Life centre (implying that the services there did not meet public expectations and that it is difficult to access). There were a number of comments about the uncertainty surrounding the development of the new hospital at Wynyard.

There were some very positive comments about the quality of care that is provided at the University Hospital of Hartlepool and a number of negative comments from people that they felt the quality of care and the facilities at the University Hospital of North Tees were not good (these included perceptions that staff were 'over-stretched').

A small number explicitly expressed their support for the proposals, or acknowledged that they recognised the reasons behind the changes with some outlining the pros and cons (the pros being the economies of scale and pooling expertise and the cons were usually transport/distance).

Several people suggested that the decision had already been made, some of whom were also were critical of the consultation process.

Several people referred to the implications for staff who would have to transfer to the University Hospital of North Tees ie in terms of travelling.

There were also a small number of comments that the changes were cost driven and were about saving money.

3.5 Analysis of completed surveys

There were 64 surveys, which included the four consultation questions, submitted. These were handed to Explain Research for independent evaluation.

A copy of Explain Research's report is available at Appendix 4.

The themes raised were similar to those that emerged during meetings and in other comments received.

3.6 Responses from local authorities

3.6.1 Response from overview and scrutiny committees

A joint health scrutiny committee was formally established under The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations with representation from Durham County Council, Hartlepool Borough Council and Stockton-on-Tees Borough Council to consider the proposals.

The terms of reference of the joint committee were:

To consider the proposals affecting the population covered by North Tees and Hartlepool NHS Foundation Trust, in particular:

- The proposed centralisation of emergency medical and critical care services at University Hospital of North Tees, as recommended by the National Clinical Advisory Team.
- The development of services at University Hospital of Hartlepool in the period leading up to the opening of the new hospital.
- Any associated proposals for additional elective and rehabilitation services at the University Hospital of Hartlepool.

A copy of the full 27 page report submitted by the joint committee is attached at Appendix 5. This includes all of the evidence considered and views from Healthwatch (County Durham, Hartlepool and Stockton) and from social care representatives.

At its meeting on 29 July 2013 the joint committee approved its consultation response. There was no unanimous/majority view agreed by the joint committee in relation to the proposals and as such views and comments from each of the local authorities are outlined in sections 8 to 10 of Appendix 5.

Views of Hartlepool Borough Council

Members of Hartlepool Borough Council's Audit and Governance Committee based its response on the four consultation questions. In doing so, it was clear that members did not support any further transfer of services from the University Hospital of Hartlepool and did not support these proposed changes.

Q1 – What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

Members expressed concern that difficulties recruiting and retaining medical staff to support both sites had not been identified in the long term strategy to enable services to remain sustainable. They also said there are risks associated with an increase in travel time for patients travelling to the University Hospital of North Tees as opposed to the University Hospital of Hartlepool.

Q2 – If you still have concerns what are you most concerned about and how could we help to reduce your concerns?

The response listed:

- Transport – many people who are already isolated within their communities will not be able to access the services at the University Hospital of North Tees.
- Proposals are the result of a lack of long term planning by the trust.
- Lack of investment at the University Hospital of Hartlepool and how long will it be before it is said that 55 beds (ie at Hartlepool) is inefficient.
- Hartlepool demands a fair share and that would mean moving some services back to the University Hospital of Hartlepool.
- Competency of the executive management at the trust ie how the trust had allowed services to reach such an 'unsafe level'.
- Concerns about capacity at the University Hospital of North Tees – why was there not an option to have the services at the University Hospital of Hartlepool?
- Trust under-estimating the will of many people to use another trust for their elective surgery.
- Concern about why two buses had already been purchased as this appeared that a decision about services had already been made.

Q3 – What do you think are the main things to consider in putting the proposed changes in place?

The response listed:

- Hartlepool residents' needs are being forgotten with the continual transfer of services from their hospital – members feel that these services are being transferred because the trust has relocated other services to the University Hospital of North Tees and has therefore destabilised other services at the University Hospital of Hartlepool.
- Many of the key clinicians working at the University Hospital of North Tees were 'forcibly/contractually' transferred from the University Hospital of Hartlepool – 'and now to hear representatives using against us the fact that UHNT has an Accident and Emergency Unit and a Maternity unit which Hartlepool does not have is so unbelievably audacious.....'
- Why is the location not the University Hospital of Hartlepool – Hartlepool residents are trying to access services at Stockton which is very difficult to reach from Hartlepool.
- Transport – a long term sustainable transport plan needs to be put in place.
- The green footprint will be 'disproportionately damaged by many people travelling to and from a more remote location...'

Q4 – Is there anything else that you think we need to think about?

The response listed:

- Members do not support any further transfer of services from the University Hospital of Hartlepool and do not support these proposed changes.
- Members support the concerns of local people and strongly encouraged the public to participate in the consultation.
- Members supported a recommendation from the leader of the council which specified that following the completion of the consultation, Hartlepool's health and wellbeing board and the council should consider the working relationship with North Tees and Hartlepool NHS Foundation Trust. It was also suggested that 'opportunities to engage with others to achieve better clinical outcomes be explored as well as the need to examine quality surveillance groups and promote the choice agenda'.
- There is a clear political will to look outside the trust for the provision of elective services 'which could force the issue of a merger'.
- Members are concerned that the public consultation does not facilitate patient choice.

Views of Durham County Council

The response summarised the key issues and concerns of the council's adults wellbeing and health overview and scrutiny committee held on 23 July 2013. It was based on the four consultation questions.

Q1 – What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

The response reflected the explanations provided by both the CCGs and the hospital trust around why the proposals were being made and also that the proposals were supported by the National Clinical Advisory Team. It said: 'This will allow the Trust to provide high quality, clinically safe Emergency Medical and Critical Care services up to 2017'.

The issue for members is about accessibility of both the University Hospital of North Tees and the University Hospital of Hartlepool for residents of East Durham and Sedgefield.

Q2 – If you still have concerns what are you most concerned about and how could we help to reduce your concerns?

The response stated that subject to proposals included (ie in the response) being accepted by the CCGs and the trust and appropriate assurances being given, the committee would support the proposed service reconfigurations as set out in the consultation document.

The response listed:

Transport/accessibility issues

- Engagement with, and adequate resourcing of, ambulance service will be critical to the success of the proposal – ‘to this end the Trust and Commissioners must ensure that this is agreed’ with the ambulance trust.
- The proposals would result in longer journeys for patients, families and carers in East Durham when accessing emergency medical and critical care services.
- Concerns that public transport links between East Durham and Stockton are not as frequent and would require multiple journeys, at a potentially significant extra cost.
- For patients accessing elective/outpatient/day surgery at the University Hospital of Hartlepool from the Sedgefield/Trimdon/Wingate area would result in additional journeys due to the absence of direct public transport links to Hartlepool.
- A number of volunteer drivers’ schemes exist in County Durham to enable people to get to hospital appointments but are not well publicised or known within the trust. Clarification is also needed over whether volunteer drivers can undertake ‘out of area’ journeys beyond the borders of County Durham.
- Low car ownership levels in East Durham and high indices of multiple deprivation mean that any transport solutions must be affordable.
- The importance of a full and continuous dialogue between the CCGs, the trust and the local authorities regarding the development of a sustainable transport infrastructure servicing the Wynyard site and which enables direct public transport access from all areas.

Intermediate/‘step down’ services/integration with adult social care services

- The overview and scrutiny committee would support in principle the proposal to ensure that ‘step down’ (sub-acute) provision is available at the University Hospital of Hartlepool but invite the CCGs and North Tees and Hartlepool NHS Foundation Trust to go a step further and consider the development of ‘step down’ services at Sedgefield and Peterlee Community Hospitals.
- In relation to concerns expressed about increased travelling times and costs for council staff who need to access the University Hospital of North Tees rather than the University Hospital of Hartlepool, the council suggests that all parties are involved in discussions to ensure that ‘step down rehabilitation and community based pathways are effectively managed and are safe’.
- The council’s adult social care service also seeks ongoing dialogue with the hospital trust regarding the proposed development of the 30-bed (sub-acute) rehabilitation unit at the University Hospital of Hartlepool to clarify proposed arrangements for admission rights for County Durham residents to that facility.
- Detailed discussions are also needed around how discharge arrangements between the hospital trust/GPs and community based health and social care staff are established and associated care pathways identified and agreed.

Q3 – What do you think are the main things to consider in putting the proposed changes in place?

The response listed:

- The CCGs and hospital trust must undertake a 'significant and extensive communications exercise' in highlighting the proposed changes to all affected residents, including patients, families and carers.
- The CCGs and the trust must ensure that services are accessible to all – 'any and all proposed transportations solutions must be sustainable, accessible, timely and affordable'. Ongoing discussions about transport infrastructure required for the new hospital must include all local authorities whose residents will access the site.
- Patients, carers and families must be provided with information which details the transportation solutions and options available to them when accessing services affected by the consultation.

Q4 – Is there anything else that you think we need to think about?

The response asked the trust and the CCGs to give serious consideration to the establishment of an 'oversight board' to monitor the implementation of proposed service changes on residents.

It added that the committee would welcome continued dialogue with the trust and CCGs around the Momentum/Service transformation process and any associated proposals.

Views of Stockton-on-Tees Borough Council

The views of the council were included in the joint response. However, its response, which included strong support for the proposals, was also submitted separately by the deputy leader and cabinet member for adult services and health who said that Stockton element of the joint committee's response was endorsed by the full council at its meeting on 17 July and was in line with his own views.

He said: "The clinical case for change cannot be ignored and it is paramount that all residents of the area that the Trust serves have access to the best possible emergency and intensive care. However, it is recognised that there are issues around transport, particularly in relation to the needs of visitors and family members. This applies equally to the associated increase in elective surgery for Stockton patients in Hartlepool Hospital."

The response was under a number of headings as follows:

Quality and safety

The response accepted that the proposals were clinically-led and had the potential to improve outcomes for patients from across the geographical area covered by the

hospital trust. While the preferred long-term solution remains the development of the new hospital at Wynyard, it is recognised that the CCGs and the hospital trust 'must address the situation as it currently stands to ensure that services are safe and of high quality'.

The response reflected on the explanations that had been provided by the hospital trust and CCGs. It said: "continuing with the two site approach to critical care in particular raises a number of risks that will build over time. These include unnecessarily delayed diagnosis and therefore poorer outcomes, a detrimental effect on training opportunities and an increasing need for transfers of critically ill patients. A one site approach would mean patients have access to all the potential services they require at the first point of contact."

It said: "As the field of emergency medicine becomes increasingly specialised, Stockton representatives agree that there is a need to continually work towards having the right clinicians, in the right numbers, and in the right specialities, in order to cover the range of conditions that patients present with."

It continued that the proposals were strongly supported. It also welcomed that separate to these proposals, that the hospital trust was being commissioned to provide an additional 24 bed unit at the University Hospital of North Tees to cope with winter pressures.

Location

The response reflected on options that had been considered prior to consultation and said that 'it makes sense' to locate the services nearest to the greatest number of people. It recognised that transport is a key issue for all those affected.

Elective care

The response said that the joint committee was reassured that the University Hospital of Hartlepool will continue to be a centre for planned care, including orthopaedics and breast surgery for lower risk patients.

It noted that already a number of Stockton residents travel to Hartlepool for hospital treatment and that this was likely to increase once the detail of the shift in elective care from the University Hospital of North Tees to the University Hospital of Hartlepool is more fully described. As such the impact on residents at risk of social exclusion through disability, those who require longer stays and the consequent impact on visitors would need to be considered.

Transport

It recognised that transport and access is a key concern for the public and for staff, particularly in areas of low income and low car ownership. It welcomed that the CCGs and the trust have committed to working in partnership with the local authorities and Healthwatch over transport solutions and commented on the provision of the two 17-seater shuttle buses and the staff car sharing scheme. While it commended the work of volunteers in supporting transport arrangements, it said it

would not be appropriate or sustainable to develop a major part of the transport solution on the basis of volunteer provision. It said patients, families and carers should be provided with the full range of transport options and that there should be consideration given to building on the example of Durham County Council's Travel Response Centre.

It recognised that road congestion issues added to residents' concerns and that transport issues need to be considered in the round by the trust, local authorities and transport providers.

While it recognised that the major transport concerns are with residents of Hartlepool and County Durham it said that the impact of increased numbers of staff, patients and visitors to the University Hospital of North Tees site is a concern as the site and surrounding area currently experiences problems with car parking. With this in mind the council would be keen to work closely with the appropriate staff at the hospital trust to develop a realistic and meaningful travel plan and to encourage the use of sustainable modes of transport as an alternative to private car use where possible.

It added that it would also be appropriate to keep under review the facilities available for families, carers and other visitors at the University Hospital of North Tees site, given the increase in numbers that will ensue from these proposals.

3.7 Response from MPs

3.7.1 Iain Wright MP for Hartlepool

A response was received from Iain Wright, MP for Hartlepool. A copy is attached at Appendix 6, which includes a copy of a speech he made in a debate in the House of Commons on accident and emergency care in February 2013.

In his response he said that the first priority in any consideration of health services should be clinical safety and that he would not wish to advocate any particular option which would compromise the safety of patients or lead to loss of life which could have been avoided. He said it would be "highly irresponsible for any elected representative to suggest such a course of action".

He said: "Thus the case for change here is predominantly clinically based, driven by the need to close the critical care unit at UHH which may potentially be unsafe, and secondly to provide modern fully supported acute medical care which certainly could not function without on-site critical care facilities."

He said he would wish to avoid 'the prospect of an occurrence of the Stafford hospital scandal, which saw higher than average death rates and incidences of negligence'.

However, he said his constituents will be understandably concerned at what appears to be another service moving away from the University Hospital of Hartlepool and

that “this makes it even more likely that we will see the closure of the hospital through a series of stealth cuts”.

He said he has always been opposed to the centralisation of health services at the University Hospital of North Tees, “which I think is wholly unsuitable for a centralised acute service, especially from Hartlepool’s perspective”. He repeated a quote he made in debates in the House of Commons on 14 September 2010 and again on 7 February 2013 that “moving more serious cases to North Tees is very unwelcome as it is detrimental to my constituents”.

He expressed concerns about the “continuing and growing uncertainty” over the new hospital at Wynyard: “Two procedures are running dangerously out of parallel. We have the Momentum programme, with the reconfiguration of services, and the funding programme for the new hospital. That is now three years out of date and there is no concrete indication that private funding is on the table.”

His other big concern regarding changes to hospital services is the issue of transport and accessibility. His constituents find it difficult to access services out of the town and no coordination between clinical and transport services takes place. He said the issues of transport and accessibility “need to be considered as a high priority during the reconfiguration of emergency and critical care services”.

He also commented on his increasing concerns at the risk to constituents caused by the falling budgets in local authority care which he feels will “place growing pressure on health budgets, particularly in areas like emergency and critical care, as councils will not have the resources to ensure there is a safe move out of hospital and back into the community for often frail and vulnerable patients”.

In his response he said that scrutiny had specifically asked him how many people had contacted him with concerns about the proposals. He had been contacted by one person in Hartlepool and by another in Billingham (which is outside his constituency).

He felt that the exercise had been wrongly described as consultation and that it should have been called something else because it did not meet the definition of consultation.

He also felt that the National Clinical Advisory Team had “overstepped its remit” in looking at broad configuration issues.

3.8 Responses from community and voluntary sector groups

3.8.1 Healthwatch Hartlepool

A response from Healthwatch Hartlepool (attached at Appendix 7) said that during the consultation they received 36 enquiries about the consultation from people who were encouraged to respond using the freepost address. There were a range of

comments from concerned residents 'but high on the agenda of concern' was the accessibility of North Tees hospital both from a safety perspective ie distance of travel as a critically ill patient both from Hartlepool and the east Durham area and also journey times for carers and visitors.

The response said that other comments related to the sustainability of the University Hospital of Hartlepool following the migration of any services and 'lack of trust in the One Life centre with regards to delivering community based services'.

It continued that Healthwatch's preliminary findings from their collaborative transport work indicates that some patients have to leave Hartlepool at 5.50am to attend 8am appointments at the University Hospital of North Tees and while using both bus and train may reduce travel time by 15 minutes the cost is an additional burden on the patient/carer/visitor of approximately £4. There have also been comments that the 'time on the Grand Central train to London is shorter than a round trip from Hartlepool to North Tees hospital by public transport. Likewise journey time is far in excess of allocated visiting times'.

3.8.2 Healthwatch County Durham

A response from Healthwatch County Durham (attached at Appendix 7) said that they had worked in partnership with the CCGs and trust to 'promote, plan and develop the consultation for the public'. They assisted with the development of a leaflet which was sent to residents in East Durham and Sedgefield.

They had gathered the views of members of the public and community groups including County Durham Residents Association and the East Durham Health Network. Healthwatch had also attended the Health Scrutiny Joint Committee and the National Clinical Advisory Team Consultation Steering Group to share their concerns. In addition, they attended two public events consultation events in Sedgefield and Peterlee where 43 people gave their views. They felt these meetings gave an indication of how people feel about the proposed changes and that their responses included the following:

What do you think are the advantages and difficulties (or disadvantages) of the proposed changes?

"High quality care with all of the professionals in one place can only be a good thing."

"It is difficult to argue against the advantages where safety is concerned."

"Safety is the most important thing."

If you still have concerns, what are you most concerned about and how could we help reduce your concerns?

The main concern is around transport. East Durham has the lowest rate of car usage in the county and many people rely on public transport. It said: "The poorest people will suffer the most."

People said that the transfer of services will have an impact on the mental health of family and carers when trying to use transport, since Stockton is “unfamiliar territory” for many people.

What do you think are the main things we need to consider in putting the proposed changes in place?

Comments included the need to consider the volunteer driver scheme, with a back-up plan in case needed – “They’re volunteers, they don’t necessarily have to turn up.”

There were also comments that people would hope that ambulance response times are not affected by the consequences of travelling further.

Is there anything else you think we need to think about?

The comments included: “It’s difficult for us to argue against what is safe for patients.”

There were also comments that services should be where the patients are and that better use should be made of Peterlee Community Hospital.

3.9 Healthwatch Stockton-on-Tees

The response from Healthwatch Stockton-on-Tees (attached at Appendix 7) explained that following its launch on 1 April 2013 it is still in the process of recruiting and appointing a Healthwatch board. Therefore it is not in a position to offer a formal Healthwatch response to the proposals but was keen to comment on the involvement of Healthwatch Stockton-on-Tees in the consultation process and comments that have been made directly to Healthwatch.

It said that the proactive involvement of Healthwatch in the consultation steering group was welcome and enabled them to make suggestions which have been taken up including:

- broadening the membership of the steering group to include Healthwatch County Durham
- giving the community an opportunity to speak to an independent organisation by providing Healthwatch details in information leaflets delivered to patients and residents
- having an input into the language, content and style of the consultation and information giving exercise which included presentations and a ‘frequently asked questions’ leaflet distributed to all residents of Hartlepool and GP practices and community organisations in Stockton-on-Tees.

Throughout the consultation period, Healthwatch Stockton-on-Tees encouraged its membership to submit their views directly to NHS Hartlepool and Stockton-on-Tees CCG. Details of how to do this were circulated through the Healthwatch e-bulletin, twitter and website to individuals and organisations across the borough with an approximate reach of 64,000.

Some feedback has also been submitted directly to Healthwatch Stockton-on-Tees which has been fed into the consultation steering group throughout the process. Such comments have included:

- accessibility and content of the web page dedicated to the consultation
- consideration for capacity at University Hospital of North Tees
- planning for impact of winter admissions
- how other services will be impacted including community services.

3.10 Responses from clinical groups

3.10.1 North of England Critical Care Network

There was a response from the North of England Critical Care Network which supported the proposals. It said that members had read the NCAT report thoroughly. They said they are aware of the challenges faced by North Tees and Hartlepool NHS Foundation Trust in the continued provision of two site critical care and acute medical services following a peer review in April 2012 by the network.

The response added: “On that basis we would also support the clinical case for change and support the reprovision of critical care and move of acute medical services to the UHNT site.”

4 Equality analysis of the consultation process

An equality analysis of the consultation process was undertaken to ensure that it complied with the requirements of the Equality Act 2010 (this is attached at Appendix 8).

5 Discussion

A small number of those commenting or responding indicated explicitly whether they supported or objected to the proposals. However, there were a number of consistent themes across all of the comments received, including those made in meetings. The two main themes related to transport/travelling and loss of hospital services at Hartlepool.

- **Transport/travelling**

Overall, there were many comments, including in the survey which was independently evaluated, about the implications for patients, families and carers of the additional travelling from Hartlepool to the University Hospital of North Tees and these included concerns about public transport (in terms of availability and cost), car parking (in terms of cost), the stress of travelling to an unfamiliar area and the volume of traffic on the A19. While the provision of a shuttle bus service by the trust was welcomed, including by Stockton-on- Tees Borough

Council, there were questions from others about how the hospital shuttle bus service would operate.

There were a number of comments about how vehicles would need to be able to accommodate wheelchairs and a number of general comments about the implications of the travelling for people with disabilities. In particular, the Hartlepool Learning Disability Partnership Board asked if the shuttle bus drivers would receive any training around customer service for learning disabled patients.

MP for Hartlepool Iain Wright said his constituents find it difficult to access services out of the town and said the issues of transport and accessibility 'need to be considered as a high priority during the reconfiguration of emergency and critical care services'.

Hartlepool Borough Council commented that people who are already 'isolated within their communities' will not be able to access the services at the University Hospital of North Tees.

Healthwatch Hartlepool said that from comments received, 'high on the agenda of concern was the accessibility of North Tees hospital both from a safety perspective ie distance of travel as a critically ill patient both from Hartlepool and the east Durham area and also journey times for carers and visitors'. It is currently undertaking some work with the trust to understand patient experience of accessing public transport to the University Hospital of North Tees and early findings show that some patients have to leave Hartlepool at 5.50am to attend 8am appointments.

Healthwatch Hartlepool also commented on the cost of transport to the University Hospital of North Tees.

Hartlepool Health & Wellbeing Board highlighted the importance of addressing transport issues and expressed their contentment that the options available in terms of transport were being considered by the trust.

Healthwatch County Durham said the main concerns expressed were around transport, particularly since East Durham has the lowest rate of car usage in the county and many people rely on public transport – 'the poorest people will suffer the most'.

However, there were positive comments about volunteer drivers although it was commented that there would need to be a back-up in case a volunteer wasn't able to turn out as expected.

Some expressed concerns about the transfer of critically ill patients and they worried that the travelling would put them at risk.

There were specific comments about the implications of travelling for carers, including from the Stockton Over 50s Assembly.

A number of people talked about the importance of having a transport plan, including Hartlepool Borough Council who stressed that there is a need for a long term sustainable transport plan.

Stockton-on-Tees Borough Council said it would be keen to work closely with the appropriate staff at the hospital trust to develop a realistic and meaningful travel plan and to encourage the use of sustainable modes of transport as an alternative to the private car where possible.

Durham County Council said that there needed to be a significant public information exercise about transport arrangements.

Finally, in relation to concerns expressed about increased travelling times and costs for council staff who need to access the University Hospital of North Tees rather than the University Hospital of Hartlepool, Durham County Council suggested that all parties are involved in discussions to ensure that 'step down rehabilitation and community based pathways are effectively managed and are safe'.

- **Loss of hospital services in Hartlepool**

It is clear from many people who sent comments, completed the survey, or who attended meetings that they would prefer to see as many hospital services as possible in Hartlepool and that they would not wish to see any further reduction in services at the hospital. Hartlepool Borough Council was clear in its response to the health scrutiny joint committee that they do not support any further transfer of services from the University Hospital of Hartlepool. It said that Hartlepool residents' needs are being forgotten with 'the continual transfer of services from their hospital'.

Healthwatch Hartlepool said among comments it received was the sustainability of the University Hospital of Hartlepool following the migration of any services.

While a number of members of the public commented favourably on care at the University Hospital of Hartlepool, there were less favourable comments about the care they or relatives had received at the University Hospital of North Tees.

Some, including Hartlepool MP Iain Wright referred to the continued uncertainty about the new hospital which meant that more services were going to the University Hospital of North Tees in the interim.

- **Ambulance provision**

There were comments by the public and by key stakeholders about the need to ensure that the ambulance service is able to cope with the changes. This was included in the response by Durham County Council which said that engaging with and adequate resourcing of the ambulance service would be vital. It was referred to by the MP for Hartlepool, Iain Wright and Healthwatch County Durham said people hoped that ambulance response times would not be affected.

- **Safety**

Many people attending meetings commented that if the transfer of services was the right thing to do (ie from a clinical point of view) then it should just happen.

Hartlepool MP Iain Wright said that the first priority in any consideration of health services should be clinical safety and that he would not wish to advocate any particular option which would compromise the safety of patients or lead to loss of life which could have been avoided.

Similarly there were comments from Durham County Council and Stockton-on-Tees Borough Council which acknowledged the clinical case for change (as an interim solution pending the development of the new hospital). Stockton-on-Tees Borough Council said: "A one site approach would mean patients have access to all the potential services they require at the first point of contact." It also said: "Ultimately, it would be unacceptable for a relatively small geographical area as covered by the Trust to have two units providing different levels of care. Therefore the proposal is strongly supported."

However, Hartlepool Borough Council said there are risks associated with an increase in travelling time for patients travelling to North Tees rather than Hartlepool.

Healthwatch County Durham said people had commented that 'safety is the most important thing' and that 'high quality care with all of the professionals in one place can only be a good thing'.

The North of England Critical Care Network said it supported the clinical case for change.

- **Provision of services in the community**

There were comments made by members of the public and by partner organisations about the importance of having the right services to support people in the community.

In particular, Durham County Council said it would support in principle the proposal to ensure that 'step down' provision is available at the University Hospital of Hartlepool but invite the CCGs and hospital trust to go a step further

and consider the development of 'step down' services at Sedgefield and Peterlee Community Hospitals.

The county council's adult social care service seeks ongoing dialogue with the hospital trust regarding the proposed development of the 30-bed rehabilitation (sub-acute) unit at Hartlepool to clarify proposed arrangements for admission rights for County Durham residents to that facility. The council said detailed discussions are also needed around how discharge arrangements between the hospital trust/GPs and community based health and social care staff are established and associated care pathways identified and agreed.

Hartlepool MP Iain Wright commented on his increasing concerns at the risk to constituents caused by the falling budgets in local authority care which he feels will "place growing pressure on health budgets, particularly in areas like emergency and critical care, as councils will not have the resources to ensure there is a safe move out of hospital and back into the community for often frail and vulnerable patients".

At the Easington Patients Reference Group some said they felt that the Peterlee Community Hospital was not used to its full extent and that the urgent care centres are not used efficiently.

There were a number of critical comments about the One Life Centre at Hartlepool (in terms of it not providing the level of service that some people would expect). This was also referenced in the response from Healthwatch Hartlepool which said it had received comments related to the 'lack of trust in the One Life centre with regards to delivering community based services'.

Healthwatch Stockton-on-Tees said that some of the comments it had received during the consultation were about the impact on other services, including community services.

- **Information**

Throughout the feedback, including in the survey, there were consistent references about the need for good information to be available for the public about what the changes meant for them and also about transport arrangements. In particular, as indicated above, Durham County Council said there needed to be a significant public information exercise about transport arrangements and the need was highlighted by Hartlepool Health & Wellbeing Board.

There were also references in some of the comments received and in the survey evaluation about how future consultations should be carried out. The independent report by Explain Research said there was a call for clear, honest, timely communication and consultation, with an emphasis for the trust and the CCGs to inform, engage and listen to the views of the public, patients and stakeholders.

6 Conclusion

The process of consultation was comprehensive and provided numerous opportunities for members of the public to find out more about the proposals and to make their views known. It is clear that there has been considerable local discussion about these proposals.

In addition to the ten consultation events (five drop-in sessions, four meetings and one event for governors and public members of the trust), the proposals were discussed at seven community meetings (involving six groups). This was in addition to discussions locally involving Healthwatch in Hartlepool, County Durham and Stockton-on-Tees and to the meetings held with the local authority overview and scrutiny committees. There was also an opportunity for people to complete surveys which were independently evaluated.

It was stressed from the outset that the issue was one of safety and for this reason the consultation did not provide an option to 'do nothing' but rather for their comments on any concerns they may have around implementation so that steps could be taken to mitigate these.

In community meetings many people recognised that the proposals were clinically driven and could not be argued with on account of the need to ensure patient safety. This was recognised in several of the responses received, including from the MP for Hartlepool, Durham County Council, Stockton-on-Tees Borough Council and by Healthwatch County Durham, as well as by the North of England Critical Care Network.

Throughout the consultation, while a number of issues were raised, two main themes dominated ie travelling/transport and loss of services from Hartlepool.

Each of the three scrutiny committees, Healthwatch Hartlepool, Healthwatch County Durham, the MP for Hartlepool and Hartlepool Health & Wellbeing Board referred to transport issues and the need to have plans to address these. Similarly in the community meetings and in comments received it was a common theme with references about the importance of getting this right for older people, carers and for people with disabilities. Healthwatch Hartlepool is currently working with North Tees and Hartlepool NHS Foundation Trust to understand residents' experience of using public transport to attend the University Hospital of North Tees.

Related to transport issues were concerns and comments about the impact the proposals may have on ambulance services.

The other main theme was the loss of services from the University Hospital of Hartlepool. There were strong comments from Hartlepool Borough Council about this and it was also referred to by Healthwatch Hartlepool. Linked to such comments

there were references about the uncertainty surrounding the new hospital at Wynyard.

Finally, it was clear from the consultation that going forward there needs to be comprehensive public information about the changes to services and the range of services which will remain in Hartlepool but also about the transport arrangements. This was stressed by Durham County Council and the Hartlepool Health & Wellbeing Board said it was essential that there was effective public information about transport services for patients and visitors. Also, there is always an opportunity to improve on future engagement and consultations by building in learning to ensure processes are as robust as possible.

APPENDICES

- 1 Consultation document**
- 2 Schedule of events and meetings where the consultation was discussed**
- 3 Grid of comments received (by email, letter and telephone from members of the public)**
- 4 Independent evaluation of survey by Explain Research**
- 5 Report of Health Scrutiny Joint Committee (including letter from Stockton-on-Tees Borough Council)**
- 6 Response from Hartlepool MP Iain Wright**
- 7 Responses from Healthwatch County Durham, Healthwatch Hartlepool and Healthwatch Stockton-onTees**
- 8a Equality analysis of the consultation process for NHS Hartlepool and Stockon-onTees Clinical Commissioning Group**
- 8b Equality analysis of the consultation process for NHS Durham Dales, Easington and Sedgefield NHS Foundation Trust**



*Durham Dales, Easington and Sedgefield
Clinical Commissioning Group*



*Hartlepool and Stockton-on-Tees
Clinical Commissioning Group*

North Tees and Hartlepool 
NHS Foundation Trust



Transport Plan - August 2013

Introduction

When the issue of providing safe services leading up to the opening of the new hospital were raised we knew that centralising services on one hospital site could make travelling difficult for some patients and their families.

This was confirmed when the National Clinical Advisory Team visited our area in January and further reinforced throughout the public consultation which took place between 20 May and 11 August when we heard from a number of people how these proposed changes would cause a problem for them in terms of getting to hospital. We also heard this is a problem now with some people having difficulty getting to hospital for services as they are at present and this is a concern to us.

As health organisations our job is to buy and provide healthcare. Because health care is our core business we have to concentrate on that and not on either buying or providing transport. However because transport has been raised as an issue both before and during the consultation we want to do as much as we can to support local people to get to the health care they need.

This document outlines the actions which have been taken by your local health service to address the issues you have raised. Though the North East Ambulance Service was not one of the organisations holding the consultation they are clearly a vital part of your local health service so we have included a section on how the service is planning for these changes.

We have also included a section about the transport arrangements which are being put into place to support staff working at North Tees and Hartlepool NHS Foundation Trust because this was raised by some people during the consultation.

We would like to thank Healthwatch in Hartlepool, Stockton and Durham for their contribution to this work because they have represented patients and families throughout and worked with us to develop this plan.

Should the proposals be accepted, this plan will come into place straightaway. It will be reviewed after three months and will continue to be refined and developed as the new arrangements settle in.



Dr Boleslaw Posmyk
Chair Hartlepool and
Stockton-on-Tees
Clinical Commissioning
Group



Dr Stewart Findlay
Chief clinical officer
Durham, Dales,
Easington and
Sedgefield
Clinical Commissioning
Group



Julie Gillon
Chief operating officer/
deputy chief executive
North Tees and
Hartlepool NHS
Foundation Trust

Ambulance services

You should always call 999 for an ambulance if you or someone else you know is seriously ill or injured. This will not change, whatever the decision taken on the proposals being considered.

Examples of medical emergencies include, but are not limited to, chest pain, difficulty in breathing, unconsciousness or severe loss of blood. There are others and if you are in doubt, you should call 999.

The North East Ambulance Service (NEAS) aims to reach these types of emergencies in eight minutes in three-quarters of all incidents. This target of 75% in eight minutes Trust wide for the year is set by the Department of Health and it is the toughest response time standard of all ambulance services anywhere in the world.

In the Hartlepool and Stockton-on-Tees area, there have been 5,700 emergencies which fell within this standard, known as red calls, between April and July 2013. The ambulance service reached 4,500 of these incidents in eight minutes or faster. That is 78.95% of incidents reached in eight minutes compared to the national minimum standard of 75%.

Neither NEAS, nor the clinical commissioning groups who are responsible for paying for the ambulance service, will allow 999 performance to fall below the 75% standard set by the Department of Health.



There are currently 28 paramedics and a further 42 ambulance technicians, urgent care and support staff providing emergency care and urgent transport in the Hartlepool and Stockton-on-Tees area. In 2012, NEAS announced plans to introduce an additional double-crew paramedic ambulance to cover this area in response to existing demands and relocate some of the rapid response paramedic cars and urgent care transport ambulances. The change, due to be implemented later this year, will help to maintain response time standards across the area.

The ambulance service anticipates that a small number of patients previously taken to the University Hospital of Hartlepool will now be taken to the University Hospital of North Tees. On these occasions, when a slightly longer journey to hospital takes a paramedic crew out of the Hartlepool area, the nearest available ambulance will move to a standby point to maintain 999 cover. This already happens across the region, which is why you may have seen ambulances parked in lay-bys, flyovers and beside roundabouts providing maximum medical cover when other crews are responding to 999 incidents.

A small number of patients in County Durham may also be affected, if the changes are agreed, where Hartlepool was their nearest hospital. On these occasions, the clinical decision of the paramedic will determine which hospital they are taken to in an emergency situation.

NEAS has been working with its CCG partners about the impact of providing the additional cover. This is to ensure that the service is able to provide resources to cover the extended time that will be required of crews that would previously have gone to Hartlepool.

Patients can help as well by not placing demand on ambulance services unnecessarily. When it's less urgent than 999, alternatives include visiting or calling your GP or talking to your local pharmacist. If you are not sure what help you need, there is also a new number 111, which is free to call – including mobiles – and open 24-hours a day, seven days a week. Callers to this number will be assessed and given advice or directed to the service that can best help them straightaway.

Hartlepool and Stockton-on-Tees CCG

Hartlepool and Stockton-on-Tees CCG is committed to provide high quality transport services to all patients at the point of need. To meet this need Hartlepool and Stockton-on-Tees CCG commissions a number of services.

999 blue light ambulances are provided by the North East Ambulance Service 24/7 for any patient requiring emergency medical care and who may require transportation to hospital for further treatment.

For those patients who are medically unable to get to and from their hospital appointments or inpatient stay, the CCG funds free patient transport from a host of organisations to provide a flexible service to those that need it. This transport is provided by a variety of providers including North East Ambulance Service and some private transport providers. We will review this provision to determine what is required by our patients and appropriate services will be commissioned.

In addition to this, funding is provided to North Tees and Hartlepool NHS Foundation Trust which allows the trust to strategically plan transport provision for patients to ensure that all appropriate patients receive the required level of transport support.

As defined nationally, Hartlepool and Stockton-on-Tees CCG will reimburse the costs of travel to hospital or other NHS-funded treatment or diagnostic tests for those patients who meet the qualifying criteria detailed on the NHS Choices website:

<http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx>

Hartlepool and Stockton-on-Tees CCG is assured that this comprehensive transport provision offers a quality and effective service to all patients and will continue to do so following the changes within North Tees and Hartlepool NHS Foundation Trust.

Durham, Dales, Easington and Sedgefield CCG

In Durham Dales, Easington and Sedgefield the clinical commissioning group is talking to the council about whether we can improve bus routes and accessibility for patients and visitors. The East Durham link service continues to operate running pre-bookable services between hospitals and other destinations. This service is available for anyone to use. The CCG will continue to work with NEAS to ensure their response times for planned and unplanned journeys are within the contracted times and will continue to monitor the impact on patients.

North Tees and Hartlepool NHS Foundation Trust

Providing appropriate transport services for patients, visitors and staff is vital to the success of centralising services. Extensive work has taken place and is on-going to ensure those affected by the service transfers have access to appropriate transport or car parking.

The trust set up a transportation sub-group including two governor representatives. The group has been working hard to improve transport arrangements which can be put into place if the proposals go ahead.

The trust has a policy of never leaving a patient stranded. So, for example, staff will always ask a patient brought in by ambulance how they are going to get home, especially in the later evening when transport is not available. If the patient has no way of getting home the trust will help with one of its transport schemes.

Among the many pieces of work the committee and the foundation trust are working on are:

- a patient journey exercise, led by Healthwatch, so that the trust and commissioners can appreciate the challenges of getting to hospital by public transport.
- an exercise to see what other transport is available that local people may not know about. This includes volunteer driver and community schemes which already exist.
- a phased implementation to minimise the inconvenience to patients and their relatives and make the transition smoother. In other words, if the proposals are accepted, the changes will take place throughout October.



Patient journey - picture courtesy of the Hartlepool Mail



A planning meeting taking place with representatives of Healthwatch and North Tees and Hartlepool NHS Foundation Trust

This means, in October no more emergency medical patients will be admitted to the emergency assessment unit at the University Hospital of Hartlepool. Instead medical patients will be taken to the University Hospital of North Tees.

By the end of October there should be very few patients who need to be transferred by ambulance to the University Hospital of North Tees because the vast majority will have been treated and discharged during that time.

The sub-acute unit at the University Hospital of Hartlepool

Some patients from Hartlepool or Easington, who were admitted to the University Hospital of North Tees for assessment, tests and treatment could be transferred to the sub-acute unit at the University Hospital of Hartlepool.

This will make travelling easier for people who wish to visit loved ones. These patients will be people who are not yet well enough to go home but do not need to see a doctor every day or have any further tests or investigations such as CT scans.

Trust transport schemes

- The trust already has its own same day ambulance service to transport patients home after a stay in hospital. This service will be reviewed and revised alongside all transport arrangements.
- Additional shuttle buses running between the hospital sites. As well as the current eight-seater minibus the trust has ordered two 17-seater buses which will run regularly between the two hospitals. The buses are free and can be booked by phoning the trust's service desk on 01429 522550.
- Looking at appointment times to make them more convenient for patients. The committee is working with other people in the trust to look at appointment times and theatre sessions to see if these can be changed or patients offered times which are easier for them to get to. Patient should discuss any worries or concerns about transport at their pre-assessment visit so that staff can tell them about schemes such as the trust's volunteer driver scheme.



The team of volunteer drivers

- The trust has negotiated a discount with its taxi provider 23 Taxis for patients or relatives travelling to appointments or visiting relatives.
- The trust has set up a volunteer driver scheme for people who need help getting to appointments. The first group of volunteers has now been trained. People can find out more about the service by ring the trust's service desk on 01429 522550.
- The trust has applied to Stockton Borough Council for additional temporary car parking space at the University Hospital of North Tees site.
- People receiving certain welfare benefits may be able to get help with travel costs under the Department of Health's Help with Hospital Transport Costs scheme. More information is available at <http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx> or by asking at the trust's cashier's offices.

Staff

North Tees and Hartlepool NHS Foundation Trust has reviewed its travel policy to be ready for the changes.

The trust has a duty to reduce carbon emissions, traffic congestion and parking requirements and would prefer staff who need to travel between sites to do so using the free shuttle buses. The trust is putting into place:

- a free park and ride facility for staff affected by the changes.
- a car sharing scheme for staff with guaranteed reserved parking and discounted cost arrangements.
- an enhanced car park management system to maximise car parking capacity.
- additional shuttle buses (detailed opposite).
- different shift patterns for staff to enable them to get across sites in time for work.

In summary

All of the organisations mentioned in this plan have been working hard to ensure patients, visits and staff need are covered as far as they possibly can in terms of transport.

Healthwatch have been working with our organisations to represent the views of patients. They are working with us to get an understanding of the challenges faced by some people when travelling for their health appointments. We are indebted to them for the work they have been doing.

In addition to the information above, there are some useful sites people can use when planning a journey, whether it is by private or public transport.

www.transportdirect.info

www.connectteesvalley.com



***Durham Dales, Easington and Sedgefield
Clinical Commissioning Group***



***Hartlepool and Stockton-on-Tees
Clinical Commissioning Group***

North Tees and Hartlepool 

NHS Foundation Trust

APPENDIX E: Four Tests Evidence Grid

RECONFIGURATION OF CRITICAL CARE AND EMERGENCY MEDICAL SERVICES

SUMMARY OF EVIDENCE OF MEETING SECRETARY OF STATE'S FOUR TESTS

The following table summarises the evidence that the proposals and consultation have addressed the Secretary of State's four tests for service reconfiguration.

TEST	COMMENT	EVIDENCE
Support from GP commissioners	<p>The proposals enjoy the support of the clinical members of the CCGs whose patients are impacted by the changes.</p> <p>Alongside the public engagement events, some of which have been attended by local GPs, extensive contact has been made with local practices in Stockton and Hartlepool, as well as with GPs in Easington through their Time Out events. There has also been attendance at LMC meetings to discuss the proposals and glean feedback.</p> <p>Each GP practice has been sent a letter summarising the proposals and offering them a further opportunity to comment on the proposals and their impact.</p>	<p>Record of meetings with individual GP practices by Drs Posmyk and Williams – HaST CCG</p> <p>Minutes of Easington Time Out events – DDES CCG</p> <p>Record of attendance at LMC meetings – HaST and DDES CCGs</p> <p>Copy of letter to GP practices and distribution list – BP/HaST CCG</p> <p>Summary of feedback from GPs and evidence of changes to consultation presentations and materials to reflect this – CY/KH/MB (this will mirror the similar evidence on public and patient engagement but provides the opportunity to reflect specific responses to GP feedback)</p>
Strengthened public and patient engagement	<p>There has been extensive contact with local bodies, patient groups and the public throughout the pre-engagement and the formal consultation itself, alongside communication via the press and local radio.</p> <p>The NCAT review was used to provide representatives of the local scrutiny committees and patient groups (Links/Healthwatch), which is a wider representation than usual in such a review whose terms of reference would usually be limited to clinicians and other members of the provider and commissioner organisations.</p> <p>The consultation process has incorporated a wide range of public events, attendance at scrutiny committees and</p>	<p>Summary of pre-engagement and consultation meetings and events – CY/MB</p> <p>Record of invitation to and attendance at NCAT review – Agenda – PT/CY and NCAT Report – HaST CCG</p> <p>Summary of feedback from meetings and events and evidence of changes to consultation presentations and materials to reflect this – CY/MB (this will mirror the similar evidence on GP engagement but provides the opportunity to reflect specific responses to public feedback)</p> <p>Copy of letters sent to local councils regarding public transport issues – HaST and DDES CCGs</p>

	<p>engagement with patient groups and representatives. Local Healthwatch representatives have been involved as members of the Consultation Steering Group. Specific attention has been given to frequent mention of transport as a key concern. Trust staff have attended the Hartlepool Council Transport Champions' Group, and the Trust is putting in place additional transport options and measures to take account of this. Of particular concern are the needs of individuals, particularly those wishing to visit their family members. The Trust has participated in the Healthwatch journey lapping exercise to inform the consideration of transport needs of the patients and their families, while it is noted that much of the requirement relates to public transport which is outwith the Trust's or CCGs' gift to resolve. This has been progressed through communications with the relevant councils. Robust communication has been maintained throughout with members of local Social Services.</p>	<p>Transport Strategy Document – Task and Finish Group Record of meetings with Social Services departments – HaST and DDES CCGs</p>
Clarity on the clinical evidence base	<p>The clinical basis of the proposals is documented in the consultation documents. The proposals were initiated by clinicians in the Trust on clinical safety grounds, and subsequently scrutinised by the wider clinical body within the Trust, by the clinicians in the CCGs, the wider GP body, the CCG governing bodies, and by the NCAT review itself. While robustly challenged at each step, the case has always been supported.</p>	<p>Documentation provided to NCAT review team (incorporated on consultation web site) including relevant national policies and guidelines – CY/MB NCAT report – HaST CCG Summary of clinical case from consultation documentation – MB Summary of 9 August discussion at clinicians' meeting in Trust – PT/CY</p>
Consistency with current and prospective patient choice	<p>This test relates to the impact of the proposals on patients' choice of service compared to that they had prior to the changes. As these proposals relate to emergency services, and as it is elective services where the greatest element of patient choice is present, the impact is minimal. The usual elements of choice in relation to emergency care remain, notably that of seeking a second opinion. The same degree of choice remains for non-emergency services.</p>	<p>Summary of guidance on applying the Patient Choice Test – attached List of services remaining at UHH following implementation of the proposals from consultation presentation/documentation – CY</p>

Appendix F – Report following practice meetings in Hartlepool

Critical care and acute medicine reconfiguration – report following practice visits by Dr Boleslaw Posmyk, chair of NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group

14 GP practices in Hartlepool were visited. During visits either a majority of all GPs working in the practices were present plus most practice managers and some practice nurses.

Discussed clinical reasoning behind proposed changes and outcome of NCAT review at all practices. Views of all present were sought and there was an opportunity for questions and answers.

Summary of findings:

The consensus among nearly every GP, that the clinical rationale for change could be understood, that the proposed changes were logical and needed to happen.

Consensus among practice managers and nurses present was that changes were necessary.

Some reservations from a GP wanting to be able to examine the evidence in detail themselves.

Some initial reservations from a GP feeling that the population of Hartlepool was being hard done by again....with acceptance of the clinical case.

A GP not accepting the case for change.

Individual explicit GP suggestion of change being made as soon as possible.

Individual GP confirmation of need for 24hr senior clinician support on hospital units.

Individual GP reflection that proposed changes will result in service in Hartlepool that has for a long time successfully been in place at the Nuffield Hospital in Stockton.

Individual GP reflection that since these changes are necessary they will be good preparation for eventual shift of services to Wynyard.

A consistent theme among the GPs, practice managers and nurses that transport would be a big issue for patients, visitors, particularly older people and people on low incomes. Bus issues to North Tees were pointed out at several practices.

At individual practices, specific issues were highlighted regarding getting to visiting times and the impact of funding public transport on low income families.

Many GPs highlighted that the changes were likely to be viewed negatively by numbers of patients due to some patients having a negative perception of care at

North Tees compared to Hartlepool. This perception is likely to be held by elderly patients.

Many GPs suggested it would be worth looking into whether any ambulatory care could in the future be delivered from a Hartlepool setting.

Equality Analysis

Reconfiguration Proposals for Emergency Medical and Critical Care Services in Hartlepool and North Tees.

July 2013

The Nine Protected Characteristics of the Equality Act 2010

The Equality Act 2010 applies to all organisations that provide a service to the public or a section of the public (service providers). It also applies to anyone who sells goods or provides facilities. It applies to all our services, whether or not a charge is made for them.

The Act protects people from discrimination on the basis of a 'protected characteristic'. The relevant characteristics for services and public functions are:

- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex, and
- sexual orientation
- Marriage and Civil Partnership (named purposely in the equality act 2010. This protected characteristic was linked to the now retired sex discrimination act where people were protected on their marital status).
- Age (under the Equality Act from April 2012 until then The Employment Equality (Age) Regulations 2006 still applied)

The Equality Act General Duties

The general and specific duties are set out in Appendix 1 section 149 of the Act.

- A public authority must, in the exercise of its functions, have due regard (take seriously) to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not

Public Sector Specific Equality Duties

The public sector equality duties are unique pieces of equality legislation. They give public bodies, including further and higher education institutions legal responsibilities to demonstrate that they are taking action on equality in policymaking, the delivery of services and public sector employment.

The duties require public bodies to take steps not just to eliminate unlawful discrimination and harassment, but also to actively promote equality.

The Equality Act and duties can be found at
<http://www.legislation.gov.uk/ukpga/2010/15/contents>

What is equality analysis?

Public authorities are responsible for making a wide range of decisions, from the contents of overarching policies and budget setting to day-to-day decisions which affect specific individuals.

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act 2010, such as people of different ages. There are two reasons for this:

- to consider if there are any unintended consequences for some groups
- to consider if the policy will be fully effective for all target groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions.

It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Not all policies can be expected to benefit all groups equally, particularly if they are targeted at addressing particular problems affecting one protected group.

An example would be a policy to improve the access of learning disabled women to cancer screening services.

Policies like this, that are specifically designed to advance equality, will, however, also need to be analysed for their effect on equality across all the protected groups. This is because any one group is likely to have several protected characteristics within it. For example, a policy on tackling gender based violence will need to analyse its potential effect on ethnic minority communities as well as gay and disabled people. An effective equality analysis will help to make sure that you are aware of any particular needs and the likely wider effects of implementing the policy.

The Equality Analysis process focuses on 6 Steps of activity:

1. Responsible Officer
2. Establishing relevance
3. Scoping the Analysis
4. Analysing the Equality information
5. Monitoring and review
6. Decision making and Publication

Equality Analysis Template- Screening Tool

Title of Policy/ Project/ Service:	Reconfiguration proposals for emergency and critical care services in Hartlepool and North Tees Hospitals.
Equality Analysis Lead Name/s:	Ali Wilson – Chief Officer NHS Hartlepool and Stockton-on-Tees CCG Ben Murphy – Senior Governance Manager NECS Mary Bewley – Head of Communications and Engagement NECS
Date Equality Analysis started:	8th July 2013
Date Equality Analysis completed:	2nd August 2013
Geographical Area covered by policy/ project/ service?	NHS Durham Dales, Easington and Sedgfield CCG NHS Hartlepool and Stockton-on-Tees CCG North Tees and Hartlepool NHS Foundation Trust
Is this a new or existing policy / project / service?	This is a new project, this Equality Analysis will analyse the potential impact either positive or negative from the proposed relocation of emergency and critical care services from Hartlepool to North Tees Hospital. The project is however related to a broader programme of change in the area which has already and continues to be subject of public engagement and/or consultation.
What is the purpose/aim of the proposed or existing policy / service / project?	Hartlepool and Stockton-on-Tees CCG are carrying out this consultation because the doctors who provide emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust have told us they cannot carry on providing these services safely and to the expected quality standards on two sites until the new

	hospital opens in 2017. This has been assured by an Independent Clinical Body (NCAT).
Who is intended to benefit from the policy / project / service and how?	All members of the population accessing and using the emergency medical and critical care services at Hartlepool and North Tees Hospital.
Is the responsibility for the policy / project / service shared with another directorate or organisation?	Yes; NHS Durham Dales, Easington and Sedgefield CCG NHS Hartlepool and Stockton-on-Tees CCG North Tees and Hartlepool NHS Foundation Trust
What other groups or organisations have an interest in the policy / project / service?	Please see the consultation plan which identifies all stakeholders.
What are the intended outcomes of the policy / project / service?	To identify if any persons offered protection under the equality act 2010 will be adversely effected by this proposal and to ensure appropriate adjustments are made to address the issues.
What engagement has been done regarding this policy / project / service, and the results of this? Please detail which individuals/ groups you have engaged with and when?	Formal consultation lasting 12 weeks starting Monday 20 th May 2013. NECS will commission independent specialist consultants to receive and independently analyse the responses. Respondents to the consultation will be able to feed back by email, freepost address, telephone or via the CCG website. Please see the communication and engagement plan for further details of activity.

When will the policy / project / service be implemented?	The change is proposed to take place from October 2013.
When will the policy / project / service be reviewed?	Thorough contact monitoring and annual reviews.

Protected Characteristics

Please <u>detail</u> any positive, negative or neutral impacts that this policy/ service/ project may have for people from the below groups.			
Protected Characteristics	Positive	Neutral	Negative
Age	The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.		Older people may find it difficult to travel longer distances when visiting relatives in North Tees. Actions are being taken to improve travel options for all groups.
Disability	The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate		Concern has been expressed re: transport for wheelchair users. Actions are being taken to ensure access to vehicles able to take wheelchairs, including extra large equipment.

	skill levels to improve patient outcomes.		
Gender Reassignment	The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.	Will have no adverse effect.	
Pregnancy And Maternity	The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.	Services continue to be delivered on the Hartlepool site.	
Race	The proposed move of the Emergency Medical and Critical	Will have no adverse effect.	

	Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.		
Religion Or Belief	The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.	Current chaplaincy services will be maintained across both sites (both in terms of services held, and chaplain and volunteer presence) and it is anticipated that the less complex case mix of patients remaining on the Hartlepool site will result in them gaining additional support from those services while patients in Stockton and the community will continue to receive the same support as at present.	
Sex	The proposed move of the Emergency Medical and Critical Care services to North Tees	Will have no adverse effect.	

	Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.		
Sexual Orientation	The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.	Will have no adverse effect.	
Carers	The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching		Concerns re: ability to access transport for visiting have been recognised. Actions are being taken to improve travel options for all groups.

	service demand with appropriate skill levels to improve patient outcomes.		
Human Rights* *Please see appendix 1 for further information	The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.	No adverse impacts.	

Full Equality Analysis Template

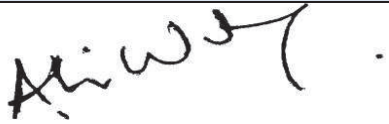
You must complete a full assessment if your initial analysis you identify any negative impact on any of the protected characteristics groups. You should aim to reduce or remove any negative impact. Please note unlawful, discriminatory impacts must be removed completely. Use this action plan to evidence what needs to be addressed and what you have achieved, attaching any relevant evidence.


Action Plan

Protected Characteristics	Action required to support the outcome of the initial equality analysis	Evidence used (including engagement/consultation)	Responsible Person/s	Outcome* *Please refer to page 7 of Equality Analysis Toolkit
Age	Transport strategy being developed and actions being taken to improve travel options for all groups.	See attached travel plan slides.	North Tees and Hartlepool NHS Foundation Trust, NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham, Dales, Easington and Sedgefield CCG	
Disability	As above. Also actions are being taken to ensure access to vehicles and that they are able to take wheelchairs, including		North Tees and Hartlepool NHS Foundation Trust, NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham, Dales,	

	extra large equipment.		Easington and Sedgefield CCG	
Gender Reassignment				
Pregnancy And Maternity				
Race				
Religion Or Belief				
Sex				
Sexual Orientation				
Carers	Transport strategy being developed and actions being taken to improve travel options for all groups.		North Tees and Hartlepool NHS Foundation Trust, NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham, Dales, Easington and Sedgefield CCG	
Human Rights				

Please complete the section below and attach a copy of the policy/service/ project being analysed for approval and forward to the CCG Chief Officer on your organisations website.

Chief Officer	Signature	Organisation	Date
Ms. Ali Wilson		NHS Hartlepool and Stockton-on-Tees CCG	15 th August 2013

Equality & Diversity Lead Name (please print)	Signature	Organisation	Date
Ben Murphy		North Of England Commissioning Support Unit (NECS)	15 th August 2013

For more information or guidance on completing the Equality Analysis please contact Ben Murphy, email ben.murphy@tees.nhs.uk or call 01642 745071.

Appendix One- Human Rights

The Human Rights Act 1998 gives further legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights. These rights not only impact matters of life and death, they also affect the rights you have in your everyday life: what you can say and do your beliefs, your right to a fair trial and other similar basic entitlements.

Most rights have limits to ensure that they do not unfairly damage other people's rights. However, certain rights – such as the right not to be tortured – can never be limited by a court or anybody else.

You have the responsibility to respect other people's rights, and they must respect yours.

Your human rights are:

- the right to life
- freedom from torture and degrading treatment
- freedom from slavery and forced labour
- the right to liberty
- the right to a fair trial
- the right not to be punished for something that wasn't a crime when you did it
- the right to respect for private and family life
- freedom of thought, conscience and religion, and freedom to express your beliefs
- freedom of expression
- freedom of assembly and association
- the right to marry and to start a family
- the right not to be discriminated against in respect of these rights and freedoms
- the right to peaceful enjoyment of your property
- the right to an education
- the right to participate in free elections
- the right not to be subjected to the death penalty

If any of these rights and freedoms are breached, you have a right to an effective solution in law, even if the breach was by someone in authority, such as, for example, a police officer.



***Durham Dales, Easington and Sedgefield
Clinical Commissioning Group***

Equality Analysis

**Reconfiguration Proposals for Emergency Medical and Critical Care
Services in Hartlepool and North Tees.**

August 2013

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Not all policies can be expected to benefit all groups equally, particularly if they are targeted at addressing particular problems affecting one protected group.

An example would be a policy to improve the access of learning disabled women to cancer screening services.

Policies like this, that are specifically designed to advance equality, will, however, also need to be analysed for their effect on equality across all the protected groups. This is because any one group is likely to have several protected characteristics within it. For example, a policy on tackling gender based violence will need to analyse its potential effect on ethnic minority communities as well as gay and disabled people. An effective equality analysis will help to make sure that you are aware of any particular needs and the likely wider effects of implementing the policy.

The Equality Analysis process focuses on 6 Steps of activity:

1. Responsible Officer
2. Establishing relevance
3. Scoping the Analysis
4. Analysing the Equality information
5. Monitoring and review
6. Decision making and Publication

Equality Analysis Template- Screening Tool

Title of Policy/ Project/ Service:	Reconfiguration proposals for emergency and critical care services in Hartlepool and North Tees Hospitals.
Equality Analysis Lead Name/s:	Gill Findley – Director of Nursing Durham Dales, Easington and Sedgefield CCG Ben Murphy – Senior Governance Manager NECS Mary Bewley – Head of Communications and Engagement NECS
Date Equality Analysis started:	8th July 2013
Date Equality Analysis completed:	28th August 2013
Geographical Area covered by policy/ project/ service?	NHS Durham Dales, Easington and Sedgefield CCG NHS Hartlepool and Stockton-on-Tees CCG North Tees and Hartlepool NHS Foundation Trust
Is this a new or existing policy / project / service?	This is a new project, this Equality Analysis will analyse the potential impact either positive or negative from the proposed relocation of emergency and critical care services from Hartlepool to North Tees Hospital. The project is however related to a broader programme of change in the area which has already and continues to be subject of public engagement and/or consultation.
What is the purpose/aim of the proposed or existing policy / service / project?	Durham Dales, Easington and Sedgefield CCG is carrying out this consultation because the doctors who provide emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust have told us they cannot carry on providing these services safely and to the expected quality standards on two sites

	until the new hospital opens in 2017. This has been reviewed by an Independent Clinical Body (NCAT).
Who is intended to benefit from the policy / project / service and how?	All members of the population accessing and using the emergency medical and critical care services provided by North Tees and Hartlepool NHS Foundation Trust.
Is the responsibility for the policy / project / service shared with another directorate or organisation?	Yes, shared with; NHS Hartlepool and Stockton-on-Tees CCG North Tees and Hartlepool NHS Foundation Trust
What other groups or organisations have an interest in the policy / project / service?	Please see the consultation plan which identifies all stakeholders.
What are the intended outcomes of the policy / project / service?	The project aims to bring together 2 smaller facilities to provide safer and more effective services on one site. This will improve the healthcare outcomes for patients who access the facilities. This Equality Impact Assessment aims to identify if any persons offered protection under the equality act 2010 will be adversely effected by this proposal and to ensure appropriate adjustments are made to address the issues.
What engagement has been done regarding this policy / project / service, and the results of this? Please detail which individuals/ groups you have engaged with	Formal consultation lasting 12 weeks starting Monday 20 th May 2013. North of England Commissioning Support unit has commissioned independent specialist consultants (Explain) to receive and independently analyse the responses from the consultation process. Respondents to the consultation have been able to feed back by email, freepost address, telephone or via the CCG website as well as at

and when?	face to face meetings. Please see the communication and engagement plan for further details of activity.
When will the policy / project / service be implemented?	The change is proposed to take place from October 2013.
When will the policy / project / service be reviewed?	Thorough contact monitoring and annual reviews.

Protected Characteristics

Please <u>detail</u> any positive, negative or neutral impacts that this policy/ service/ project may have for people from the below groups.			
Protected Characteristics	Positive	Neutral	Negative
Age	<p>The proposal aims to improve the standards of clinical care being offered to all patients by pooling skills of specialist staff and providing treatment by more senior staff early in the patients admission</p> <p>Older people are more likely require admission to hospital and so are most likely to benefit from the changes</p>	<p>Services for children and young people are unaffected by the changes</p> <p>Outpatients and day case facilities will remain on the Hartlepool site</p>	<p>Older people may find it difficult to travel longer distances to get to services or when visiting relatives in North Tees.</p> <p>Actions:</p> <p>Transport plan has been developed for people of all ages including volunteer drives, increased shuttle buses and the East Durham Link service.</p> <p>Some patients in the Sedgefield area may now find that another hospital is closer than North Tees. Ambulance crews will take the patient to the nearest suitable facility for definitive care.</p>
Disability	The proposal aims to improve the standards of clinical care being	Outpatient and day case services	Concern has been expressed about transport for wheelchair

	<p>offered to all patients by pooling skills of specialist staff and providing treatment by more senior staff early in the patient's admission.</p> <p>Some disabled people are more likely to need hospital admission and may therefore benefit from the changes</p>	<p>are unaffected by the proposals</p> <p>All services on North Tees site are accessible for people with disabilities including sight problems and wheelchair users.</p>	<p>users.</p> <p>Disabled people are more likely to need additional help from support workers and relatives</p> <p>Actions:</p> <p>Transport plan includes actions being taken to ensure access to vehicles able to take wheelchairs, including extra-large equipment.</p> <p>Transport for support workers and carers to be included in transport plans.</p>
Gender Reassignment	<p>The proposals will improve care for all patients who need access to acute medical services</p>	<p>Outpatient and day case services are unaffected by the proposals</p> <p>There is no indication that this patient group would be adversely affected by the changes</p>	
Pregnancy And Maternity	<p>Some women need access to intensive care during pregnancy, delivery or after delivery. The proposals will result in more specialist intensive care consultants being available and</p>	<p>Maternity services including antenatal and post natal clinics continue to be delivered on the Hartlepool site and in the community as they are currently</p>	<p>Some visitors (partners and children) will have to travel further to visit women in North Tees</p> <p>Actions:</p> <p>The transport plan will address</p>

	therefore an improved level of care		the needs of visitors including children
Race	The proposals will improve care for all patients who need access to acute medical services	The Trust will continue to offer all services to all races.	
Religion Or Belief	The proposals will improve care for all patients who need access to acute medical services	Current chaplaincy services will be maintained across both sites (both in terms of services held, and chaplain and volunteer presence) and it is anticipated that the less complex case mix of patients remaining on the Hartlepool site will result in them gaining additional support from those services while patients in Stockton and the community will continue to receive the same support as at present.	
Sex	The proposals will improve care for all patients who need access to acute medical services	The proposals will not have any adverse impact	
Sexual Orientation	The proposals will improve care for all patients who need access	The proposals will have no adverse effect.	

	to acute medical services		
Carers		Outpatients and day case services will not be affected and it is anticipated that 97% of care will continue to be in the local area.	<p>Carers who accompany patients to appointments may have to travel further. If the patient remains in hospital the carer may not be allowed to stay</p> <p>Actions</p> <p>The transport plan will include carers as well as patient transport</p> <p>The CCG will review the provision of overnight accommodation for carers in North Tees hospital</p>
Human Rights* *Please see appendix 1 for further information	The proposals affect the most seriously ill patients who need hospitalisation and in some cases intensive care to sustain life. The proposals will improve outcomes for patients and therefore reduce the risk of loss of life and a breach of article 1	No adverse impacts have been noted in respect of Human rights	


Full Equality Analysis


Action Plan (Review three months after implementation and again after nine months.)				
Protected Characteristics	Action required to support the outcome of the initial equality analysis	Evidence used (including engagement/consultation)	Responsible Person/s	Outcome* *Please refer to page 7 of Equality Analysis Toolkit
Age	Transport plan being developed and actions being taken to improve travel options for all groups including patients and carers and visitors.	See attached transport plan	North Tees and Hartlepool NHS Foundation Trust, NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham, Dales, Easington and Sedgefield CCG, working in partnership with the local authorities to improve access to public transport.	Improved access for all age groups. Increased confidence among partners and the public that key issues are being addressed.
Disability	As above. Also actions are being taken to ensure that there is access to vehicles for disabled patients and that they are able to take	Transport plan	North Tees and Hartlepool NHS Foundation Trust, NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham, Dales,	Perceived barriers among people with disabilities over attendance at North Tees are minimised.

	wheelchairs, including extra large equipment.		Easington and Sedgefield CCG, working in partnership with the local authorities.	
Gender Reassignment				
Pregnancy And Maternity	AS above, travel plans to include visitors and children.	Transport plan	CCG and North Tees and Hartlepool NHS Foundation Trust	There will be no barriers to visitors
Race				
Religion Or Belief				
Sex				
Sexual Orientation				
Carers	Transport plan being developed and actions being taken to improve travel options for all groups.		North Tees and Hartlepool NHS Foundation Trust, NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham, Dales,	Improved access for all age groups, including carers. Increased confidence among partners and the public that key issues

			Easington and Sedgefield CCG, working in partnership with the local authorities.	are being addressed.
Human Rights				

Please complete the section below and attach a copy of the policy/service/ project being analysed for approval and forward to the CCG Chief Officer on your organisations website.

Chief Clinical Officer	Signature	Organisation	Date
Dr S Findlay		NHS Durham Dales Easington and Sedgefield CCG	15 th August 2013

Equality & Diversity Lead Name (please print)	Signature	Organisation	Date
Ben Murphy		North Of England Commissioning Support Unit (NECS)	15 th August 2013

Appendix One- Human Rights

The Human Rights Act 1998 gives further legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights. These rights not only impact matters of life and death, they also affect the rights you have in your everyday life: what you can say and do your beliefs, your right to a fair trial and other similar basic entitlements.

Most rights have limits to ensure that they do not unfairly damage other people's rights. However, certain rights – such as the right not to be tortured – can never be limited by a court or anybody else.

You have the responsibility to respect other people's rights, and they must respect yours.

Your human rights are:

- the right to life
- freedom from torture and degrading treatment
- freedom from slavery and forced labour
- the right to liberty
- the right to a fair trial
- the right not to be punished for something that wasn't a crime when you did it
- the right to respect for private and family life
- freedom of thought, conscience and religion, and freedom to express your beliefs
- freedom of expression
- freedom of assembly and association
- the right to marry and to start a family
- the right not to be discriminated against in respect of these rights and freedoms
- the right to peaceful enjoyment of your property
- the right to an education
- the right to participate in free elections
- the right not to be subjected to the death penalty

If any of these rights and freedoms are breached, you have a right to an effective solution in law, even if the breach was by someone in authority, such as, for example, a police officer.

Providing safe and high quality care leading up to the opening of the new hospital



Providing safe and high quality care leading up to the opening of the new hospital

A consultation on how best to ensure people have access to the safest and best quality, acute medical and critical care they need, in the lead up to the opening of the new hospital by:

Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Durham, Dales, Easington and Sedgefield Clinical Commissioning Group

North Tees and Hartlepool NHS Foundation Trust

Consultation begins 20 May and ends 11 August 2013

If you require this information in another language or format please contact us on [01642 666815](tel:01642 666815)

Arabic إذا احتجت لهذه المعلومات بلغة أخرى أو تنسيق آخر، فالرجاء الاتصال بنا على [01642 666815](tel:01642 666815)

যদি আপনি এই তথ্য যে কোনো ভাষাতে বা ফর্মেটে চান তাহলে, অনুগ্রহ করে [01642 666815](tel:01642 666815) নম্বরে আমাদের সাথে যোগাযোগ করুন। Bengali

若您需要本資料的其他語言版本或格式，請與我們聯絡，電話 [01642 666815](tel:01642 666815) Cantonese

यदि आपको यह जानकारी कि सी अन्य भाषा अथवा फॉर्मेट में चाहिए तो कृपया [01642 666815](tel:01642 666815) पर हमसे सम्पर्क करें। Hindi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿਚ ਚਾਹੀਦੀ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ [01642 666815](tel:01642 666815) 'ਤੇ ਸੰਪਰਕ ਕਰੋ। Punjabi

اگر آپ کو یہ معلومات کسی دیگر زبان یا شکل میں چاہئیں تو براۓ مہربانی ہم سے [01642 666815](tel:01642 666815) پر رابطہ قائم کریں۔ Urdu

Why are we carrying out this consultation?

The commissioners' view



Dr Boleslaw Posmyk
Chair, Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG)



Dr Paul Williams
Stockton-on-Tees locality lead, Hartlepool and Stockton-on-Tees CCG and governing body member



Dr Mike Smith
Hartlepool locality lead, Hartlepool and Stockton-on-Tees CCG



Dr Stewart Findlay
Chief clinical officer, Durham, Dales, Easington and Sedgefield Clinical Commissioning Group

We are carrying out this consultation because the doctors who provide emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust have told us they cannot carry on providing these services safely and to the expected quality standards on two sites until the new hospital opens in 2017.

We buy these services from the hospitals for local people and we are responsible for their safety and quality. As commissioners we cannot wait until a problem arises before acting. Our job is to look forward and try to prevent problems from happening because this is in the interest of patients and everyone we serve.

We asked the National Clinical Advisory Team to visit us to listen to the doctors, nurses and managers, patient representatives, politicians and other stakeholders so they could give us an independent view of the situation and what we should do about it.

The National Clinical Advisory Team provide independent clinical expertise to support and guide the local NHS on service reconfiguration proposals to ensure safe, effective and accessible services for patients. Our team was lead by Dr Chris Clough from Kings College Hospital, London.

We now have a copy of the National Clinical Advisory Team report and this is why we are now holding this consultation.

The report said we should:

- work with the trust to centralise emergency medical services and critical care to the University Hospital of North Tees as soon as possible
- explain to the public what this means for them, which is why we are including a number of examples later in this document
- ask their views about the things that they are concerned about, especially how they and their relatives get to hospital

The provider's view



Dr Suresh Narayanan
clinical director for
anaesthetics and
critical care

Dr Jean MacLeod
clinical director for
medicine

North Tees and Hartlepool NHS Foundation Trust

As the doctors who lead medicine and critical care in the trust, we are becoming increasingly concerned about our ability to provide safe services across our two hospital sites until the new hospital opens.

We are passionate about providing the safest, highest quality care possible and to meeting or exceeding the standards expected by the Department of Health, professional organisations, the deanery (which is responsible for organising the training of tomorrow's doctors) and most of all our patients.

While our services are safe and good quality today we want to ensure they will continue to be in the years to come. We want to ensure we can continue to provide excellent care for all our patients in the short, medium and long term – the type of care we would want for ourselves and our loved ones - but when our medical and nursing colleagues tell us they are concerned, then we have to act.

We raised these concerns at the highest level in the trust and, quite correctly, the trust raised these concerns with our commissioners who buy this care from our trust.

Together, as commissioners and provider, we are totally committed to ensuring that patients from the area we serve - Hartlepool, Stockton and parts of Easington and Sedgefield – can rely on the same standard of service regardless of where they live.

Had the new hospital opened its doors in 2014 as originally planned then we would have been bringing medical and nursing teams together now to be ready for the move to the new hospital. As things stand the new hospital is now expected to open in 2017 and we know things cannot stay as they are until then because:

- quite rightly, safety and quality standards continue to rise, but it is becoming increasingly difficult for us to keep pace with these requirements on two sites
- the way junior doctors are trained has changed and the deanery will not allow trainees to work in hospitals where they do not see enough patients to increase their learning and skills
- like the rest of the NHS we need to bring services together to ensure we can achieve the same standards of care for everyone living in the area served by our trust

Already, because of advances in medicine many patients from our area already go past their local hospital for their emergency medical care. For example:

- patients who have had a stroke are all taken to the University Hospital of North Tees where we can offer the latest treatments seven days a week, 365 days a year. We used to provide these services seven days a week at the University Hospital of North Tees but were only able to provide them Monday to Friday, 9am until 5pm, at the University Hospital of Hartlepool which was unfair on people from Hartlepool and Easington because strokes don't just happen in working hours. Because we have brought the skilled doctors who can carry out these treatments together we can now provide these services for everyone we serve.
- patients who have had certain types of heart attack are assessed at the scene and taken to The James Cook University Hospital in Middlesbrough to have the affected artery unblocked.

Both of these advances in medicine give patients a better chance of survival and recovery. As doctors we want local people to have access to the very best care available. This does mean this care cannot always be on the doorstep but in the modern NHS we have to accept that, while we can have most of our straightforward care provided locally, we have to travel for more specialist care.

It's also important to remember that most of the care provided by the health service is already provided in GP surgeries, local clinics and in people's homes and, under the *momentum: pathways to healthcare* programme, this will continue. We are beginning to take advantage of new technologies like telehealth where people can monitor their own health at home supported by a highly skilled team of community nurses. We already have many excellent examples of where this is working well and preventing people from having to be admitted to hospital. Medicine is advancing all of the time and we want to ensure we can offer the latest and best services and technologies to local people.

We are working closely with our commissioners because they, as the people who buy your care, and we, as the people who provide your care, have the same aim; that is to make sure your care is of the very best standard, wherever you live in the area we serve.

The important thing for you to know is, once the changes have been made, you do not need to do anything different. If you are unwell you will either contact your doctor or ring 999, just as you would today. Ambulance paramedics will assess you when they arrive and, if appropriate, begin treating you. They will make sure you get to the right place and to the right experts for any further treatment and care you need.

This is why we are joining Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Durham, Dales, Easington and Sedgefield Clinical Commissioning Group to explain why things need to change but also to listen to any concerns you may have so we can address them.

How did we get to where we are now?

In 2008 what were then Hartlepool Primary Care Trust and North Tees Primary Care Trust and North Tees and Hartlepool NHS Foundation Trust began the *momentum: pathways to healthcare* programme.

The programme came about because the then Secretary of State for Health carried out a large national public consultation to ask people how they would like health care to be in the future. The results of this large national consultation became the White Paper *Our health, our care, our say*

People said they wanted:

- to be kept fit and healthy and for the health service to step in early if people start to become ill
- care given close to or in their own homes
- a health service that fits in with their lives, not the needs of the health service
- only to go to hospital if they couldn't be looked after nearer home or at home

There were other reasons too:

- people are, fortunately, living longer but they are often living with a number of health problems and the local health service has to change the way it works to ensure it can provide the type of care local people need
- the doctors, nurses and other health professionals want to continually improve care and that means they have to change the way they work to do this by:
 - making waiting times shorter
 - providing more services in GP practices and town centre clinics
 - making services safer
 - working in increasingly specialised teams to make the best use of their skills and resources
- the way doctors are trained has changed and the organisation responsible for training will only send their doctors to work and train in areas where they will get the right experience to improve their skills

The *momentum: pathways to healthcare* programme is made up of three things:

- changing and transforming the way the local health service works to provide better, safer care for patients
- providing a network of community and town centre facilities
- building a new hospital to replace the University Hospital of Hartlepool and the University Hospital of North Tees

The new hospital

The new hospital is the final piece of the *momentum* jigsaw



The government offered public funding for the new hospital in March 2010. However the new government withdrew this funding in June 2010. The government said it realised there was a need to build the new hospital but the organisations who buy services on behalf of local people and the trust needed to find a different way to pay for it.

This means that, instead of the new hospital being open in 2014 as planned, it is now expected to open in 2017.

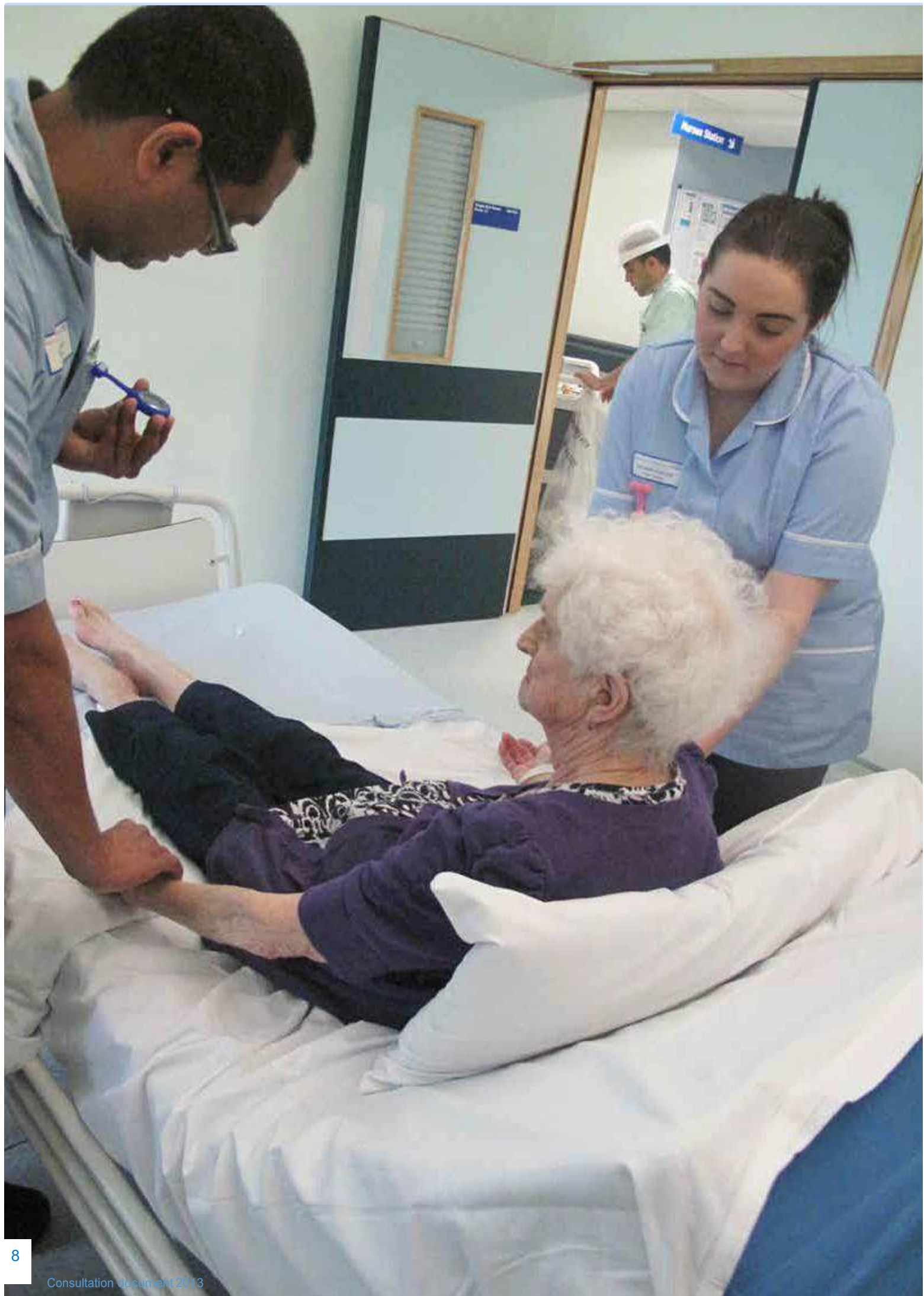
Doctors providing emergency medical and critical care at North Tees and Hartlepool NHS Foundation Trust told the commissioners that, while they could have made arrangements to keep the two hospitals' emergency medical wards and critical care open until 2014, they simply cannot do this until 2017. They said they want to take the interim step of centralising emergency medical wards and critical care at the University Hospital of North Tees until the new hospital opens to keep services to the high standards we all want and expect.

As commissioners and providers of care our main concern is safety and quality and we are becoming increasingly uncomfortable with the current situation because we know the services in the two hospitals are increasingly unequal. This is making it impossible to provide the levels of safety and quality we would all want in the longer term

We are doing our very best to minimise these inequalities but, because of the increasingly high standards of care required, this is becoming a major challenge and we all know we cannot keep providing the type of care patients deserve with things the way they are.

This is because:

- it is becoming more and more difficult to staff medical rotas on two sites
- the standards of care required are, quite rightly, rising continuously



What we are proposing to do

After much discussion with health professionals, a review of alternative options and receiving the report from the independent National Clinical Advisory Team, which agreed with us that there are no viable safe alternatives, we are now proposing to centralise emergency medical and critical care services at the University Hospital of North Tees from October 2013.

Bringing these services together would affect some other services such as other parts of the medical directorate, pathology, radiology, pharmacy and other support services such as facilities and catering. It would mean that patients with lots of medical problems will not be able to have planned operations like hip replacements at the University Hospital of Hartlepool but we do not expect this would affect very many patients because modern anaesthetics are safer. We want to ensure that most health care in Hartlepool continues to take place locally so we will be looking at ways to provide more low-risk operations and other treatments in the University Hospital of Hartlepool for local people. However we always have to assess if this will be safe and it will be for that reason and that reason alone, that we would transfer high risk planned operations to the University Hospital of North Tees.

We know this proposal will worry and disappoint some people but as the organisations which are responsible for your services we cannot allow this situation to go on any longer and we know these changes should be made.

How it will work

Leading up to the proposed changes we would:

- open 120 beds at the University Hospital of North Tees to make sure we have enough beds and staff to look after patients from right across our area;
- make extra space in critical care so we can look after critically ill patients;
- we would then, gradually, close the beds in medicine and critical care at the University Hospital of Hartlepool and;
- transfer a number of staff from support services such as pharmacy, radiology and pharmacy and estates who need to come to the University Hospital of North Tees to support the new arrangements.

Patient stories

The National Clinical Advisory Team said we should set out how things would work in future if these proposals are implemented.

Here are some examples

Elsie's story

Elsie, 75, from Greatham is feeling unwell. She has had heart problems for a while but today she feels very short of breath, her daughter is worried about her and phones her GP. The GP calls at the house and decides Elsie needs to be in hospital. The GP tells the hospital he would like Elsie brought in during the next two hours. The ambulance arrives and takes Elsie to the emergency assessment unit at the University Hospital of North Tees where she is assessed by the doctor in charge. The doctors diagnosed an irregular heart beat and start Elsie on drugs to treat it. She is also put on a heart monitor and observed by nurses for the next 24 hours. The doctor says Elsie can go home and her daughter comes to collect her. The nurses make Elsie an appointment to see the heart specialist in outpatients at the University Hospital of Hartlepool the following week.

George's story

George, 80, from Hartlepool, has a painful swollen leg. He is worried about this and phones 999. The ambulance takes him to the ambulatory care unit which is part of the emergency assessment unit at the University Hospital of North Tees. He is diagnosed with a deep vein thrombosis. While in the ambulatory care unit he is started on blood thinning drugs. A specialist nurse explains to George that he will have to take the drugs for several weeks. The doctor says George can go home. A nurse arranges for George to be taken home by ambulance. The district nurse visits George at home to see how he is doing until he is fully recovered.

Jason's story

Jason, 45, from Easington, has diabetes had a fluttering feeling in his chest and was dizzy. He thought he was going to faint so he called 999. The ambulance paramedic carried out an ECG (a heart test) at Jason's house. The ECG showed that Jason wasn't having a heart attack but he did need medical attention so the ambulance brought him to the emergency assessment unit at the University Hospital of North Tees. Jason was put on heart monitoring equipment and was given drugs to stabilise his abnormal heart beat. The doctor said Jason could go home once he was stabilised on the treatment but he needed to see a heart specialist to get to the bottom of the problem so an appointment was made for him to see a heart specialist at the University Hospital of Hartlepool the following week.

John's story

John, 75, has diabetes. He was feeling ill because his diabetes was out of control and he phoned 999. The ambulance paramedic assessed him at home and then he was brought to the University Hospital of North Tees. A doctor specialising in diabetes was able to see him straightaway and he was given the appropriate drugs to stabilise his diabetes. He stayed in overnight for observation and was allowed home the next day. He saw the diabetes specialist in outpatients the following week to ensure his diabetes was stable.

Mary's story

Mary, 70, is taken ill and her son phones 999. The ambulance takes Mary to the University Hospital of North Tees where she is diagnosed with pneumonia. Mary becomes worse and she has to be transferred to critical care for intensive medical support. After two days Mary is improving and she is transferred back to the ward. After three days Mary is allowed to go home with support from the community team who give her intravenous (a drip) antibiotics every day for the next 10 days until she has fully recovered.

Sharon's story

Sharon, 47, from the Fens, Hartlepool, noticed her leg was red and sore. She also felt feverish. She went to her GP who said she needed to be seen by a hospital doctor. Her husband took her to the ambulatory care unit at the University Hospital of North Tees, part of the emergency assessment unit. A doctor assessed Sharon's leg and the soft tissue infection was diagnosed as cellulitis. She was started off on a drip of antibiotics while in the ambulatory care unit and after further observations she was allowed home four hours later. The unit arranged for the rapid response nurses to go to Sharon's home to give her intravenous antibiotics each day. Three days later she came back to the ambulatory care unit to see the doctor who was happy with how the soft tissue infection was clearing up. He recommended intravenous antibiotics until the end of the week and the rapid response team came to Sharon's house daily to give the treatment until the infection cleared up. This saved Sharon and her husband several trips to hospital.

Betty's story

Betty, 90, from Easington, was confused and unable to get out of bed and her son called the GP. The GP thought Betty should be in hospital and asked for her to be admitted in the next two hours. The ambulance brought Betty to the emergency assessment unit at the University Hospital of North Tees where she was assessed by doctors. Betty had a urine infection which was making her confused so doctors started her on antibiotics. Doctors arranged for Betty to be transferred to the step down ward at the University Hospital of Hartlepool in a ward staffed by highly skilled nurses and therapists. It was becoming clear that Betty was having difficulty managing in her own home and discussions began so Betty could move to a home specially set up to meet her needs. Her family were pleased that they could visit her easily in the two weeks she stayed in hospital.

Transport

When the new hospital is built

Looking on a map, the new hospital (signified by the red dot) is centrally located in the area we serve. At the moment it is a green-field site on what we know is a very busy junction off the A19/A689. But the plans for the new hospital are supported by a comprehensive public and private transport plan and we are committed to ensure the new hospital is easily accessible for all.



As things are now

We know people may not find it easy to get to the University Hospital of North Tees for emergency care or to the University Hospital of Hartlepool for a planned operation. We know it can be difficult for people to visit their loved ones.

North Tees and Hartlepool NHS Foundation Trust's council of governors has a transport committee which is already working on improving transport for patients, visitors and staff.

So far the trust has:

- set up joint working with Hartlepool Borough Council to improve transport
- recruited a team of volunteer drivers to help people with transport problems to access hospital services
- ordered two 17-seater buses so it can increase the cross-site shuttle bus service

Please tell us about your concerns and if there's anything else we could be doing so we can try to address them.

Publishing the report

On 15 May we shared the report of the National Clinical Advisory Team with all the people the independent experts met when they visited the area in January.

At that meeting we listened to the questions and comments and we have added them to this document so we can ensure that we address all of these issues.

- People were disappointed that services could not stay in two separate sites and the doctors explained why this was the case. They also explained that they had done many things to try and preserve services on two sites but that was becoming increasingly difficult to do.
- The main concern was transport and people told us that it was very difficult for people to get to the University Hospital of Hartlepool from Stockton and to the University Hospital of North Tees from Hartlepool and Easington, especially by public transport. There were issues about the ambulance patient transport service which does not start until 8.30am. This is a problem for people who have early appointments and makes it impossible for people to get to hospital on time when they are already worried and distressed about their treatment. We promise we will look into this urgently.
- People wanted to know if we would scrap the plans if the public consultation resulted in local people being unhappy about the changes. We said we were going into the consultation with an open mind and we were not prepared to say what we would do until we had heard everyone's views at the end of the consultation.
- People thought we didn't try hard enough to put things right in Hartlepool. We explained that we had done as much as we possibly could to put things right and we were left with no option but to centralise services to keep them safe for the future.
- People thought the North Tees and Hartlepool NHS Foundation Trust paid different rates of pay and gave shorter contracts to doctors working at the University Hospital of Hartlepool. This is not true. All doctors working at the trust have a trust-wide contract and are expected to work at either hospital.
- People thought the people of Hartlepool were being let down. The doctors explained that they would be letting people down if they allowed the current situation to continue.
- People thought that no more joint replacements would be done at the University Hospital of Hartlepool. This is not correct. The trust's doctors explained that they intend to continue carrying out joint replacement at the University Hospital of Hartlepool with the only exception being where patients had many medical problems because those patients need the back up of critical care so the operation can be carried out safely.
- People thought that the people of Stockton might suffer if all of the services were brought together. The trust's doctors said things would actually improve for everyone if the services were brought together.
- People thought the consultation is a done deal. The clinical commissioning group explained that, while they believe the changes need to go ahead, they do want to listen to people's views.
- People thought the National Clinical Advisory Team were the hatchet men. The National Clinical Advisory Team is a team of independent medical experts who do not know the organisations and who come in, look at the evidence in front of them and speak to doctors, nurses, managers, patient representatives, politicians and other stakeholders. No health organisation can persuade the National Clinical Action Team to say anything it doesn't want to say.

What this consultation is about

We want to get your views on our proposals and understand your concerns about the proposed changes and we would particularly like you to answer the following questions for us:

1. What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?
2. If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?
3. What do you think are the main things we need to consider in putting the proposed changes in place?
4. Is there anything else you think we need to think about?

We know for example that people could be concerned about how they get to the hospital to visit their loved ones. We promise we will listen to these concerns and we will work with the local authorities and others to do whatever we can to help.

Please use the time in the 12 weeks of the consultation to tell us your views. You can do this by:

Writing us an email and send it to: communications@tees.nhs.uk or,

Writing to:

Hartlepool and Stockton-on-Tees CCG
FREEPOST NEA9906
Middlesbrough
TS2 1BR

or by coming to one of the meetings we have organised, see the website at:

www.hartlepoolandstocktonccg.nhs.uk for more details

Agenda Item 2.1-Appendix 1
Tuesday, 2nd September 2013

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*Durham Dales, Easington and Sedgefield
Clinical Commissioning Group*

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*Hartlepool and Stockton-on-Tees
Clinical Commissioning Group*

North Tees and Hartlepool mill
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Appendix 2

Schedule of public consultation meetings and events (from May 2013 to 11 August 2013)

15 May	NHS Hartlepool and Stockton-on-Tees CCG staff event
31 May	Hartlepool Borough Council's audit and governance meeting
5 June	Steering group meeting (inc Healthwatch)
12 June	Consultation event at Hartlepool Historic Quay
13 June	Easington Patients Reference Group
19 June	Consultation event at Stockton
21 June	Steering group meeting (inc Healthwatch)
24 June	Open event at Billingham Health Centre
25 June	Hardwick Residents Association
2 July	County Durham Scrutiny Committee
2 July	Stockton Road Residents Group, Hartlepool
3 July	Consultation event at Peterlee
5 July	Steering group meeting (inc Healthwatch)
8 July	Stockton Over-50s Assembly
9 July	Consultation event at Sedgefield
11 July	Joint health scrutiny committee
12 July	Learning Disabilities Partnership Board
13 July	Easington Patients Reference Group (second meeting)
17 July	County Durham Residents Association
17 July	Steering group meeting (in Healthwatch)
17 July	Transport champions meeting
18 July	Drop-in session at Hartlepool One Life Centre
19 July	Drop-in session at Hartlepool Library York Road
20 July	Event for members and governors of North Tees and Hartlepool NHS Foundation Trust
23 July	County Durham Scrutiny Committee
24 July	Drop-in session at Asda, Hartlepool
25 July	Drop-in session at Hartlepool One Life
26 July	Drop-in session at Hartlepool Library York Road
31 July	Manor Road Residents Association
2 August	Steering group meeting (inc Healthwatch)
8 August	Norton Medical Centre
15 August	Steering group meeting (inc Healthwatch)

(Please note that this schedule does not include a large number of meetings with GPs and other clinicians, which are referred to in the Overview Report on Proposals to Centralise Emergency Medical and Critical Care Services. In addition, the proposals were discussed at a series of 44 staff meetings held by the North Tees and Hartlepool NHS Foundation Trust between 10 June and 31 July 2013.)

Appendix 3 – Comments received

Agenda Item 2.1b – Appendix 3
Monday 2nd September 2013

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group
NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

	Name	Comments
1	JS	<ul style="list-style-type: none"> • Keep our local general hospital open and expand it into the acres of empty land in the grounds. • Reinstall the A&E unit and the wards you have closed. • Close the ridiculous facility known as 'One Life'. It is/was a waste of money. • We do not want a hospital at Wynyard, we can't afford it, we won't be able to get to it! • The NHS staff ie cleaners, nurses, porters, will have trouble getting there, listen to the public!
2	SF	<ul style="list-style-type: none"> • Advantages: Pooling together of resources, funding expertise, sharing best practice. • Disadvantages: Patients in rural areas of Hartlepool especially will struggle to get to North Tees on public transport. Redundancies at hospital. • What will happen to the Hartlepool site? Will equipment be utilised at North Tees? Will staff be tured? The length of time it would take an ambulance to get to an emergency in the outskirts of Hartlepool from North Tees. • Transport issues, especially for the elderly and those in rural areas without decent public transport provisions. • The extra traffic that will be flowing into North Tees via the local roads, the effects this may have on residents. Reducing the parking charges, especially for those just needing a quick blood test etc. 30 mins free then charged hourly.
3	DA	<ul style="list-style-type: none"> • Centralising services will lead to economies of scale. • There is a major problem with recruiting junior doctors in the North East to training programmes, of the ones who are trained a lot of them leave the area. • There needs to be a transparent process, keeping stakeholders informed of progress and keeping the public informed and engaged.

4	AB	<ul style="list-style-type: none"> Assuming all the consultants and doctors have gone to UHNT from UHH the advantages should be quicker, better diagnosis and quicker better treatment. Disadvantages would obviously be longer travel times and transport problems, possible waiting times due to all the patients having to go to one hospital. My biggest concern is after reading the NCAT review paper, they did not give the impression that it was an absolute certainty that the new hospital would be built. So this would mean the people of Hartlepool and East Durham would have to suffer the travelling problems of getting to the UHNT indefinitely? Loss of patients to other trusts, this would also loose clout to get the new hospital and loose revenue, the Trust has already lost the revenue of 30'000 patients since closing the A&E Department at UHH, can we afford this? As a person who lives in Hartlepool care in the community seems to be a joke, as all people see are services in the NHS being removed and going further away.
5	Anon	<p>I am writing in dismay at the proposed closure of North Tees and Hartlepool Hospital. It is disgraceful that a Petition signed by over 33,000 people should be disregarded.</p> <p>I have lived in West Hartlepool (now known as Hartlepool) all my life being born here and am now 89 years old. It is disgraceful that a town of our size of over 90, 000 plus the area of the once Collieries, should have only one hospital so far away. The combined number of beds from North Tees an Hartlepool would be over a 1,000 and the proposed new hospital would only, I believe cater for 500! Does the s-called Chief Executive who, I believe has no medical qualifications, able to do simple arithmetic as I am told that the hospital to be built is to have single en-suite rooms?</p> <p>My husband and I have both been in hospital in the last few years and we both found that to be in a ward with other people was a great help to recovery as if someone was not feeling very well and</p>

		<p>couldn't reach the bell one of the other patients would ring for help. Plus the fact also that, if you are well enough, you have someone to talk to and take the worry off your own illness.</p> <p>The One Life place in Park Road is in a most unacceptable position, difficult to get to and the car park is nearly always full, making it difficult for old people arriving for appointments.</p> <p>I think the Chief Executive should get his head out of the clouds, return his M.B.E and stop trying to make a name for himself. It is obvious that the building of the new hospital is not wanted by the people of Hartlepool and the builders who have been asked to quote are not really interested when only one has volunteered an interest.</p> <p>The nursing staff at Hartlepool are a credit to their profession and the Cleaners do a really good job and each time we have visited it is always spotlessly clean which is more than North Tees always was.</p> <p>Keep up the pressure Mr. Fisher and maybe sense will prevail.</p>
6	HF	<ul style="list-style-type: none"> • The reputation of North Tees is not good locally: Staff can be rude and dismissive and people think there are poor outcomes with more complications and poorer after care than is usual. if this is justified is not clear but people do not view NT with the same regard as James Cook Hospital. Perhaps work to ensure that standards are good and promotion of the actual outcomes at NT might ease concern at more services being run from North Tees. • Consider the cost of public transport to north Tees. The bus fares are very expensive from central Stockton and Hartlepool, could subsidised fares be offered for visitors?? • Improve cycle access. there is a good cycle path along the back of Hardwick but it is very poorly signed to North Tees, to get to the hospital there appears to be a bit missing. • The access to the hospital site, on a cycle, or foot is dangerous: I am a regular cyclist and walker and find that cars have the priority and dominance of the internal roads of North Tees site. This discourages access by bus, bike or foot and in turn makes access worse for none car users.

7	Anon	<ul style="list-style-type: none"> • An advantage would be to resource a system of multi-disciplinary teams able to initiate community-based networks and services in the interim period, 2014 to 2017, thus working to prevent crises, reduce the pressure on acute services and guide clear pathways to patients. This could be in place before the new hospital is operational and establish a local intelligence-based framework for NHS and Allied personnel. • I have no concerns about the proposal and think it is a very sensible relocation of resources. • I had a knee replacement at University Hospital of Hartlepool. I had very poor care and sought early discharge because the ward was run for the benefit of the staff not the patient. I was over 20years younger than any other patient on the ward but was treated as 'elderly' which in itself was degrading. I had a Blood Pressure cuff on my arm for 36hrs, considered a nuisance because I asked for it to be taken off. <ol style="list-style-type: none"> 1. Will Staff be transferred from University Hospital of Hartlepool to North Tees? 2. Will these Staff receive additional training to reduce the homogenisation of groups of patients to a label of condition and improve poor standards of care? <ul style="list-style-type: none"> • Ensure good, timely information about the relocation across a number of mediums, including GP surgeries.
8	JB	<p>I am replying to the article in the Hartbeat Magazine inviting people to have their say on the Hospital. I think it is disgusting that a town this size cannot have its own Hospital. Hartlepool Hospital is a better Hospital than North Tees.</p> <p>We now have no A & E and will possibly lose the Hospital all together. I have also just found out that the One Life closes at 8pm, therefore we have no cover</p>

		<p>overnight! No wonder people are using Ambulances for non emergencies, it looks like this will be the "norm" when Wynyard opens. Our hospital should have stayed fully operational until at least Wynyard was up and running. Where is our MP in all of this. He promised to fight for our Hospital and we haven't heard anything from him!</p>
9	Anon	<ul style="list-style-type: none"> • There are no advantages that I see. <p>The difficulties/disadvantages involve:</p> <ul style="list-style-type: none"> • Make it harder for people in Hartlepool to receive health care. • Discriminate against people in Hartlepool when it comes to health care • Ignoring the needs and desires of the voting public of Hartlepool • Make it harder for people in Hartlepool to receive health care. • Discriminate against people in Hartlepool when it comes to health care • Ignoring the needs and desires of the voting public of Hartlepool <p>You need to consider the needs and desires of the people of Hartlepool instead of repeatedly ignoring them.</p> <p>Resignation. It seems that public consultation is purely lip service. Public opinion is ignored.</p> <p>Representatives of the public have no place in office if they consistently ignore strong public opinion.</p>
10	MM	<p>I wish to register my concerns over the loss of hospital services in Hartlepool. My particular concern is the lack of A and E facilities within the town. I have a family including 2 children who have previously had the need to visit A & E and will no doubt require such a facility in the future. I live approximately 1</p>

		<p>mile from the hospital. If I need urgent treatment for my family, I now have to travel either into the centre of town to the one life centre who will usually transfer to either Stockton or Middlesbrough, or go directly to one of those hospitals. WHY ?? there is a perfectly good hospital in the town - why can't it be A and E functioning ?</p> <p>It appears everyone involved will learn the hard way as usual when someone dies during the extra time in an ambulance from Hartlepool to somewhere else for treatment</p>
11	Anon	<ul style="list-style-type: none"> • Because there has been no investment in the facilities & staffing in the areas under consultation it is obvious that the case for moving the EAU and critical care from Hartlepool is already a done deal. The proposals highlight the risks to patients of not making the changes so obviously many residents are going to agree that the changes should take place. Investment in Hartlepool Hospital should not have been reduced! The disadvantage is that a large number of elderly residents will now be taken to North Tees, away from their families who will find it difficult to travel to Stockton. • Improved transport links from all parts of the town and not just the hospital. Why would residents want to travel from the south of the town to the hospital to get a bus to the hospital?
12	MP	<p>I WORK PART-TIME, AS A RECEPTIONIST AT H/POOL HOSP AND AM A FULL-TIME WHEELCHAIR USER. I HAVE BEEN EMPLOYED BY THE TRUST FOR ALMOST 17 YEARS. OBVIOUSLY IN THE NEAR FUTURE, THINGS ARE SET TO DRASTICALLY CHANGE. AS YOU ARE AWARE WE PROVIDE A SHUTTLE BUS SERVICE FROM MON TO FRIDAY ENABLING STAFF AND PATIENTS TO COMMUTE BETWEEN THE TWO SISTERING HOSPITALS. AS A MEMBER OF STAFF I HAVE FOUND IT VERY DISAPPOINTING THAT THE SERVICE DOES NOT ACCOMMODATE A WHEELCHAIR USER, THIS IN MY EYES IS NOT EQUAL OPPORTUNITIES FOR ALL STAFF. THAT BESIDES, I REALLY LOVE AND ENJOY MY POSITION AS</p>

		<p>RECEPTIONIST, I THOROUGHLY ENJOY COMING TO WORK AND THINK VERY HIGHLY OF ALL MY WORK COLLEGUES. I WAS MAINLY WONDERING AND WOULD STRONGLY SUGGEST THAT ANY FUTURE TRANSPORT, RE COMMUTING TO BOTH HOSP, SHOULD AND WOULD ACCOMMODATE A WHEELCHAIR, GIVING MYSELF OR OTHER FUTURE EMPLOYEES WHO ARE DISABLED AND DON'T DRIVE, THE OPTION TO COMMUTE WITHOUT INCURRING LARGE TAXI FEES, WHICH MOST PEOPLE (DISABLED OR NOT) WON'T AND CAN'T AFFORD.</p> <p>I WOULD WILILINGLY HELP OUT AT N.TEES, ON THE MAIN RECEPTION, BUT IT IS JUST THE GETTING THERE. AS I SAID I REALLY TREASURE MY JOB HERE, I'M GOOD AT WHAT I DO AND HOPE TO CONTINUE DEALING WITH THE PUBLIC IN ANY FUTURE WORK, I MUST SAY I'M SO SAD THAT THIS BEAUTIFUL FAMILY ATMOSPHERE HOSPITAL IS CLOSING.</p>
13	RP	<p>I think that it is worth trying to improve the provision of emergency and critical care services in Hartlepool before deciding to move them to North Tees Hospital. I recently started a petition to Jeremy Hunt calling for the reopening of Hartlepool University Hospital A&E unit. I think it would definitely improve the emergency and critical care provision in Hartlepool if this unit was reopened. Furthermore, whatever else people think about the relevant issue I think many would also agree that the unit should be reopened. I would therefore be grateful if you bring this petition to the attention of other 'My NHS' members.</p>
14	RP	<p>If critical care and emergency services are to be transferred to Stockton, the delay in treatment could be fatal.</p> <p>I travelled to James Cook hospital for some treatment today.</p> <p>The round trip by bus, the only option, took four hours.</p> <p>If the same treatment was available at Hartlepool it would have taken about ninety minutes.</p> <p>Luckily my treatment was basic medical care, but I was not given the option to visit my local hospital.</p> <p>Critical care and emergencies should be treated locally.</p>

		<p>Bearing in mind, the collieries and outlying areas rely on Hartlepool for medical treatment, the journey to Stockton would increase the length of time it would take for the patient to receive vital treatment. Also, not everyone has the privilege of private transport and as bus services cease about six thirty, many people will not be able to visit relatives and friends on an evening. If a patient is very sick this would be very stressful for all concerned.</p> <p>I hope this letter goes some way to influence the decision to keep Hartlepool as a dependable hospital this town needs and deserves.</p>
15	SD	<p>My greatest concern is how long is it going to be before the hospital is built? Consultations have been going on for some time but we seem to be no nearer to having the building never mind all the 'specialties' that are supposed to be going to be in it. I note you are talking about upgrading the Wynyard/Billingham junction and perhaps that should also be a priority otherwise you will not get the 'patients'. In the meantime I would be glad to hear that you are not stripping any more facilities from Hartlepool and trying to force people to use the One Life Centre which unfortunately has a poor reputation. I still believe that a town of our size plus the outlying districts (which all used our hospital) should be able to get good service in our own area and very much regret what you are doing to our town.</p>
16	TW	<ul style="list-style-type: none"> ● Advantages: The creation of a critical mass of expertise on a single site in line with national policy and the evidence base. ● Enabling patient safety to be maximised. ● Quality maximised. ● Difficulties: Public knowledge and understanding of the changes particularly in terms of historic service delivery patterns. ● How this current change fits with opening of the new hospital and other phases that may need

		<p>to occur between now and then ie a phase two or three in terms of reshaping/redesigning the way current services are delivered.</p> <ul style="list-style-type: none"> • It is not clear what the position is for <i>Momentum: Pathways to healthcare</i> in County Durham. Have DDES endorsed it and, if so, how is it being realised? Or is there a different programme? • Potential to contribute to widening health inequalities if access measures to hospital services are not appropriately addressed by being appropriate, equitable, joined up and at scale. • Main concerns are related to the document's omission of the position in County Durham eg in relation to Momentum, transport arrangements etc. <p>From a County Durham perspective, as mentioned above, the role of momentum or similar in building the capacity of primary and community services including housing, children and adult services is far from clear.</p> <p>It is good to see a transport section within the document. Any health service de-commissioning/re-commissioning exercise will usually have transport and access raised by local residents. Historically, I believe the jury is still out on how effective measures that have been put into place are in meeting the transport needs of residents. Again what is encouraging is a recognition on page 13 that the NEAS delivered patient transport services is not always the most flexible in delivering patients to hospital appointments in a timely and effective manner and a pledge to investigate further.</p> <p>With reference to the transport section on page 12, it's good to know the Trust have a transport committee. However, how does this group work with any joint working arrangements with HBC? Again no mention of working with sustainable transport, Durham County Council.</p> <p>Excellent idea to use voluntary drivers but my questions are: Will that be a service that is delivered into County Durham. Are you aware that there are a number of voluntary organisations that coordinate volunteer car driving</p>
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		<p>programmes? Without wanting to sound patronising, surely it would benefit the Trust to make links with these bodies and explore whether this may be a more effective way to build capacity. As a Public Health commissioner I currently commission two voluntary sector providers in County Durham to deliver such a service so would be willing to share those experiences with you as well as any data eg annual reports. In addition, you will be aware of DDES commissioning DDC's Sustainable Transport team to operate a one stop shop transport to health appointments booking service with two hospital link services covering the Dales and East Durham?</p> <p>Be clear and communicate if there is going to be a phased process to transforming health care in Teesside.</p>
17	JR	<p>Why more consultation, wasn't the decisions about the hospital made, long long ago by the people who are supposed to do the best for the people of Hartlepool, we pay for the services, we should make the final decision.. It would be very very sad if someone dies on the way to a hospital that is way out of town, over the other side of the A19, which at times is at a standstill.</p>
18	AS	<p>I am very concerned about the moving of services from University Hospital of Hartlepool. It would appear to me that our much loved hospital is being gradually eroded by stealth.</p> <p>It is obvious to me that staff recruitment will be a problem if medical professionals can see no future in a hospital that has had and is still having its services downgraded by Mr Foster and Co.</p> <p>I do not see why we can't have a local hospital for general procedures. We do after all have access if needs be to James Cook and Newcastle and various other hospitals when specialisms are essential.</p> <p>Who in their right minds considers distancing a hospital from the very people who need it to a remote and inaccessible location. The A19 is extremely busy and notorious for stoppages. There is no public</p>

		<p>transport how are the general public supposed to get there. You say that this will be addressed but at what cost not only to patients and visitors but also the environment.</p> <p>My husband who sadly died last year was under the care of the critical care unit, where he had excellent care. I cannot imagine the stress and strain having to travel to North Tees and in the future Wynyard hospital this would have caused my family. I can foresee even more accidents happening as families become stressed and will find it difficult concentrating on the roads trying to rush to see their loved ones.</p> <p>I reiterate who has thought up this daft idea to move a hospital away from the very people who need it.</p>
19	AC	<p>The people of Hartlepool and S E Durham have a right to access high quality care at close proximity as is offered at present by having a 4 bed critical care unit at the University of Hartlepool.</p> <p>We have one trust therefore the staff in both hospitals should interchange on a regular basis in order to keep up with changes in managing very sick patients, learn about new techniques and ensure high quality care at both sites. Surely it's better for staff to move rather than very ill patients having to travel longer distances with inadequate transport facilities. Staff development will be enhanced and greater confidence in skills will result.</p> <p>However, very ill patients requiring specialist services like haemofiltration would by necessity access the North Tees site but many others would continue to access the Hartlepool site.</p> <p>Losing a 4 bed critical care unit also means losing 4 emergency wards which does not address the needs of the S E Durham and Hartlepool population.</p>
20	Mrs I	<p>It is proposed to close the critical care unit in Hartlepool and send the services to North Tees Hospital.</p>

		It is not clear if the 4 beds in Hartlepool will be moved to North Tees making a total of 16 at North Tees or if the patient care will be transferred with no increase of bed availability. Can you clarify this for me please?
21	Email address only	I strongly object to any more removal of services from Hartlepool Hospital until the Wynyard debarcle is sorted out.
22	Mrs B	About moving to north tees hospital from Hartlepool. Hartlepool is far superior. North tees hospital looks scruffy inside and especially outside think it is a real shame all the people who have to travel far when we have a decent Hospital on the door step. Once again Hartlepool dips out, it seems like a done deal where the people don't count.
23	Email address only	<p>I have today received your leaflet through the post re moving critical care in Hartlepool. I have lived in this town for 30 of my 33 years and am passionate about our hospital and its staff. I have on occasion had to visit north tees and James cook. Thank god not for myself, north tees is a complete dump I wouldn't let you treat a dog in myself and my family demanded my grandfather be moved from there the minute we saw the ward but it took the intervention of his surgeon in Hartlepool before this was done and then they moved him at 3am.... Really! James cook is a faceless beast with staff so stretched they can't remember their own names never mind anyone else's! I would rather risk my life and try a hospital north than these places. I have already refused treatment at these hospitals and will continue to do so. Hartlepool is a clean well equipt (until it was raped by you lot) hospital with caring staff. It is essential for the town's residents it is a typical northern poverty stricken town with residents who cannot afford to travel or pay extortionate parking prices. I work and I cannot afford this!!!! You say we still have urgent care in Hartlepool. Really the one life it's a waste of time and money. If you canvass the town you will find 99% of residents want a full functioning hospital with A&E and the one life you can keep I have been once waste of my time.</p> <p>I know my view is pointless because regardless of what everyone wants and thinks you will do what</p>

		you want anyway, but you made the mistake of giving me an option. In my opinion you can stick north tees, James cook and you one life where the sun doesn't shine they would do more good there.
24	Email address only	<p>I would like to remind you that the primary reason for a hospital is to look after the needs of sick people, and not how much profit the trust can make for themselves and shareholders. This can be the only reason these proposals are being made.</p> <p>Why are these changes even being considered when the powers involved seem hell bent on a new hospital at Wynyard. So that then would involve another move and at what cost.</p> <p>Keep the hospital at Hartlepool and all of its facilities, this is where they belong and more importantly this is where all the public in the surrounding areas want and need it.</p>
25	EW	<p>I can understand the reasons for having Critical Care at one facility but I object to it going to North Tees Hospital .In common with many people I have found the North Tees Hospital to be grim and foreboding compared to Hartlepool .There is also a terrible parking problem.</p> <p>If we are only talking about a difference of eight beds (12 to 4) surely it cannot be beyond the wit of Management to extend the facilities at Hartlepool .There is plenty of space available and there is a large capacity of parking.</p> <p>It appears that the Hartlepool site is being gradually "picked apart" to the detriment of patients and staff.</p>
26	GT	<p>You mention in your flyer headed...WHAT ABOUT TRANSPORT?...of increasing car parking spaces....surely this will only increase the already swollen profits of the private car parking company involved as I understand it not one penny is ploughed back into the already under fire NHS.</p>
27	Mr & Mrs GJ	<p>My wife and I are not what you would say all that educated no a levels or such all we know is we left school at 15 years old and have worked all our lives and are both retired having put in 94 years of none stop working.</p> <p>Now you say after working and paying our taxes you shutting down our hospital at a time in our lives that we would need it most and travel to Stockton to have any treatment (god forbid we will need it)</p>

		<p>and you say that is best thing for us traveling all the way through to Stockton you say that we will get better medical treatment there because they have 12 beds to our 4 beds easy build our hospital bigger also the intensive care provides a wider range so make ours the same and there's not enough room to do it all at Hartlepool so build it bigger and better have you thought about the people in Hartlepool I don't think so just let them travel to Stockton someone is going to die on the way there mark my words this will happen I have an idea why not make our hospital bigger and better and close down Stockton hospital and see what the people of Stockton say about that there would be hell on but then again who am I just a little fish with no brains or money don't listen to him what does he know he doesn't matter.</p>
28	GH	<p>My husband has just recently died of a brain tumour and the care he got from Hartlepool hospital was amazing. He was a patient there near the end for 11 weeks. He was diagnosed there and received his treatment form James Cook for 6 months. Both of these hospitals are excellent. However I must say the help he got from North Tees was abysmal. The staff are just too busy, there were 4 ambulances queuing one day with patients still in them unable to get into the hospital. My husband was 5 hours in accident and emergency when we all knew what was wrong with him??? Please think what you are doing? I understand the need for one hospital but please do not rush into this for the sake of future patients.</p> <p>All in a bit of a mess and getting worse?</p>
29	GW	<p>Why does this NHS trust NOT listen to what the people of Hartlepool WANT :- A working A&E at Hartlepool. All service available at a local hospital. Please do not tell me you do listen or take on board any ideas or criticism, YOU only listen to what you want to here and to who you want! as a Hartlepool resident I have yet to talk to someone in favour of your actions.</p>

		<p>Hartlepool hospital is slowly and systematically being closed by your NHS trust and I fear in a years time there will be nothing left at this site and I can see in the future serious financial problems for the North Tees and Hartlepool trust if your planned borrowing goes ahead to build a new hospital at the Wynyard site.</p> <p>I also think the Ambulance service is stretched past its limits with the constant need to transport patients between Hartlepool and Stockton sites, also the noise and danger involved of these constant high speed runs to Hartlepool residents.</p>
30	JEN	<p>I have received your leaflet outlining the proposals for the movement of critical care and emergency services from Hartlepool to North Tees.</p> <p>To say I am appalled, is an understatement.</p> <p>Once again the need to save money has over ridden the safety and wellbeing of the public.</p> <p>It is a known fact that North Tees is stretched to breaking point following the closure of Hartlepool's, A & E department, how they are expected to cope, with the influx of additional services from Hartlepool Hospital, beggars belief.</p> <p>Hartlepool Hospital was proposed for closure, following the construction of a new hospital at Wynyard. As this was shelved, common sense would dictate the need to keep Hartlepool open, and reinstate the Accident and Emergency department.</p> <p>TRANSPORT.</p> <p>Surely transport should already be in place before this move is considered.</p> <p>As for patients and visitors, Hartlepool has a catchment area of several miles How are the aged and infirm going to cope with transport into Hartlepool, then again cope with another arduous journey to Stockton. Following the end of visiting hours some people could be faced with a journey of several hours.</p>

		<p>ONE LIFE.</p> <p>This is a disaster waiting to happen, the staff manning these premises even acknowledge this. There are insufficient facilities and expertise to operate this effectively.</p> <p>I send this email with little hope that common sense will prevail.</p> <p>I have never sent a reply before, but I am incensed by the crass stupidity of this proposal.</p> <p>Again I am strongly of the belief that the NEED TO SAVE MONEY COME BEFORE THE PUBLIC CARE AND SAFETY.</p> <p>I am not hopeful of a reply.</p>
31	JS	<p>The leaflet is deliberately vague about changes and does not convince me that we will continue to have the best of health care in Hartlepool.</p> <p>The main points are:-</p> <ul style="list-style-type: none"> • In order to generate experienced staff, personnel need to work in a larger unit. Surely this could happen by staff rotation between hospitals. • Because there is no critical care other wards need to be closed. Surely a limited unit with 12 beds means that only 12 patients can be cared for at any one time. Therefore closing other medical wards is a knee jerk result. Will there be more wards to cope with extra patients from this catchment area? • there will be 12 critical care beds as opposed to the present 16 • Nearly all other health services provided will remain. Which exactly? More clarity needed. • Developing plans for free transport and looking into ways of increasing parking. Intangible phrases and not convincing nor comforting. • No compulsory redundancies can be read as no replacement for natural loss due to retirement

		<p>etc</p> <p>The proposed changes only convince me that health care in this area is on a downward spiral , limiting the care available and endangering people' lives.</p>
32	CJ	<p>I have read your information leaflet about the above proposed changes, my comments are as follows:</p> <p>I do not agree that any further services should be transferred from Hartlepool to North Tees as even with the proposed changes North Tees will not have sufficient medical beds and critical care unit support services. Combining the current beds in both hospitals (12 beds North Tees) and (4 beds Hartlepool) as your leaflet states for 'critical care beds' potentially 27 patients will be affected. - a shortfall of 11 beds if all patients are medical emergencies/critical.</p> <p>It is obvious that North Tees provides a greater number of services, as you are deliberately moving existing specialist services from Hartlepool - even though the need exists for residents in Hartlepool and the neighbouring areas of Easington, Peterlee & Sedgefield to access these services locally.</p> <p>You state that 27 people may be affected, now multiply this by the numbers of family, friends and others who will need to make hospital visits. This will entail a long journey at busy peak traffic times while at the same time being stressed, worried and having to meet additional costs for fuel and public transport. Despite your assurances about availability of parking spaces and transport arrangements, I find it very hard to believe that you will be able to solve the problem.</p> <p>If you are to buy land for additional parking or provide transportation, the costs will rack up leaving a no net saving to public funds and hospital budgets.</p>

	<p>I understand that in terms of staff expertise the centralisation of services is the easiest way to cut overheads and staffing levels, but I do not accept that the trust has difficulty encouraging specialists, nurses and others to work in Hartlepool as the demise of specialist centres in this town is of your doing - not systematic of people not wanting to live or work in this town!</p> <p>Just this week my mother (82 yrs)was admitted to the emergency assessment unit at Hartlepool (ward 8) and she received the best possible care from local nursing staff who are well qualified and caring, she was moved to ward 7 the next day and the caring continues. I understand that it is proposed that this ward will close in October 2013, meaning in future in the same circumstances my mother would have had to go to North Tees, a forty minute car journey, I have no idea how long the journey takes by bus. During the 2 hours I was with my mother for admission a further 5 patients arrived - this certainly does not equate to 27 patients in a 24 hour day!</p> <p>Not one member of staff relishes moving to North Tees and I fear that the very best, experienced staff who are over 55 will elect to retire rather than move to other sites. A great pity given that there is no substitute for experience!</p> <p>Two years ago my father was critically ill and was admitted to James Cook hospital where three times he was moved out of critical care to make room for other patients, once on the high dependency ward he was not properly cared for by nursing staff who neglected to feed him or ensure that he had water. I eventually asked that he be transferred back to Hartlepool for rehabilitation, in no time he was back on his feet and at home with us. Earlier this year he had to go to A&E at North Tees, where he was admitted. We were assured by the nurse that food and drinks would be provided for him. The next day when he was discharged he was dehydrated and starving as no-one had bothered to check on his drinking/eating and no drinks or food had been provided. If this is the standard of care we can</p>
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		<p>expect at other hospitals then I dread to get old or ill.</p> <p>North Tees Hospital is dirty, the public walkways and lifts are filthy. I do not think that by comparison this hospital is fit for purpose never mind extending services.</p> <p>Instead of moving ahead with plans to build a new hospital, with less beds that we have now between the 2 sites of North Tees and Hartlepool - spend £300million on upgrading both hospitals, afterall if tax payers were asked how monies were to be spent on health care I feel that they would support investment in our lovely hospital in Hartlepool.</p> <p>I know how difficult decisions on relocation of services are but please stop selling Hartlepool off by the pound - I do not recall having a lack of consultants, doctors or nursing staff willing to work here in the past. Only the most specialist of services should be centralised - we deserve to have critical care across both hospitals!</p>
33	JW	<p>You say we need to move critical care to North Tees which now has 12 beds. Hartlepool has 4 beds so does that mean when it is moved there will be 16 critical care beds in North Tees?</p>
34	LG	<p>Moving services to North Tees is shocking! Hartlepool is a growing town, the rate of building in this town is through the roof.</p> <p>I have a five year old who was ill at 9pm one night, took her to One Life, what a joke ,no doctors and to the receptionist we were a nuisance! If services had not been moved she would have been seen in the town.</p> <p>It is totally immoral that this town is to be left high and dry.</p>

		<p>The people of Hartlepool and surrounding areas have said time and time again they DO NOT want this!</p>
35	LL	<p>I have just received a leaflet outlining the moving of critical and emergency care from Hartlepool to North Tees. I have to say this fills me with dread.</p> <p>Coming from a non driving household I feel i am being left high and dry. I have had reason to use these services in the past for asthma attacks and severe allergic reactions. With both of these conditions time is of the essence. The delay in getting to North Tees could literally be life threatening! Where does this proposed change leave me? I feel that the powers that be just assume everyone has their own transport.</p> <p>Needless to say i am angry and upset that my needs are not being taken into account. I have worked constantly since leaving school in 1986 paying my tax and N.I and soon i will not have proper access to a hospital in the event of a life threatening attack!!!! How can this be right!!!</p>
36	MC	<p>I have read with interest and concern the proposals to transfer critical care and emergency medical services from Hartlepool.</p> <p>Leaving orthopaedic and general surgery services without such back-up facilities is, in my opinion, dangerous. Immediate move to a CCU is required in the event of a surgical disaster and what will happen in Hartlepool when such an event takes place?</p> <p>Will the next step be to remove these two services from Hartlepool?</p> <p>On the third page of the pamphlet titled "What you need to know" it states that there is not enough</p>

		<p>room to bring all these services together at the Hartlepool hospital - surely, there are many acres of space on site previously used by the "old" buildings, now, it seems, a huge unsurfaced car park behind barriers. Plenty of space!</p> <p>As to the statement that there are only 4 beds at Hartlepool I recall not many years ago that there was a 6 bed coronary care unit on Ward 6 - this could surely be used for a CCU. What has happened to these beds since the removal of the general medical service?</p> <p>As you can guess I am against any further moves to Stockton, or indeed consultations, until such time as the decision about the new build at Wynyard is resolved.</p>
37	MH	<p>The Reason I am objecting to the proposal is for the rest of the county trying to get to north tees and what about people living further a field like in Peterlee or Durham at the moment transport is an issue and what about people who don't have a car.</p> <p>The other reason I'm objecting Hartlepool hospital is very convenient for every one surrounding Hartlepool.</p>
38	MJ	<p>Do you care what we want in Hartlepool I don't think so or u would not be leaving us without critical emergency care. it takes 5 min 2 get 2 Hartlepool hospital now how long will it take 2 get me 2 North Tees all u care about is money not people who live in and around Hartlepool or u would not leave us in danger 5 minutes can save someone's life.</p>
39	MOI	<p>I am responding to the proposals to move 140 or more beds from Hartlepool hospital to Stockton, leaving us with only 55 beds in our hospital. This would deem the hospital "unfit for purpose" no doubt (how convenient for the Trust!!).</p> <p>I want to register my complete disagreement with these proposals. They are a disgrace and an insult</p>

		<p>to the people of Hartlepool.</p> <p>I share Wendy Batty's feelings of "utter disbelief, anger and frustration" at these unfair proposals. I empathise with her recent, stressful journey in the middle of the night, following an ambulance taking her desperately ill husband to N.Tees hospital. I am a pensioner with a serious heart condition and can't imagine having to do the same thing. This is a major cause of concern for a lot of people.</p> <p>No amount of hype and glossy PR will change my mind - we need Hartlepool hospital SAVE OUR HOSPITAL</p>
40	CM	<p>Whilst I have nothing new to add to the debate and no solution to diminishing funds, I felt I needed to add my name to the list of Hartlepool residents with serious issues in relation to the gradual mothballing of the University Hospital of Hartlepool.</p> <p>A subject I am interested to know more about is the argument behind moving emergency and critical care to North Tees, and keeping the less response-time-critical services such as general surgery, outpatients and diabetes drop-in services in Hartlepool.</p> <p>I am currently 7 months pregnant and decided a long time ago that despite the excellent midwife-led facilities in Hartlepool, the fact that any emergency would entail a transfer to North Tees meant that I wouldn't feel comfortable with a planned birth in Hartlepool. Having commuted the A19 for 7 years and experienced the increasing volume of traffic and serious road accidents, I expect best-case scenario transfer times are around 20 minutes (long enough) but on average are more likely to be 45 minutes or more bed-to-bed in rush hour. In my opinion, it's a risk not worth taking.</p> <p>As a realist, I think it's unlikely that any community feedback will make a difference to the consultation</p>

		process, but nevertheless would appreciate it if my concerns were logged.
41	Cllr NT	<p>I find it absurd that anyone in their right mind can justify moving Critical Care and Emergency Medical Services from Hartlepool General Hospital, Its strategic position is fundamental. With the heavy increase of housing, infrastructure, public services(Roads and Schools etc) running at capacity levels, this act is dangerous.</p> <p>In a Legal Sense or Text, those who work in this medical sector, and have full wilful knowledge to facts and figures, maybe more responsible for the dangers, that might be imposed.</p> <p>The principal of beneficence or the narrower view is compatible with paternalism, as I stress the liberty and autonomy of the individual should not be neglected, from those operating without a Duty Of Care.</p> <p>The International Framework states that the UK Government has committed itself under International Laws to the promotion of its citizens and the prevention of disease. The European Social Charter 1961(revised 1996) which is an offshoot from the scheme of political and civil rights found in the 1950 European Convention for the Protection of Human Rights and Fundamental Freedoms and is overseen by the same body, the Council of Europe, Articles 11 and 13 of the Social Charter provide as follows:</p> <p>Article 11- The right to protection of health</p> <p>Article 13- The right to social and medical assistance</p> <p>It may not be medical malpractice withdrawing a service out of reach of those with quantified social</p>

		<p>mobility “The Poor” however this is Racist, Discriminatory and more than boarders, Ethnic Cleansing.</p> <p>Negligence found in the ‘But for’ test rule (onus of proof) is appropriate treatment, for who do mock the Hippocratic Oath, by finding it fanciful to sanitize², than reflect in the :</p> <p>Pentateuch; the first five books of the bible attributed to Moses</p> <p>The Old Testament and Hebrew Scriptures</p> <p>(Genesis, Exodus, Levitus, Numbers and Deuteronomy)</p> <p>Those irresponsible persons to uncalculated risk may no doubt be dividing the spoils already.</p>
42	NP	<p>I must say what you are doing to Hartlepool hospital is a joke. A friend seen an accident right outside the hospital they got an ambulance for the injured to take them to North Tees. Talk about ridicules.</p> <p>It is now a 40 min journey for me to get to hospital. I was pregnant last year and suffered really badly with morning sickness. Four times I was hospitalised and each time I had to get checked out in the day unit at Hartlepool before being sent to north tees. I don't drive but lucky my boyfriend or parent were able to take my through. Otherwise I'm not sure how I would have afforded to get there and back.</p> <p>Also must say i think the way you have worded the what you need to know leaflet is very disrespectful to the staff of Hartlepool hospital. Saying they have to move to north tees to keep up with the standard of the critical is like say your not very good at your Job.</p> <p>The leaflet says it a proposal to move critical care and emergency medical services. Yet the staff have</p>

		already been informed that they are moving!
43	PM	<p>I would firstly like to state I have had so many bad experiences with local government and being stonewalled any time I wish to question anything regarding policy that I have with great expedience lost faith in my local community council and representatives thereof.</p> <p>It is good you have spent the money to publicise this to get public opinion, however how effectual are our comments really? If we state we want things to stay the same, things will change anyway. This is the way I feel about local issues.</p> <p>Personally I think patients should be sent where the best care is available and where the best service is fit for purpose; that stands to reason. The issue I have is the problems with transport to North Tees Hospital. As it stands a lot of people are claiming for taxi services to return home, where I feel a better use of funds would be to provide proper bus transfers to make it easier for visitors and the hospital alike. Patients can be given a bus ticket by the hospital where as visitors can buy a frequent user bus pass or a day ticket like any other bus service. Obviously visiting hours are fairly restricted so bus services would really only be needed at those times primarily.</p> <p>I also think there should be good literature to explain travel options when you go to places such as the One Life Centre which has adopted the role of A and E for non fatal but worrying conditions. I found the staff did not know about busses or how to get back if you are actually required to go to A and E.</p> <p>In essence the proposal of best treatment for patients is a good one, however transport and practicality for visitors and patients alike should be heavily considered. More so if someone is critical, because if someone is visiting someone who is critical they are not likely to be in a state of mind where they should be driving.</p>

		I hope my views are met with the enthusiasm and passion with which I write them.
44	PA	<p>I write with reference to a leaflet received outlining the proposals to move critical and emergency medical services from the University Hospital of Hartlepool to the University Hospital of North Tees.</p> <p>I am extremely concerned by such proposals. The very definition of 'emergency' is a situation requiring immediate action. The implication of the proposed change is that the delivery of emergency medical services will be delayed.</p> <p>The distance from Hartlepool to North Tees hospital is 14.5 miles with a journey time of 22 minutes assuming there are no issues on the A19. The leaflet states that 27 people per day (or 9,855 per year) will be affected by this change.</p> <p>Have any calculations been carried out to estimate how many of those 9,855 people will lose their lives as a result this change?</p> <p>I understand that there is a 'golden hour' defined as the time period of one hour in which the lives of the majority of critically injured trauma patients can be saved if definitive surgical intervention is provided. The proposed changes take away 22 minutes, or 37% of that golden hour from all residents in the catchment area of Hartlepool Hospital. On this basis alone, the cost savings that result from the change cannot be justified.</p>
45	RO	<p>In your leaflet you state that it isn't too late to have my say.</p> <p>I had my say at the marina consultation</p> <p>I was told you would not change your mind</p> <p>Nobody recorded my views</p> <p>I was told public opinion would be listened to but the changes would happen anyway and were for the</p>

		<p>better.</p> <p>I was told a Rolls Royce bought 30 years ago was not up to modern standards of air bags etc</p> <p>I replied that that was a stupid analogy as Rolls Royce have good management and are committed to the product and can update there old cars to modern standards.</p> <p>No wonder you put an exclamation mark after 'have your say' because you DO NOT MEAN IT</p> <p>I have referred you to Jeremy Hunt for publishing the results of the consultation before the consultation has ended.</p> <p>Do not forget you have a vote of no confidence against you from the local council</p> <p>Nobody wants you to move services away from Hartlepool</p> <p>Nobody wants a new hospital at wynyard</p> <p>NOBODY WANTS YOU</p> <p>Will you publish this and all other correspondence on your web site?</p> <p>I do not think so</p> <p>Will you resign and let a proper team in who will run our local hospitals for the benefit of the population and not the board.</p>
46	S Hillyer	<p>I have just received a completely useless and patronising piece of drivel in the post from yourselves about the above subject.</p> <p>Firstly, you do not care one jot about what the people of Hartlepool think about the dessimation of their health care services and it has already been decided whether we like it or not.</p> <p>Secondly, this just proves how money is wasted on pointless excercises when the money could better be spent on providing a DOCTOR for twenty four hours at the joke One Life Centre</p> <p>Thirdly, I worked at Hartlepool Hospital until three years ago, and all the staff knew once Women's</p>

		<p>Health and the majority of Maternity Services were transferred to North Tees that the writing was on the wall for Hartlepool Hosp. To say there is no room at Hartlepool to bring the services being transferred together is the most stupid statement i have ever read. It is a ghost building. I forecast that the new Hospital would never be built, and we all know it won't be, and that services would be dribbled through to North Tees bit by bit, with the usual platitudes that no more will be transferred, but they always are. Please don't say you can't get doctors to work at. Hartlepool as they are employed by the trust and will work where they are told to</p> <p>So save your silly leaflets and platitudes that you want to listen to our views. You simply don't.</p>
47	RP	<p>Providing transport isn't what the people of Hartlepool want for critical care. What is needed is access to a close hospital location for immediate treatment.</p> <p>Hartlepool hospital has been systematically drained of all its services.</p> <p>This has lead to deliberate poor availability of treatment for Hartlepool residents.</p> <p>It has been organised by people who have no intention of listening to the needs or welfare of patients.</p> <p>It has been stated, it will affect about 27 people every day. That is 27 patients every day put at risk because of delays of access to an immediate critical care unit.</p> <p>The delay in treatment to people with breathing and other serious problems could be fatal.</p> <p>The ambulance crews are well trained but there is only so much they can do with limited experience, equipment and an extended journey to an out of town hospital.</p>

		<p>It has also been stated there is no plan in place if the 'new' hospital does not get built.</p> <p>The idea of a new hospital has been badly conceived and seems to be about the egos of those in charge rather than the wishes of the people of the town.</p> <p>I remember an independent report once recommended Hartlepool Hospital should remain open and kept to a high standard of excellence as it had always been.</p> <p>A leaflet posted through the door states the views of the population of Hartlepool will be taken into consideration, but if all the people of the town objected to this so called proposal I think the results will be the same.</p> <p>The decisions have already been finalised and patient needs and views will be rejected out of hand.</p>
48	R D	<p>With reference to your proposals on moving critical care and medical emergency services from Hartlepool to North Tees I would like to comment on this.</p> <p>The main problem being access to North Tees Hospital. I regularly travel on the A19 and 2 hours on a morning/2 hours on an evening the A19 is grid locked between Wynyard roundabout and Portrack roundabout, Plus nearly every other week the A19 is closed due to road accidents thus making the Hospital not accessible. The alternate routes are just as bad.</p>
49	SH	<p>As a Hartlepool resident I am AGAINST the proposals to move MORE of our care units from Hartlepool to North Tees Hospital.</p> <p>North Tees Hospital is over stretched as it is without giving them more of our hospital units effecting</p>

	<p>the areas of Hartlepool, Horden, Peterlee, Blackhall, Sedgefield etc. Many of the nursing staff at North Tees are also against the move. Why is it that someone can make a decision and despite hundreds of protestors its moved regardless??</p> <p>100,000 people in Hartlepool (not including Blackhall, horden, et) Now have NO A&E they have no maternity unit no childrens ward.</p> <p>Surly its better to have 2 fully functioning units with staff to provide care in two separate places rather then having one over run unit??</p> <p>2 heads are better then 1 - 2 units are better than 1</p> <p>The 4 beds that Hartlepool have already have saved 100's of lifes. I myself have been admitted to that unit.</p> <p>North Tees Hospital has one of the worst reputations that I know of regarding care, aftercare, waiting times and response times to urgent medical care.</p> <p>Back in February 2013 myself and 2 of my children were involved in a car accident and taken to North Tees A&E department. For 4 hours 6pm - 12am my daughters and I, were all left not having seen 1 single nursing staff/career in that time. I was strapped to a bed on a spinal board while one daughter was left in a dirty wheel chair and the other left to sleep on a dirty floor with blood on. (I have pictures of all of this too)</p>
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		<p>None of us were offered pain relief, chairs to sit on or asked if we would like them to contact a family member or friend to let them know where we were. Family and friends thought we were all dead.</p> <p>Taking more units from Hartlepool is a joke. It's beyond reasonable. There's no reason why Hartlepool and surrounding areas should lose out on services essential to this town/area.</p> <p>Whoever is in charge of making these decisions should be sacked. Someone with some common sense needs to build these units back up.</p> <p>Staff on units in North Tees are told the day before inspections are due so they have time to clean units as they know themselves that its not up to standards.</p> <p>Inspections in North Tees should be random, undisclosed and without prior warning. Maybe then everyone would think twice about where units are moved to in future.</p>
50	SF	<p>Having just read your leaflet referring to the above I am yet again disgusted by the lack of thought and consideration given to the people of Hartlepool and surrounding areas.</p> <p>Your leaflet doesn't state how many of the people of Hartlepool and surrounding areas are expected to die due to these ridiculous changes.</p> <p>This yet again seems like a money saving issue. The lack of support from our spineless MP once more allows the financial machine to ride roughshod over the needs of the local people.</p> <p>When will somebody in our town stand up for what is right for our town and its people?</p>

51	SD	<p>I have written many times on our hospital closure and have just received this leaflet making further changes to our services! How you can say that North Tees is capable of coping with these critical care patients when we all know that ambulances are sometimes queueing up and waiting for some time before getting <u>any</u> attention, actually if we didn't have such good paramedics looking after people whilst waiting, the death rate would be much higher than it is. I am quite happy with Hartlepool Hospital unit taking care of more ordinary medical requirements as you state 'the unit in Hartlepool has been running to a good standard'. All we want is 'a good standard of care' – if we need super care then naturally we would be transferred to either James Cook or Newcastle. We don't want to be dragged from pillar to post in order to suit <u>your</u> plans. The services are stretched to the limit at North Tees and where will the people from the other 4 beds (in Hartlepool) go? I have read that if you have a stroke or heart attack, early attention is vital and can make the difference between recovery and death – what are going to be our chances of surviving? You say that 'Hartlepool will continue to be developed as a centre of excellence for these services 'meaning orthopaedic and general surgery, diagnostic services, outpatient appointments and diabetes drop in services' and where will these be? At the One Life Centre?? Why should a town of our size be without a general hospital as we were used to: we have more specialist care at Newcastle, Middlesbrough and Leeds if required. The number of people (27 each day) multiplied by 365 days amounts to 9,855 people which means that their relatives will have to struggle to reach North Tees to visit and not everyone has a car. It will possibly take half a day if you have to use our abominable public transport (greatly limited nowadays by cutbacks). I thought the idea was for the National Health to be available more or less on our doorstep not in a totally different town! By the way I also note that we can call 111 if we feel unwell and that has already been shown to be a useless service and is going to be scrapped. How on earth do you expect lay people to diagnose over the phone what is wrong? As regards looking at increasing parking spaces – North Tees for the last 10 years has been struggling with nowhere for people to park never mind the fact that it costs money!! You don't seem to listen to the people of this town – we want</p>
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		<p>an ordinary local hospital near enough to reach within about 15 minutes although from the collieries it probably takes about half an hour. Apart from the above – you haven't got the money yet, you haven't even laid a brick, you are already saying it will be built by 2017 i.e. 3 years late!! and quite honestly nobody really wants it at Wynyard. If you are determined to build a 'specialist' hospital why on earth didn't you build it this side of the A19 nearer to Stockton rather than pick Wynyard. Originally Wynyard was supposed to be an elite area for executive housing for the more wealthy people in our area, instead it is becoming a ramshackle conglomerate of businesses and housing which will never be easily accessible from 'The North' or 'The South'! We, the people of Hartlepool, are treated as numbers rather than people and it is time for a change! We are individuals with feelings which are being totally ignored.</p>
52	SE	<p>In reply to your leaflet the people of H'pool don't want a new hospital forced on to them 99% of people don't want this new building.</p> <p>It goes to show that the people who want it can't get any funding for it but they persist in trying to build this hospital that people don't want.</p> <p>H'pool once had 4 hospitals and we managed alright and we can still manage,</p> <p>Just give us money to enlarge and tidy up our remaining hospital and we will be alright.</p> <p>This new hospital is too far away for us people who have no transport.</p>
53	S & JM	<p>I am contacting you to register our protest against your plans to move these or any other services from Hartlepool to North Tees. You have already proved that you ignore any protests against whatever you think, and show that NHS is uncaring from the top. 27 families from the areas that are currently served by Hartlepool are now asked to travel backwards and forwards to North Tees for visiting, along with the relatives visiting the patients that have already been transferred due to previous decisions by the uncaring Trust.</p> <p>Does anybody in authority consider the extra stress that all of these people now have to endure?</p>

		<p>Does anybody care?</p> <p>Do you really think that people are fooled by your "developing plans for free transport"?</p> <p>Why don't you just be honest and say "you will do what you can within your budget" and admit it is nowhere being even adequate"?</p>
54	TW	<p>I have just read the leaflet to has been sent to us regarding the movement of critical care and emergency medical services from Hartlepool to North Tees .I for one strongly disagree with this ,one of the points you make is there is no room to expand the wards for these services why not use some of the wards that have been closed already and are standing empty ,this would make more sense then uprooting the patients and the staff having to travel to North Tees not to mention the ambulance service that will have more pressure put on it ,where we live all we hear is ambulances going up to the A19 how much is this costing the N.H.S without this extra work .You also say that you are providing extra car parking places which no doubt will be as expensive as ever ,failing that you will have use the shuttle bus that you had to book the day before .I feel the same as a lot of other people the Tees NHS will not be happy till Hartlepool is closed all together ,which will be a terrible shame because I know that the staff at Hartlepool are dedicated ,because of the care they gave to my late daughter before she passed away in 1996 .So I will ask you to think again about this move and remember that you are dealing with people and not numbers on a spread sheet.</p>
55	TS	<p>I do not know why you ask us to have our say about the proposal to move critical care and emergency medical services. Have you ever listened to anything that the Hartlepool people have ever said about any of the moves from Hartlepool Hospital - no-one agreed with or wanted any of it and you are failing the people of this town by going against their wishes.</p>

		You have already made your decision about what you going to do. This consultation is just so you can say to the Minister of Health we followed all the guidelines and carried out a consultation so everything is ok. It is a "covering your back" exercise.
56	WB	<p>I feel i'm wasting my time writing because I feel you have already decided to move to Stockton. You say there is not enough room at Hartlepool to bring these services here. I feel there is ample room both in the hospital building and in the hospital grounds to house this department. You are going from 16 critical beds to 12-where is the sense in this. Transport of critical care patients is a big big risk due to grid locked A19/A689 during most mornings and afternoon. To risk patients to this delay is criminal. As I say at the start of this memo your mind is made up but I urge you to reconsider and keep critical care in Hartlepool until the new hospital is up and running. North Tees is a pain to get to and parking is almost impossible. Look after the people of Hartlepool and the collieries.</p>
57	WB	<p>I write it utter disbelief, anger and frustration at the leaflet which has greeted me as I come home from a stressful day working in a busy GP practice in East Durham!!! Why are we even having this debate after years and years of protesting against ANY change being made to our local hospital!!!!</p> <p>I neither believe nor find credible the statistics that are mentioned in the leaflet??? Nowhere does it mention that 140 plus beds that are proposed to be moved (this figure comes from The Trust /CCG) and if more services go it will then be deemed as unsafe to keep the hospital open which , of course, is exactly what The Trust are banking on!!!!</p> <p>Having had personal experience of having a close relative in ITU at Hartlepool I cannot praise or thank the wonderful staff at Hartlepool for the wonderful, professional and caring way my Dad and all of our family where treated, so much so that my Dad (once back to good health) made a large donation to the unit as a small way of saying "thank-you". It is an absolute disgrace to move this unit to North Tees!! Families in East Durham will find it impossible to visit critically ill patients as often as they can</p>

		<p>when its at Hartlepool due to the appalling lack of public transport to get them there, not to mention the gruelling time it will take them to get there on public transport!!!</p> <p>As for the statement regarding services that will remain at Hartlepool I notice that it doesn't exactly say the Hospital it says "the town" which is obviously the Trusts covert word for One Life?????!!!!</p> <p>Several weeks ago I had the misfortune/terrifying anxiety of having to drive to North Tees in the early hours of the morning following an ambulance taking my extremely ill husband to A&E. He was dropping in and out of consciousness and I can only say that it was the longest, most stressful journey I have made in my entire life!!! I was fortunate enough to be able to drive there but what if I didn't drive? What if I was elderly? What if I didn't have any family who could take me or bring me home?? All these possibilities effect elderly/disabled/non-driving/destitute people in my area!!!!</p> <p>Please, please consider my points. I am just one of thousands of people who feel this way and we need people acting for our best interest and not invested interests!!</p> <p>SAVE HARTLEPOOL HOSPITAL IN ITS ENTIRITY!!!!!!</p>
58	CS	<p>Although a new hospital would be a great bonus I thought a 'critical care unit' needed to be as near to the patient as possible to save life. The travel time to reach the emergency treatment is the problem with ever increasing delays on the A19 the fact North Tees and James Cook can't cope with the amount of ambulance traffic now. Has anyone put any thought into what they are doing except how to cut costs and at what expence to the community.</p>
59	Mrs FL	<p>Thank you for your leaflet 'What you need to know'.</p> <p>The question I have is regarding the transport. Will it be on a registration format? Will this</p>

		<p>enable people who want to visit friends or relatives at the hospital during the day or on an evening?</p> <p>Presumably the patients who need this service will automatically be transported to hospital. It will be very difficult and time consuming not to mention expensive if a designated route applies each day.</p> <p>At the moment regarding public transport Seaton Carew (where I live) is seen to be an outpost with no buses available after approximately six o'clock: to reach a designated pick up point which would probably be on a central route, unfortunately, I feel would not include Seaton Carew. I realise that at the moment it concerns only moving the critical care and emergency medical services but as a senior citizen with senior citizen relatives and friends it is a question that comes to mind.</p>
60	JM	<p>1. What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes? I can't see any advantage to the people of Hartlepool who yet again are having to travel to North Tees for treatment.</p> <p>2. If you still have concerns, what are you most concerned about and how could we help to reduce your concerns? I am concerned about the standard of care and cleanliness in North Tees, the travelling involved and the cost. You could reduce my concerns by placing some services at Hartlepool Hospital instead of North Tees.</p> <p>3. What do you think are the main things we need to consider in putting the proposed changes in place? Patients and their families.</p>

		4. Is there anything else you think we need to think about? Patients and their families.
61	HF	<p>Good clear document, Thank you. I am a local person and work in the NHS. I am in favour of the proposal though I have poor experience of care at North Tees. I appreciate the arguments put forward.</p> <p>Things to consider:</p> <ol style="list-style-type: none"> 1. The reputation of North Tees is not good locally: Staff can be rude and dismissive and people think there are poor outcomes with more complications and poorer after care than is usual. If this is justified is not clear but people do not view NT with the same regard as James Cook Hospital. Perhaps work to ensure that standards are good and promotion of the actual outcomes at NT might ease concern at more services being run from North Tees. 2. Consider the cost of public transport to north Tees. The bus fares are very expensive from central Stockton and Hartlepool, could subsidised fares be offered for visitors?? 3. Improve cycle access. There is a good cycle path along the back of Hardwick but it is very poorly signed to North Tees, to get to the hospital there appears to be a bit missing. <p>The access to the hospital site, on a cycle, or foot is dangerous: I am a regular cyclist and walker and find that cars have the priority and dominance of the internal roads of North Tees site. This discourages access by bus, bike or foot and in turn makes access worse for none car users.</p>
62	JI	I received your leaflet through my door on the 30th July only 13 days before the closure of the consultation. Up to this point I knew nothing of the proposals. I understand that all you had to do was

		<p>to issue a statutory notice of the changes, but I consider what you have done as totally inadequate, especially for people like myself who do not take the Hartlepool Mail where, I assume, the proposals were published, and especially for such services.</p> <p>Finally it only takes me 5 minutes to drive to the University Hospital of Hartlepool whereas it takes 25 minutes to the University Hospital of North Tees. I feel sure that you appreciate the point I am making.</p>
63	JR	<p>Why more consultation, wasn't the decisions about the hospital made, long long ago by the people who are supposed to do the best for the people of Hartlepool, we pay for the services, we should make the final decision. It would be very very sad if someone dies on the way to a hospital that is way out of town, over the other side of the a19, which at times is at a standstill.</p>
64	MSP	<p>I am 79 years old. As you may notice by my writing, I have problems with arthritis, fibromyalgia being one of them. My appointments for therapy or see specialist have all been at Hartlepool General. The only one now is for eye problems. When I was young I had 3 hospitals on the headland. (some unreadable text). I have mobility problems. If I have to be hospitalised I would prefer to be where my disabled daughter could be seriously brought to see me. I strongly object to what you are doing. You are NOT listening to the people from not just Hartlepool but also as far away as Easington. I know I am probably wasting my time writing this letter, you won't listen to the people. You are depriving them of their right to have help in the place they live in. If you think One Life will help, you obviously haven't needed to use it.</p>
	Mrs JAB	<p>After reading in the Hartlepool Mail about even more services being moved to North Tees Hospital, I am very concerned about how we are supposed to get to North Tees from Hartlepool if we are neither car owners or drivers, have no family available to take us and are reliant on public transport, that involves 2 buses to get to North Tees and the same for the return journey, most bus transport stops</p>

		<p>from 6-6.30pm and to use a taxi is £12 one way – a cost of £24 for a return journey - is impossible when I am on a fixed income being the OAP state pension, and do not qualify for any other benefits. Luckily at the moment I do not need to go to North Tees for anything but at 70 years of age, that could change at any time! With regards to setting up a Volunteer Driver Scheme, how long can that be sustained? As usual those with the least resources will be left to fend for themselves. In my opinion this whole Hospital Saga is a sorry state of affairs, with Hartlepool's population of approx. 93,000 plus the East Durham population, the decision to close Hartlepool Hospital, most probably taken 10-15 years ago, was a bad one for the thousands it served, if a place is slowly run down to its knees, no wonder it cannot recover and doctors don't want to come to Hartlepool Hospital because they would know it was due for closure and they would need to think about their futures and now there's the situation of trying to find funding for a new hospital from anywhere possible. Whatever the situation is, transport, even if there is a fare to pay should be provided for Outpatient appointments and any other medical clinics/services and or scans etc which have to be carried out at North Tees Hospital.</p>
66	Mrs WB	<p>I write to protest against any closure of any department in Hartlepool hospital. Surely a town – size and population of Hartlepool merits a hospital to serve the town and outlying areas. Speaking on a personal level the treatment I and my family and friends etc have received at the hospital has been very good indeed giving no cause for concern. Please therefore get someone with a voice to stand up and protest vehemently about any closure plans. Our MP should of course take note, people who voted him in are awaiting much more support from him.</p>
67	Anonymous	<ul style="list-style-type: none"> • Parking charges should be waived for those travelling to North Tees Hospital from Hartlepool to visit relatives who are patients there. • Services at Hartlepool are very good and a lot of money has been spent in recent years in

		<p>developing and maintaining facilities there.</p> <ul style="list-style-type: none"> • Elderly and disabled people will have difficulties accessing free transport to North Tees Hospital unless it is available “door to door” • He has tried to access the transport plan on the website as per the instructions on the leaflet but was unable to find any information.
68	Mrs JA	<p>We have had need to use the unit you propose to move to North Tees and are very disappointed that you could even consider transferring it.</p> <p>We have had considerable experience of North Tees Hospital, over the last few years, and have been most disappointed with the service we have received there, especially in-patient. We have also found the hospital to be very disorganised and shabby.</p> <p>Although you say you are going to provide either transport to the hospital or more car parking, it is almost impossible to get to the hospital from Hartlepool. The ring road through Stockton is always a nightmare for drivers and parking at the hospital almost impossible. Then there is the long walk to the hospital and then the wards.....</p> <p>We suggest that the facility at Hartlepool remain open until the new hospital is built. We feel that it would be good experience for all nurses to receive training in both large and small units. Smaller units are often more personal and more effective for patients.</p> <p>We strongly object to services of any sort being transferred to North Tees. The hospital there is certainly no better than the hospital we have in Hartlepool and until the new hospital is built at Wynyard, it is better that we have local facilities for such an important area of health.</p>

69	MA	<p>I am writing to express my concerns about the proposals to move critical care and emergency medical services away from Hartlepool to North Tees hospital.</p> <p>My father is an 85 year old gentleman who has enjoyed pretty good health, until the past 4 years.</p> <p>He was diagnosed in Hartlepool Hospital with bowel cancer in 2010 and underwent surgery at North Tees Hospital to remove a contained tumour. Unfortunately he had to have a colostomy which, following an attempt to reverse it was unsuccessful. 3 months later was admitted to Hartlepool hospital with a bowel blockage and was transferred to North Tees to have emergency surgery and had to have an illiostomy. I can't thanks his surgeons and the intensive care team for the wonderful care he received in saving his life.</p> <p>Unfortunately I can't say the same about the after care and review appointments at outpatients and I feel I need to comment about the problems incurred since.</p> <p>Although your brochure states that in moving services to North Tees patients will receive better treatment by concentrating skills in one place I find that in my father's experience this has not been the case.</p> <p>My father has a number of conditions including atrial fibrillation, acute kidney injury, urinary retention, and is prescribed Warfarin. This year alone my father has had 6 admissions to various hospitals. Two in Hartlepool, two in North Tees and two in James Cook.</p> <p>The government speaks about Holistic Care however there appears to be little continuity when specific treatments are based across various sites and poor record sharing is evident. I also feel that in my</p>
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	<p>father's case, the latest bout of hospital visits and admissions have been treating his symptoms without actually investigating the causes fully and sending him home too soon. I am well aware that longer stays in acute settings pose risks of hospital acquired infections and that acute beds are in high demand and very expensive.</p> <p>I would like to tell you about the problems we have had over the past two months. My father developed a chest infection in May this year. He was prescribed an anti biotic which caused his stoma to become hyperactive and caused him to dehydrate - resulting in a kidney injury. He was catheterised and sent home following catheter removal and developed a urinary tract infection. No review appointment was arranged.</p> <p>A further course of anti biotics for UTI affected his blood and he began to experience severe nose bleeds. After three visits to North Tees A&E he was told just to apply pressure and sent home, and I might add was spoken to in a very derogatory manner by the Duty consultant who seemed disinterested.</p> <p>It was also necessary to take him early one morning to the drop in clinic at one life and as told to contact the GP when the surgery opened- what a waste of time. The third visit to North Tees A&E , my brother took him, after losing well over a pint of blood and he was sent to James Cook, had an overnight stay when he received cauterisation. On returning home continued to have nose bleeds until he was admitted to James Cook where he stayed for 5 days and was discharged home.</p> <p>3 weeks later and yet another UTI my father was admitted once again with urinary retention re catheterised and sent home on Friday evening and asked to attend North Tees again for blood tests the following Sunday and to return to the ward on Saturday 3rd August for trial without catheter. When</p>
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		<p>we arrived the staff nursed stated that this procedure could have been carried out at Hartlepool Hospital. As my father's bladder was still retaining urine he needs to be re-catheterised and further course of antibiotic was needed.</p> <p>On Sunday he began to have nose bleeds again and we visited the Gp on Monday. Nose bleeds continued yesterday and he was ambulated to A&E in North Tees today due to very severe nose bleed and chest pain . He had an EC in North Tees and was then sent by ambulance to James Cook where they cauterised his nasal passage again, and has to visit his GP tomorrow due address low blood count.</p> <p>When being transferred over to James Cook, my father was told by the ambulance crew that they had travelled up from just outside of BIRMINGHAM to do their shift. Surely this can't be right or cost effective and it would have been so much less traumatic if my father had been seen in just one hospital.</p> <p>I also wonder how cost effective transporting both patients and visitors from Hartlepool to North Tees will be, not to mention the inconvenience and extensive travel time especially for the Elderly or working population.</p> <p>As a Social Worker working with Older Persons and involved in discharging people back to the community, I am very much aware of the problems encountered by elderly people in Hartlepool when they need medical attention. So although my complaint appears to be very personal, and maybe somewhat long winded, I feel that the people of Hartlepool are getting a raw deal.</p>
70	Jl	<p>1. I am fairly convinced of the need for improved critical and emergency care of patients in areas other than Stockton, and that the the best solution at the moment is to move critical and emergency care</p>

	<p>from UHH to UHNT.</p> <p>2. I found the background part of the report very woolly with very many uncertainties.</p> <p>3. It is clear from the discussion part of the document that NCAT also have considerable concerns about information for the public about the change envisaged, so that the public fully understand what the proposal is about, what are the objectives and the hoped-for outcomes to be achieved. For myself I do not think this has yet been achieved.</p> <p>4. I do not agree that the potential increases in travel times will not increase clinical risk.</p> <p>5. In 5.16 the NCAT consider that there needs to be a broader strategic assessment for acute hospital services in the North East. In the long term I believe that more patients from Hartlepool will choose to go James Cook, the regional specialist hospital. I personally might well do so and I know of others in the Hartlepool area who might also do this.</p> <p>7. Overall the discussion section left a lot of questions to be answered and gave recommendations:</p> <p>7.1 I consider, as I have said earlier, that, for myself, the consultation has been totally inadequate.</p> <p>7.2 Did the CCG & Trust working together respond to the conclusions and give a written response to NCAT and NHS North of England with 3 weeks? If so would it be possible for me to see this?</p> <p>7.3 Do you know if the CCG & Trust have considered the need for an external clinical review of the plans for the new hospital beyond the element of review built into the next steps of commissioning,</p>
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		<p>and if so what has been the outcome?</p> <p>Please pass this e-mail on to those considering the responses to the consultation. I hope to hear from you soon on the questions raised and may want to communicate with you further on the subject.</p>
71	Mrs S	<ul style="list-style-type: none"> • Main issue was transport – lives in Hesleden and relies on family members to take her for appointments. Wanted to be assured that consideration will be given to those patients/visitors that live in her catchment (Durham/Easington) when looking at transportation as there are very limited public transport services in the village. • Not happy with UHH being eroded, UHH is a gem for people in Hartlepool and surrounding areas • Is not convinced that the care provided at UHNT will be of quality and as good as UHH • Hopes that these changes won't affect her current outpatient appointments at UHH (for heart issues)
72	SJ	<p>I disagree that it would be in patients best interests to move the Critical Care and Emergency Medical Services from Hartlepool to North Tees Hospital.</p> <p>I think that this is another thinly disguised step towards the closure of Hartlepool Hospital by gradually transferring services to North Tees.</p> <p>If staff experience and competence at Hartlepool are in question why not have them rotated around various hospitals instead of moving the patients? Surely they can ring each other up to ask for advice.</p> <p>It is really important when a family member is extremely ill not to have them in a hospital many miles away. Apart from the cost of travelling to Stockton it is really stressful having to drive that far.</p>

		<p>Unfortunately my family has had a lot of experience of having to make the journey to North Tees. Using public transport is very time consuming. You are obviously aware of the limited parking facilities at North Tees. A town the size of Hartlepool should keep it's own facilities.</p> <p>The best solution would be to regularly swap staff between Hartlepool and North Tees. Affecting 27 people everyday sounds like a lot of people to me.</p>
73	GS	<p>I received the flyer recently giving an overview of the proposed move to north tees etc.</p> <p>As a tax payer, a resident and a parent I am appalled at the idea of relocating critical services. It is a ridiculous, ill thought out, and ill advised affair with not a jot of consideration given to the citizen of Hartlepool and the nearby collier. Ultimately this will lead to potentially lives being lost, poor care and welfare of loved ones visiting patients etc. I'm sure the traffic and journey management planning has been looked at , but like everything it will be poor in implementation.</p> <p>Critical car , A&E needs to be as local as possible not involving protracted journeys involving public or private transport. I have over the past 18 months underwent 2 hernia operations , both unpleasant however one of the better aspects was the short journey home which was approx. 8 mins.</p> <p>I cannot imagine the personal trauma and hardship that senior citizen of indeed less abled users of medical services would feel if treatments was over months which can be highly likely.</p> <p>I am completely against the idea, North tees is a giant complex , the feeling the individual gets is one of being a number . It is Horrible</p>

74	SK	<p>Critical care units should remain at Hartlepool hospital as it has very good standard with safe high quality care and closer for Hartlepool, Peterlee, Easington and other colliery villages. It is also easier and quicker to get to.</p> <p>Further away such as North Tees hospital means very critical patients may not survive the journey. Everyone does not have own transport and have to rely on buses.</p> <p>To get North Tees hospital one has to change buses in Stockton to a bus for North Tees hospital and Stockton council say that services will be cut in 2014 due lack of funding and not able to meet the cost of many services to North Tees hospital. People will have more difficulty getting there than they already do .</p> <p>I feel everything being transferred to North Tees hospital benefits mainly Stockton and Middlesbrough areas not Hartlepool and colliery villages.</p> <p>Maybe all expertise in one area is good for the trust but not very easy for people who live very far away especially elderly and disabled without own transport.</p> <p>Calling 111 is not always good as they do not have expertise or knowledge as trained doctors and lot of medical staff have.</p> <p>Not enough leaflets or information sent to people as lots people have not received any and know nothing about the consultation, others received them only few days ago with not enough time to send any comments by letter as lots of people do not have computers and the internet.</p>
75	JH	I would like to register my unhappiness at the movement of the critical care and emergency medical

		<p>services from University Hospital of Hartlepool to North Tees.</p> <p>I think it is appalling that the services be transferred away from a town the size of Hartlepool and the neighbouring towns and villages. The distance to North Tees is too great, particularly in light of the emergency nature of critical care and the necessity of families to travel to visit such sick relatives. The region has a high rate of illnesses such as breathing problems, etc due to the lifestyles of many people, particularly the elderly. The comparison of 4 beds compared to 12 at North Tees is a very small difference. Around 27 people a day is the figure you quote that would be affected. That is around 190 people each week. Around 760 people per month. Plus the numbers this increases to when you factor in the impact on families visiting the critical care unit. This is not an insignificant number of people affected.</p> <p>The argument that the staff are unable to 'get the experience' therefore the whole service needs to move is also a flawed argument. As the Headteacher of two schools in Hartlepool do I close one of my schools to allow my staff to develop the experience needed to be effective? No, they develop that experience through working with more experienced professionals and visiting other schools, building up capacity, not reducing it. North Tees are ideally placed to partner with University Hospital of Hartlepool and help to develop this experience.</p> <p>This is a move designed to save money and I think that it is appalling that money is being put before the services of the NHS to it's customers, as it is intended to be a public service and I feel there are no convincing arguments given as to why this move should go ahead.</p> <p>I would like my views noted on this consultation.</p>
76	DK	<p>You've asked for comments about your removal of another service from the Hartlepool hospital. You don't have a Wynyard hospital or even a good plan as of yet and you're still stripping down what</p>

	<p>was the better hospital of the two that you say you'll replace.</p> <p>You can't get and we, the people certainly can't afford to fund this new dream. I appreciate that a newer, better facility will, in time, be needed but under the current financial era that we've been in for some time, I would urge you to hold back until we can afford it.</p> <p>Hartlepool hospital was made to fit an "UNFIT FOR PURPOSE MODEL", that you could have easily fixed if you chose to....you didn't.</p> <p>If you're so confident that you are correct in your thinking, put the vote to the people that you continuously ignore...the ones that put the trust in place.....build or make do for now, then build at the right time.</p> <p>You're mean't to act on the best interests of the people, a bit like politicians in that sense, but they did of course lie all the way to the top when they said that this fiasco would never get to the" loss of the Hartlepool hospital"</p> <p>Just to reiterate, when the time is right, I'm all for the rebuild but please listen to what thousands of people are still telling you, we're still very concerned.</p> <p>I spent a fair amount of time away from the town during the last thirty years and I remember the trusts gradually stripping down the various individual hospitals so that the general/ university could centralize all these various units....now you intend to remove the last option as well.</p> <p>Thank you for maybe listening</p>
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77	KW	<p>Having read and discussed the contents of the Consultation Document, I wish to record my complete support for the proposed changes.</p> <p>I did attend the National Clinical Advisory Team meeting at Hartlepool, as a member of the Trust's, Healthcare User Group, and could appreciate the need for the proposed changes. Previously, I have attended many Momentum Pathways development meetings.</p> <p>As an Elected Governor of North Tees & Hartlepool Foundation Trust (representing Stockton) I have heard many presentations and discussions, when all aspects of change have been addressed. Transport, has been high on the agenda and is a high priority.</p> <p>I do feel the changes are necessary for The Trust to maintain the high standards that it strives for.</p>
78	JM	<p>This type of exercise is undertaken when the decisions have all been made, and it only remains to tick the boxes for the less significant or patient-centred misgivings.</p> <p>I for one do not believe a word of the passage on Transport. It is another masterpiece, written by a policy civil servant... or more likely I suppose in this day and age, by a chief executive in between musical chairs moves around the hospitals.</p> <p>You develop the plans for transport AFTER you've taken the key decisions??</p> <p>Yes, that sounds about right.</p> <p>You'll contract a service or two out, doubtless to one of the more prominent councillor's brother-in-laws, and then phase it out as being "uneconomic" after six months or so.</p>

		<p>This is being done to make money. Someone somewhere is making a killing on this. Just like all of the other projects in which persons in power can, and do.</p>
79	SF	<ul style="list-style-type: none"> • The issue around the nos of critical care beds has been clarified and she understands we are not losing 25% of our capacity but maintaining the same capacity. • Her experience and comments are based on her experience when her mam was a critical care patient at Middlesbrough and she was a carer for her father with dementia. She mentioned Dr Lawler and was clearly so impressed with Dr Lawler and the specialist care he provided. • Transport major worry – having being a carer for dementia patient and needing to go across to the icu Middlesbrough this was a significant issue. • We should maintain Hartlepool hospital – don't like the idea of going to Wynyard. • Major concerns around how in an emergency the ambulances and cars would get to North Tees via the A689 or A19 if there was congestion. • Concerned regarding the publication of the timings of the public meetings – she knows many people who have not received a leaflet and she has seen nothing whatsoever in relation to the timeframes and public meeting information.

80	Mr TB	<ul style="list-style-type: none"> • Am writing to supports the merger of critical care services within the Trust and on one site. • Along with other services, should have been merged 14 years ago for both financial and clinical reasons. Had this been done at the right time not only would the benefit have been considerable, but, by now we would hopefully be considering the next step on Teesside. In my view this is not to provide a new hospital at Wynyard which is a ridiculous compromise without any reasonable clinical base. • Includes a letter sent to Secretary of State in March which suggests placing all acute hospital services for Teesside and surrounding area at James Cook Hospital.
81	JM	<p>These changes affect around 27 people from Hartlepool, Easington, Peterlee and Sedgefield areas according to your leaflet received entitled "What you need to know". Now the plan is, for the future, that such patients are taken to North Tees University Hospital instead of Hartlepool University Hospital, despite them assessed as emergencies and needing intensive care previously provided at Hartlepool, which is an additional journey of at least 20-30 minutes!</p> <p>The area covered by 12 beds at North Tees is presumably because the area is larger than the four beds at Hartlepool University Hospital? So what is the gain going to be for their intensive care patients, if any?</p> <p>As you say, transport needs looking into, it is difficult getting buses from the Hartlepool area to North Tees, not only for patients but their visitors, not everyone has a car. Regarding staff, no compulsory redundancies are being made by the changes but they too will have a longer journey to North Tees which is an added strain on them.</p>

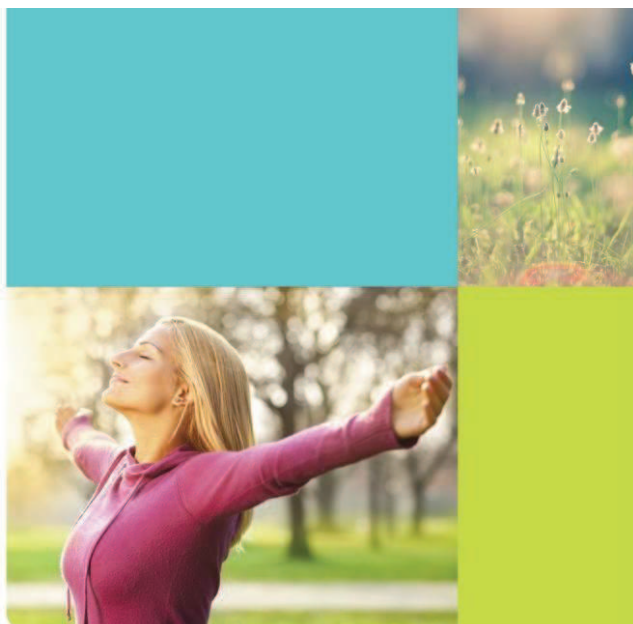
		<p>"Have your say" says views about the changes are not too late as part of your consultation but 11 August is only 2 weeks away so time is very short, only 2 weeks allowed.</p>
82	VW	<p>I wish to object in the strongest possible way to the proposal to move the services from Hartlepool to Stockton.</p> <p>We are a big enough town, plus surrounding area, to warrant a hospital of our own! There is no need to travel to Stockton to attend, or visit friends and relations who are in hospital.</p> <p>The parking at North Tees is dreadful and now you are proposing to add more cars.</p> <p>I hope I am one of many who have registered objections.</p>
83	Cllr AS	<p>I have for some time studied this matter and they seems to be two camps of thought on this matter, the trust and other who want to go to centralising and build bigger centre so one can get more highly trained staff, but the real reason is to cut the number of staff and cut costs.</p> <p>The other camp which is the general public who use the service which according to the latest news reports are on the verge of collapse, due to understaffing, I as a member of the public have used North Tees accident department and am appolied at the amount of time one has to wait, so the last thing I would want is the people from Hartlepool coming to Stockton making my waits even longer. I have gone to meeting in Hartlepool and the support for Hartlepool hospital is overwhelming, the people of Hartlepool want their hospital, not walk in centres, they want doctors on duty 24/7 not</p>

		<p>ambulance rides to the next town.</p> <p>The state took on the provision of health care through the N.H.S I do not want excuse why thing cannot be done, I want health care now and I want it local, I do not want to hear about funding, that's politicians' matter to sort out, if we can afford to keep an army in Afghanistan, if we can afford another hundred and one other things it is up to government to supply health care in Teesside in the local town, and up to world class standards.</p> <p>So I and I feel the residents of Teesside want to keep Hartlepool fully open and fully manned.</p>
84	EW	<p>He is very surprised to hear about the proposals and feels he is at an age that he will need to use the service and finds moving it to North Tees ' a long way to go'</p> <p>He takes critical care to mean "Heart and Stroke Victims" so why doesn't it mention this in the leaflet, if it was mentioned in the leaflet he feels more people would come forward with views against the proposal. Is there a deliberate intention not to mention Heart and Stroke victims.</p> <p>Ratio of beds – it mentions in the leaflet there is 12 beds at North Tees and only 4 beds at Hartlepool but what does these two figures mean, how do they equate to the population. It might be bigger at North Tees but by adding Hartlepool will this still be big enough to cope and is the population bigger in North Tees at present so there is a need for more beds.</p> <p>Mr Welch was concerned about patients being shunted around from one hospital to another. This was the experience of a friend who was critically ill.</p>
85	AKJ	<p>This seems another step towards the total closure of the University Hospital, Hartlepool and the transfer of all services to North Tees.</p>

		<p>How much extra work can North Tees take before it becomes inefficient – What has happened to the proposed Wynyard Hospital?</p> <p>Your independent report recommends the joining of the two critical care units.</p> <p>Unless you can advise me otherwise there were 12 beds (North Tees) and 4 in Hartlepool, a total of 16 beds. If this is reduced by 4 that leaves 12 beds in total, to me that is a reduction of services, not an improvement.</p> <p>Your so called independent experts keep telling us changes will make things better, note well the utter failure of the 111 service and the fiasco of the service now given by A & E.</p> <p>The changes I'm sure seemed a good idea at the time, let's hope the latest ones have been much better thought out.</p>
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NHS Hartlepool and Stockton-on-Tees CCG
NHS Durham Dales, Easington and Sedgefield CCG
North Tees and Hartlepool NHS Foundation Trust
Transformation consultation questionnaire
Insight report
August 2013



Executive summary

A total of 64 responses have been gathered by the Trust and CCGs through the transformation consultation questionnaire

The vast majority of respondents were aged over 56 with significant proportions confirmed as having a long-term health condition or disability

The language used in some submissions suggests that the sample includes a proportion of people with knowledge of the health service, such as health care professionals either past or present, which cannot be verified as information relating to current or past professional was not captured in the questionnaire

The majority of responses indicated overall a strong ongoing concern in regards to accessibility to the University Hospital of North Tees (UHNT) with a focus on transportation in particular

A range of concerns relating to transportation have been evidenced including cost, a lack of direct access to UNHT by public transport, distance to travel in an emergency, as well as difficulties of distance for visitors and carers

A request for clear, honest, timely communication and consultation has also been evidenced in responses, with an emphasis for the Trust and CCGs to inform, engage and listen to the views of the public, patients and stakeholders

The consultation approach has been to use multiple methods to gather public and stakeholder feedback. This report provides an analysis of the transformation consultation questionnaire provided for on-line feedback and by distribution at public events. As such, in itself, there are a number of limitations to the conclusions that can be drawn from this information. Whilst the analysis has highlighted consistency in the key concerns and considerations, the sample cannot be confirmed to be representative of the wider general public residing in the areas most likely to be impacted by the proposed changes to services

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1.0 Introduction

This section of the report outlines the project background and chosen methodology.



Background

A public consultation began on 20th May 2013, running until 11th August 2013, in regards to proposals to centralise emergency medical and critical care services at the University Hospital of North Tees.

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG), NHS Durham Easington and Sedgefield CCG, and North Tees and Hartlepool NHS Foundation Trust undertook the consultation.

Members of the public were encouraged to share their views on the proposals in a number of different ways, including five drop-in sessions as well as submission of comments by email and post. Plans also included promotion of a self-completion questionnaire entitled 'transformation consultation questionnaire,' with copies available online, at events and by request.

Explain was commissioned in August 2013 to complete thematic analysis of the responses to the 'transformation consultation questionnaire,' to provide an independent review of the qualitative data collected through four open questions (please see Appendix 1):

- What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?
- If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?
- What do you think are the main things we need to consider in putting the proposed changes in place?
- Is there anything else that you think we need to consider?

Methodology

The CCGs and Foundation Trust in partnership designed the 'transformation consultation questionnaire.' A particular benefit to a self-completion design is that respondents can contribute anonymously and without the possibility of interviewer bias.

On the other hand, this approach offers little control of variables. For example, two of the 64 responses were blank with exception of the demographic questions, whilst a vast quantity of submissions were partially completed, with widely varying levels of detail.

One key limitation of this methodology is that a number of questionnaire responses include clinical language that may indicate health professionals have taken part, however as the survey did not request information on profession the views of 'professionals' cannot be separated out for analysis purposes, from the views of patients / general public. It is important to note that as a major employer in the local population, 'health professionals' may have responded to the questionnaire as members of the public.

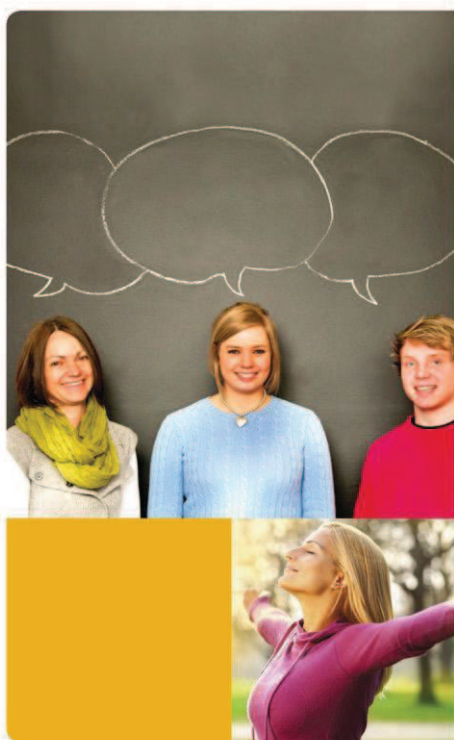
Furthermore, as a self-completion questionnaire generates a sample that is self-selected, those most likely to respond are typically 'passionate' about the subject matter at hand and their views are not likely representative therefore of the wider population.

As the core of the questionnaire consists of four open questions, the data gathered is qualitative and offers therefore a deep level of insight. However, the combination of the survey being self-completion the open style of questioning, has encouraged respondents to contribute feedback that does not directly relate to the questions posed, but to use this as an opportunity to provide unstructured feedback on the proposals for change more generally.

Explain received in total 64 questionnaire responses from which to complete thematic analysis. Overall 57 were submitted either at a drop-in session or by post, with the remaining seven collected by the CCGs and Foundation Trust via email.

2.0 Respondent profile

This section contains detail on the sample breakdown evidenced in the self-completion surveys collected.

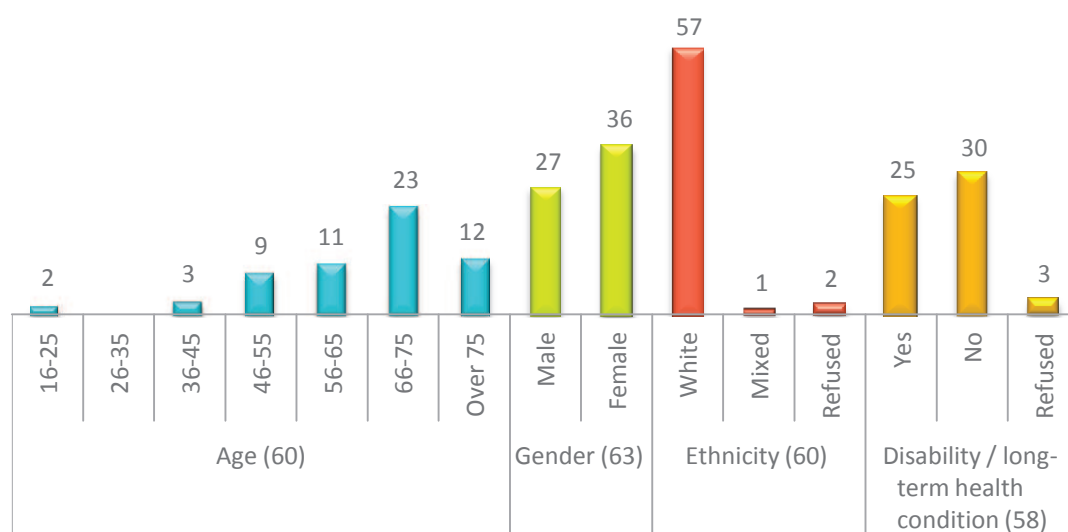


Sample overview

A small number of profiling questions were included in the 'transformation consultation questionnaire,' allowing the collection of basic demographic information.

Due to the nature of a self-completion survey however, a number of respondents have opted not to complete these questions.

An overview as to the sample that took part and completed the profiling questions, follows below:



The vast majority of respondents that completed the self-completion questionnaire were aged over 56 (46), with over half of respondents female and the vast majority indicating they were 'white.' A high proportion of respondents also indicated that they had a disability or long-term health condition. This information gives context to the insight that follows within this report.

3.0 Results

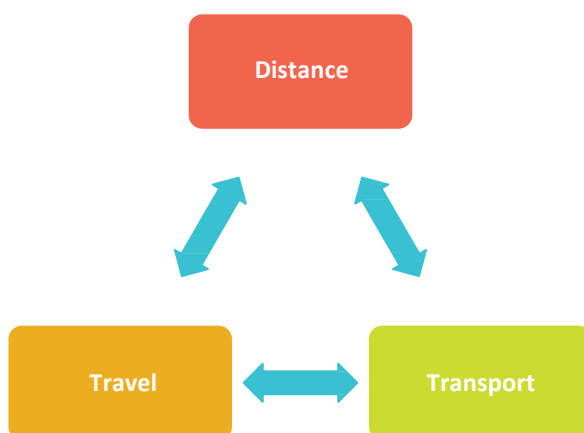
This section details full findings from the self-completion surveys analysed, highlighting themes most prominent.



Q1. Advantages and difficulties

What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

The focus for the vast majority of respondents in response to this question was on perceived difficulties and disadvantages of the proposed changes. There were three interlinking themes by far the most prominent in responses analysed:



A majority highlighted in their response that the distance to the University Hospital of North Tees (UHNT) was a key disadvantage of the proposed changes for those who live outside of the area. This was both in regards to a patient in need of emergency care, as well as to friends and family members providing support to inpatients through visiting, as to the impact that the distance would have on both travel and transportation.

In regards to travel, many responses highlighted concerns as to travelling time specifically which revealed an underlying perception amongst many, that the proposed changes would produce inequality in terms of accessibility to emergency care.

As indicated transportation was also a key theme and whilst the level of detail varied considerably in responses, cost was noted to be a perceived disadvantage for some, and concerns regarding public transport another.

Please see below examples of the literal comments collected which indicated distance, travel and transport to be concerns:

- *'Creates difficulty of access for patients / carers'* (male, 66-75)
- *'Travel to the new hospital. Getting to the hospital quickly in an emergency'* (female, 46-55)
- *'This would result in the inpatient becoming more isolated because of difficulties for families (transport) to visit'* (female, aged 16-25)
- *'A large number of elderly residents will now be taken to North Tees, away from their families who will find it difficult to travel to Stockton'* (male aged 56-65)
- *'Location of services too far away from the nearest villages'* (no known demographics)
- *'You are taking critical care further from the patient'* (female, aged 46-55)
- *'Transport for those living on the periphery of the area'* (female, aged 66-75)
- *'Additional expenses for family travelling to North Tees from Hartlepool'* (female, aged 56-65)
- *'Patients in rural areas of Hartlepool especially will struggle to get to North Tees on public transport'* (female, age unknown)
- *'It is a serious disadvantage for patients needing emergency treatment to travel from Durham Dales, Easington and Hartlepool'* (female, aged over 70)
- *'No transport if required to attend North Tees. Consider the visitors who have to travel from Hartlepool and beyond'* (male, aged over 75)
- *'Inadequate replacement bus service'* (male, aged over 75)
- *'It makes it very difficult for people to get to the hospital either for visiting or as an outpatient'* (male, aged 36-45)
- *'The main disadvantage is getting there for patients and visitors'* (aged 56-65)
- *'Getting to North Tees, when you don't drive, is a nightmare and costly'* (female, aged 66-75)
- *'Removed accessibility for local people, transport issues, cost'* (female, aged over 75)
- *'I feel the main disadvantage would be travelling to the hospital by public transport. It would be very difficult'* (male, aged 46-55)
- *'Distance to travel and the cost of transport'* (female, aged 66-75)
- *'Distance to travel from Hartlepool to Stockton when people are critically ill'* (female, aged 66-75)
- *'Transport issues concern me especially from country districts if you have no car. A taxi service would be productive unless you provide buses 12 hours a day'* (female, aged 66-75)
- *'Access at unsociable hours, bus routes and cost'* (female, aged 56-65)
- *'North Tees hospital is too far away, no adequate transport facilities'* (male, aged 66-75)
- *'How many times we have been stuck on the A19 going to North Tees for appointments, ambulances can't even get through'* (male, aged 66-75)

A number of respondents highlighted some perceived advantages. A summary of the broad themes is detailed below, with supporting literal comments following:



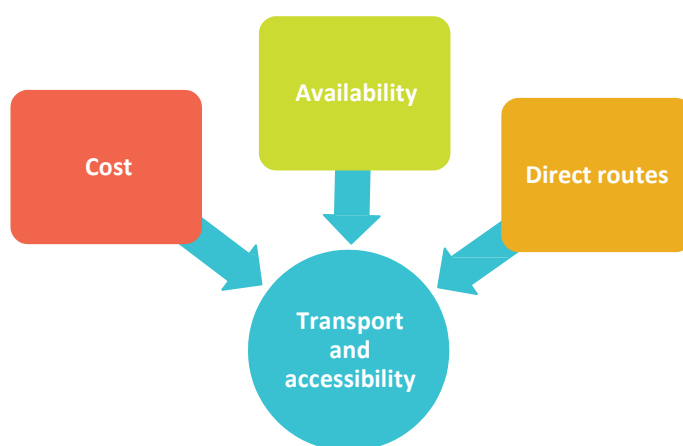
It is important to note that the language used in some of these responses would suggest that either some of this feedback has come from health care professionals, past or present, or wider stakeholders that are particularly informed. However, as this detail was not captured in the questionnaire this cannot be verified and the extent to which the public perceive of these advantages is therefore difficult to determine accurately. Please see examples of literal comments below:

- ‘To resource a system of multi-disciplinary teams able to initiate community-based networks and services in the interim period 2014-2017, thus working to prevent crisis, reduce the pressure on services and clear pathways to patients’ (female, aged 56-65)
- ‘Pooling together resources, funding, expertise, sharing best practice’ (female)
- ‘Centralising services will lead to economies of scale’ (male, aged 36-45)
- ‘Centralised emergency and critical care services onsite’ (male, aged 66-75)
- ‘Making more efficient centres of excellence makes sense’ (male, aged 56-65)
- ‘The document states categorically that the present situation is not sustainable until the building of the new hospital, therefore to centralise emergency, medical and critical care’ (female, aged 56-65)
- ‘All emergency and critical care services are in one place’ (male, aged 56-65)
- ‘It is an advantage having critical care expertise all in one place’ (female, aged 66-75)
- ‘Centralised skills and single expense on equipment’ (male, aged 56-65)
- ‘Advantages are saving money’ (gender unknown, aged 56-65)
- ‘Being situated in one place for all care’ (female, aged 16-25)
- ‘It will give a better quality service’ (female, aged 66-75)
- ‘The creation of critical mass of expertise on a single site in line with national policy and the evidence base enabling patient safety to be maximised. Quality maximised’ (unknown)
- ‘We think that all the plans will be an advantage to the Trust as an interim measure prior to the opening of the new hospital’ (unknown)
- ‘The clinical case for the changes has been made to my satisfaction’ (male, aged over 75)
- ‘The patients from all the areas involved will have to benefit more specialist treatments, more dedicated skills and nursing staff, providing the best and safest are under one roof. This has to be a very important step in saving people’s lives’ (female, aged 66-75)

Q2. Concerns and reducing concerns

If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

The theme of transportation and accessibility being a concern continued into this section as evidently that which was most widespread amongst respondents. More specifically, a large proportion of comments regarding transportation highlighted three key issues as follows:



Many of the responses regarding transport did not include sufficient detail to determine whether the main concern was in regards to patient's accessibility, or for carers and visitors to the hospital. A number of comments also indicated that some respondents had reviewed plans in regards to transportation, and that this had not appeased concerns with some suggestions made for further improvement.

In addition to these three issues, transportation was also discussed at an individual level in a number of different ways, e.g. the impact of travelling on staff and quality of care and the ability to transport different types of wheelchair.

Please see below some examples of literal comments collected:

- *'Improved transport links from all parts of the town and not just the hospital. Why would residents want to travel from the south of town to the hospital to get a bus to the hospital'*
(male, aged 56-65)

- *‘Consider the cost of public transport to North Tees. The bus fares are very expensive from central Stockton and Hartlepool, could subsidised fares be offered for visitors’* (female, age unknown)
- *‘Lack of public transport’* (male, aged 46-55)
- *‘Transport for patients and families etc. Vision is one thing and practice another’* (male, aged 66-75)
- *‘The NTUH NHS Trust cannot state that transport will be forthcoming and affordable to the public, and car parking will not be free at the new hospital’* (female, aged 56-65)
- *‘Robust transport planning, dialogue with bus companies’* (male, aged 56-65)
- *‘Location, location, location. How long before we are told the source is to be centralised in Leeds or Newcastle?’* (male, aged 56-65)
- *‘Staff will have an extra two hours per day travelling as they need to get to Hartlepool first, then back out. This will mean exhausted staff’* (female, aged 46-55)
- *‘Transport to appointments with transport also to take a carer or relative for support’* (female, aged 66-75)
- *‘A volunteer run transport service, plus two mini buses will probably be inadequate’* (female, aged over 75)
- *‘Getting to the hospital’* (female, aged 66-75)
- *‘The bus should have a stop in the town centre in both directions, and the time before the booking should be reduced to 12 hours’* (male, aged over 75)
- *‘Making sure visitors transport can take power and ordinary chairs’* (aged 56-65)
- *‘Travelling’* (male, aged 66-75)
- *‘Improve transport for the public’* (female, aged 56-65)
- *‘Transport and having local services in Hartlepool’* (female, aged 56-65)
- *‘Improve transport and keep costs low’* (female, aged over 75)
- *‘Accessible and timely transport that is affordable’* (female, aged 66-75)
- *‘Transport that is cost effective’* (female, aged 66-75)
- *‘Discharging vulnerable people late at night leaving them to make their way home’* (female, aged 56-65)
- *‘Transport, bus fares; would we be able to get a bus pass? Due to high bus fares, many patients won’t have visitor; dark nights and road conditions’* (female, aged 66-75)

To confirm, there was very little suggestion made in responses as to how concerns held could be appeased, with a very small number of comments indicating communication to be important in regards to the proposed changes and wider impacts.

- *'Getting the information out to people who are not aware of the changes going on'* (male, aged 66-75)
- *'Too many services are being moved out of Hartlepool on the quiet without consultation'* (female, aged over 75)
- *'More information about the shuttle bus'* (female, aged 66-75)
- *'The terrible word – transparency, i.e. keeping people informed'* (male, aged over 75)

More widespread than this were comments made in regards to the future of the University Hospital of Hartlepool (UHH), with many indicating their disagreement with the proposals and feelings that further changes would likely follow to the detriment of Hartlepool residents:

- *'Nail in the coffin to close Hartlepool'* (unknown)
- *'Modernise the Hartlepool Hospital at the fraction of the cost of a new one'* (male, aged over 75)
- *'Quicker attention at A&E Hartlepool'* (male, aged over 75)
- *'I feel they're going to close all the services'* (female, aged 66-75)
- *'Keep local services for Hartlepool people'* (female, aged 56-65)
- *'What will happen to the Hartlepool site?'* (female)
- *'The loss of A&E at Hartlepool is the main concern I have'* (female, aged 66-75)
- *'Hartlepool surrounding districts need the hospital to stay where it is'* (male, aged 66-75)
- *'Local services for local people that meets people's needs'* (female, aged 66-75)
- *'No one wants to go to Stockton when we've been used to a hospital in Hartlepool. You listen but you ignore the public'* (female, aged 66-75)
- *'Keep Hartlepool open and reopen its emergency services'* (male, aged 46-55)

Q3. Main considerations

What do you think are the main things we need to consider in putting the proposed changes in place?

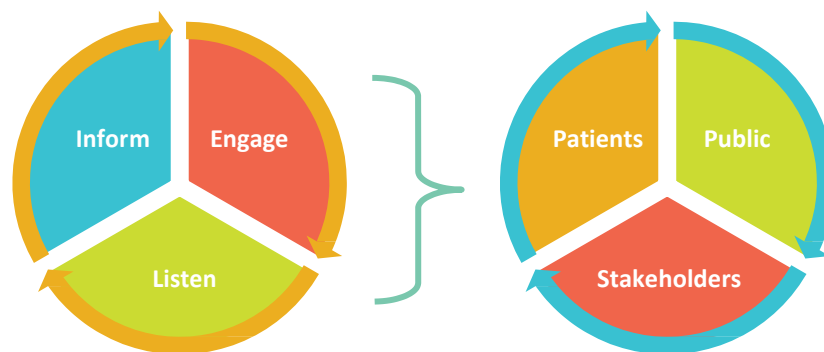
The most common theme evidenced in response to this question was again in relation to transportation and accessibility. Many of these responses were very brief and lacked sufficient detail in order to identify considerations that were very specific and so three broad topics were a focus:



An interesting thread in responses that spanned these topics was a focus on accessibility in regards to vulnerable groups, such as those with a low income, elderly people, and residents of rural districts. Please see below examples of literal comments relating to transportation:

- ‘Transport issues, especially for the elderly and those in rural areas without decent public transport’ (female, age unknown)
- ‘Improve cycle access. There is a good cycle path along the back of Hartlepool but it is very poorly signed to North Tees’ (female, age unknown)
- ‘Transport for patients and families as well as a means of patients getting home following discharge’ (female, aged 16-25)
- ‘Transport’ (female, aged 66-75)
- ‘Transport’ (female, aged 56-65)
- ‘Need transport for visitors (families etc.). A regular service to cover visitor times and emergencies’ (female, aged over 75)
- ‘Transport, the time taken to travel during an emergency’ (male, aged 46-55)
- ‘Transport and emergency travel time’ (female, aged 66-75)
- ‘Transport for those patients / relatives reliant on public transport’ (male, aged over 75)
- ‘Added cost to travel for people with a low income’ (female, aged 56-65)
- ‘People receiving treatment having to hang around waiting for transport, when you’re not feeling well, not turning up for treatment’ (female, aged 66-75)

Second to transportation and accessibility was a focus on communications and consultation. Many of these responses highlight the perceived responsibility of the health service to inform, engage, listen to and indeed deliver transparency, to three core groups of patients, public and stakeholders:



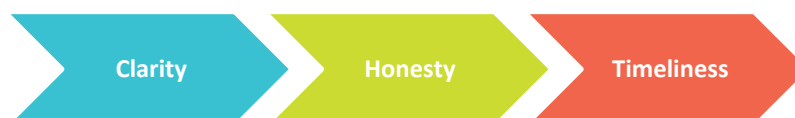
Please see below examples of literal comments:

- *'Clarity of information to patients and carers; robust sorting of new arrangement; regular feedback to patients, carers and the public'* (male, aged 56-65)
- *'You need to consider the needs and desires of the people of Hartlepool instead of repeatedly ignoring them'* (male, aged 46-55)
- *'A transparent process, keeping stakeholders informed of progress and keeping the public informed and engaged'* (male, aged 36-45)
- *'Informing the general public of the changes'* (female, aged 56-65)
- *'Fully consult with users and other support services, e.g. ambulance, primary care. And take on board and if needed, modify the plan'* (male, aged 66-75)
- *'Communication, particularly with older patients where change can erode confidence'* (male, aged 66-75)
- *'It is stated that it is vitally important to explain to the public, those most likely to need these services, how it will affect them. All staff should be made aware of the importance of their role in passing information to the public'* (female, aged 66-75)
- *'Ensuring patients know what to do and who to contact. There is too much change and bad press referring to the NHS breeding causing confusion and a lack of interest until people need help and it's not there where they thought it was / should be'* (female, aged 36-45)
- *'Convince local population of planned changes and benefits'* (male, aged 66-75)
- *'Better education to the general public'* (female, aged 66-75)
- *'Education of people and services'* (unknown)
- *'Listen to people and how they want care to be delivered, and clinicians that are accessible and can be understood'* (female, aged 66-75)

Q4. Anything else

Is there anything else you think we need to think about?

Communication continued as a key theme with many responses to Q4 focusing largely on the need for clarity, honesty and timeliness of information. Please note that the range of comments indicated the call for these communications at the present time of consultation, as well as in regards to patient choice, and following any changes to services to continue this engagement in the longer-term.



Please see below examples of literal comments:

- *'It seems that public consultation is purely lip service; public opinion is ignored. Representatives of the public have no place in office if they consistently ignore strong public opinion'* (male, aged 46-55)
- *'Ensure good, timely information about the relocation across a number of mediums including GP surgeries'* (female, aged 56-65)
- *'Patients are not NHS managers; they are people with diverse lives and differences in view of awareness, understanding and wellbeing. One size does not and cannot fit all'* (female, aged 36-45)
- *'Be clear and communicate if there is going to be a phased out process of transforming healthcare on Teeside'* (unknown)
- *'To be honest with the public'* (female, aged 56-65)
- *'When putting consultation documents out please use less abbreviations'* (female, aged 66-75)
- *'Suggest that information articles are placed in local newspapers outlining the wonderful developments in all aspects of patient treatment, each case rather than entering into relative dialogue to persuade people of the benefits, i.e. change emphasis of newspaper coverage'* (female, aged 66-75)
- *'Once the thing is up and running say in a year's time people need to be consulted yet again to ring out the effect on the general public'* (male, aged 66-75)
- *'Early information on which hospital site patients will be treated, especially at the 'choose and book' stage, more contrived emphasis on the clinical drips'* (unknown)
- *'Making sure that patients are informed at an early stage in the 'choose and book' process which site will be the site for their inpatient treatment'* (female, aged over 75)

Many respondents also used Q4 as an opportunity to express their lack of support for the proposals to change services, with a range of negative feedback collected. Tying these responses together was a call for services to remain unchanged and to provide residents of Hartlepool access to local care.



It is also interesting to note that where detail was provided, several respondents, as indicated in the examples below, referred to finances as the rationale for their disagreement with proposals:

- *'Don't bother changing anything, spend our money on our hospital...make Hartlepool Hospital a 3 star rating like it was in 2003 (for the third time). It was a brilliant hospital until it was salami sliced to North Tees'* (female, aged 66-75)
- *'Finding a new hospital the Trust needs to save millions per year. A mortgage for a new hospital will be well in excess of the amount needed to be saved. I think this funding will be unsustainable'* (male, aged 66-75)
- *'Stop the idiotic change...the NHS is supposed to be run for the benefit of patients, not the overpaid, incompetent managers and politicians'* (male, aged 46-55)
- *'Nobody wants it'* (unknown)
- *'Sack all directors of Hartlepool National Health Service Trust, they are not 'fit for purpose''* (male, aged 66-75)
- *'Keep the access to all NHS facilities local'* (male, aged 36-45)
- *'The public neither want nor need these changes! We own our Hartlepool Hospital but we will pay for these changes forever...North Tees is already full it can't cope with a deluge of more patients from Hartlepool'* (female, aged 56-65)
- *'Stop wasting money the way that they have in the past and make better use of it'* (female, aged 66-75)
- *'Why do local services have to be moved from Hartlepool'* (female, aged 66-75)

4.0 Conclusion

Within this section, a number of areas for key consideration are included, based on the thematic analysis completed.



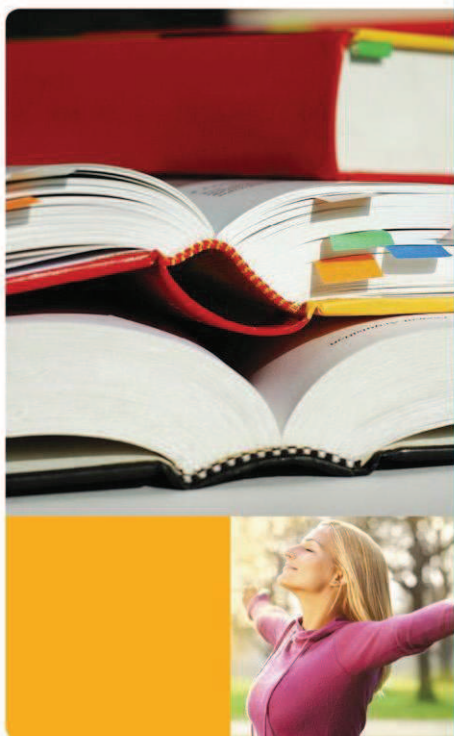
Key considerations

From holistic analysis of the 64 responses to the transformation consultation questionnaire Explain recommend a number of key considerations for the CCGs and Trust:

- The lack of perceived advantages of the proposals which has been evidenced across the wider sample, has indicated that either the majority do not perceive of any advantages having reviewed the consultation documents, or that they have been overshadowed by the strength of ongoing concerns in regards to accessibility and transportation in particular. Indeed many of the more detailed responses indicated a lack of support for the proposals, however there was insufficient detail in many submissions which has limited Explain's analysis as to the main reasons underpinning public opposition
- The strength of concerns in regards to accessibility and transportation, has indicated that either the specific proposals in regards to transportation that have been shared as part of the consultation activity, have not been readily accessed by those that have taken part in the questionnaire, or that they have been reviewed and have not appeased concerns sufficiently
- Due to the limitations of the transformation consultation questionnaire that have been outlined, it is strongly advised that the insight detailed within this report is considered to be an indication only of the public perception as by its nature of design, a self-selected sample yields potential bias. The insight gathered within this report cannot be verified as representative of the public and should be carefully considered alongside the other data and insight gathered as part of wider consultation activities therefore

5.0 Appendices

A copy of the self-completion survey can be found within this section alongside literal comments from the questionnaires submitted, which have been anonymised to protect the identity of respondents.



Appendix 1 – Self-completion questionnaire

Transformation Consultation Questionnaire

ri!Zm
Hartlepool/ and Stockton- on- Tees-
Clinical Commissioning Group

rlim
Durham D.ales, Easington and Sedgefield
Clinical Commissioning Group

North Tees and Hartlepool **fi!1m**
NHfo rd.ltia"iTr

We want to get your views on our plans and understand your concerns about the proposed changes:

1. What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

2. If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

3. What do you think are the main things we need to consider in putting the proposed changes in place?

4. Is there anything else you think we need to think about-?

Continued overleaf

Personal Details

Age - please choose the category which best describes you:

Under 16 years ☐ 16-25 years ☐ 26-35 years ☐ 36-45 years ☐ 46-55 years ☐ 56-65 years ☐ 66-75 years ☐ Over 75 ☐

Ethnicity

please choose the category which best describes you:

White ☐ Mixed ☐ Asian/
Asian British ☐ Black/
Black British ☐ Chinese ☐ Other
ethnic group ☐ I do not wish
to disclose my
ethnicity ☐

Gender

Male ☒ Female ☐

Disability - do you consider yourself to have a disability or a long-term health condition?

Yes ☐ No ☐ I do not wish to disclose ☐

Name

Postal or email address:

You can email responses to the questions above to: mynhstees@nhs.net

Or send them to:
Communications and Engagement Team
Freepost NEA 9906
Middlesbrough
TS2 1BR

Appendix 2 – Literal comments

Q1. What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

An advantage would be to resource a system of multi-disciplinary teams able to initiate community-based networks and services in the interim period, 2014 to 2017, thus working to prevent crisis, reduce the pressure on acute services and guide clear pathways to patients

Because there has been no investment in the facilities and staffing in the areas under consultation, it is obvious that the case for moving the EAU and critical care from Hartlepool is already a done deal. The proposals highlight the risks to patients of not making the changes so obviously many residents are going to agree that the changes should take place. Investment in Hartlepool Hospital should not have have been reduced! The disadvantage is that a large number of elderly residents will now be taken to North Tees, away from their families who will find it difficult to travel to Stockton

There are no advantages that I see. The difficulties/disadvantages involve: Make it harder for people in Hartlepool to receive healthcare. Discriminate against people in Hartlepool when it comes to health care. Ignoring the needs and desires of the voting public of Hartlepool

Advantages: Pooling together resources, funding and expertise, sharing best practice

Disadvantages: Patients in rural areas of Hartlepool especially will struggle to get to North Tees on public transport. Redundancies at hospital

Centralising services will lead to economies of scale

The reputation of North Tees is not good locally. Staff can be rude and dismissive and people think there are poor outcomes with more complications and poorer aftercare than usual. If this is justified is not clear but people do not view North Tees with the same regard as James Cook Hospital. Perhaps work to ensure standards are good and promotion of an actual outcome at North Tees might ease concern at more services being run from North Tees

Advantages to residents of Sedgefield. Additional expenses for family travelling to North Tees from Hartlepool

Longer waiting times. These changes would result in patients having to wait longer for emergency care (due to distance) Also this would result in inpatient becoming more isolated because of difficulties for families (transport) to visit

There is no advantage whatsoever! It is dangerous and life threatening. 8 ambulances queuing to be received at North Tees is not acceptable. This is after our A&E was closed and it happens regularly

There is no viable financial plan. There is no viable architectural plan. The proposed new hospital is in the middle of no where

Travel to new hospital. Getting to the hospital quickly in an emergency

Centralised emergency and critical care services on one site. Some inequalities in provision may emerge

Making more efficient centres of excellence makes sense but creates difficulty of access for patients/carers

The document states categorically that the present situation is not sustainable until the building of the new hospital, therefore to centralise emergency, medical and critical care. The obvious disadvantage is transport for those living on the periphery of the area

It sounds effective and efficient. Potential to reduce duplicated costs but level of demand for service in current locations will not change. Need to think of ease of access (Transportation and flexibility) for patients and ensure transport distances do not hamper patients focused outcomes

The lack of health care in Hartlepool, cost and time in having to travel to Stockton for basic health care. There is no advantage to people in Hartlepool or outlining areas

Mainly financial (disadvantage) lenders want to make a profit

Safer, more effective care

The advantages are that all emergency and critical care services are in one place. The disadvantages are that all emergency and critical care services are based in one place

Location of services too far away from the nearest villages

1. Loss of existing Hartlepool Hospital
2. Should be democratic and not dictatorship, RE. Hospitals should be a referendum in Hartlepool and East Durham RE Closure of A&E in Hartlepool

It is an advantage having critical care expertise all in one place

(+) Centralised skills and single expense on equipment

(-) Location

You are taking critical care further from the patient, cramming the facility into an already overcrowded hospital

Better healthcare, which is an advantage. Poor communication between all areas of staff, patients, departments leads to bed blocking which is currently a disadvantage

It is only an advantage to the NHS, it is a serious disadvantage for patients needing emergency treatment to travel from Durham Dales, Easington and Hartlepool

It is difficult to judge at the moment but include no representation on the board of the guy on the street

How would you make the space for 120 extra beds

Travel infrastructure

There is no advantage at all, people in Hartlepool and the collieries want a hospital on their doorstep and we have a perfectly good one at Hartlepool

Transport of wheelchairs and mobility scooters

Transport for relatives and clients. There are extra pressures on existing services

There are no advantages at all, but many difficulties such as transport, no parking at North Tees, long waits are North Tees A&E

No transport if required to attend North Tees. Consider the visitors who have to travel from Hartlepool and beyond

Inadequate replacement bus service

For the better

It makes it very difficult for people to get to the hospital either for visiting or as an outpatient

Disadvantage would be transport

The main disadvantage is getting there for patients and visitors. Advantages are saving money

Doesn't want it to close which is a disadvantage

The advantage of moving hospitals is being situated in one place for all care however the disadvantage is the staffing levels and the high demand and patient care

Not a lot

No advantages for the majority of the population. It will make a fortune for those renting the services though

Emergencies 'Lack of transport'

Travelling

I can't see any advantage and the disadvantage are many getting to North Tees, when you don't drive is a nightmare and costly

There are no advantages. The disadvantages include removed accessibility for local people, transport issues, cost of transport, inadequately of new hospital. At the beginning they cut one floor off and if they left it with a floor it would have made a bigger hospital

The main advantage of relocating the hospital is a more modern hospital with more up to date facilities. I feel the main disadvantage would be travelling to the hospital by public transport, it would be very difficult

A disadvantage is the distance to travel and the cost of transport. An advantage would be if the transport were available and accessible and would be of benefit not a 2 hour journey

A disadvantage is the distance to travel from Hartlepool to Stockton when people are critically ill

Advantages are: The creation of a critical mass of expertise on a single site in line with national policy and the evidence base enabling patient safety to be maximized Quality maximized. Difficulties are: Public knowledge and understanding of the changes particularly in terms of historic service delivery patterns How this current change fits with the opening of the new hospital and other phases that

need to occur between now and the i.e. Phase two or three in terms of reshaping/redesigning the way current services delivered It is not clear what the position is for 'momentum: pathways to healthcare' in County Durham. Have DDES endorsed it and, if so, how is it being realized? Or is there a different programme? Potential to contribute to widening health inequalities if access measures to hospital services are not appropriately addressed by being appropriate, equitable, joined up and at scale

The extra time taken to get to North Tees. These journeys must be an [illegible] for patients, and in emergency situations every minute counts (even seconds). Paramedics are good but they are not doctors, and delays [illegible] ... even death

We think that all the plans will be an advantage to the trust as an interim measure prior to the opening of the new hospital

The proposed changes will all be an advantage, can't see any disadvantages, there are strong clinical reasons

The clinical case for the changes has been made to my satisfaction, but there will be a (undisclosed) financial cost

The patients from all the areas involved will have to benefit more specialist treatments, more dedicated skilled surgeons and nursing staff, providing the best and safest are under one roof, this has to be a very important step in saving peoples life

Access at unsociable hours, bus routes and cost

No advantages to Hartlepool - north tees hospital is too far away, no adequate transport facilities, north tees hospital need more investment than Hartlepool would, if they calculated, deliberate and systematic running down of essential and extremely efficient departments, Hartlepool would still been a excellent hospital

No advantages, local people would like to have local services in the area, disadvantages, transport, how many times mentioned we have been stuck on the a19 going to north tees for appointments, ambulances can't even get through

We don't have a choice, because doctors won't work, I'm in Hartlepool and we hope it will have many qualified staff

Assuming all the consultants and doctors have gone to UHNT from UHH the advantages should be quicker, better diagnosis and quicker better treatment. Disadvantages would obviously be longer travel times and transport problems, possible waiting times due to all the patients having to go to one hospital

Q2. If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

I have no concerns about the proposal and I think it is a very sensible relocation of resources

Improved transport links from all parts of the town and not just the hospital. Why would residents want to travel from the south of the town to the hospital to get a bus to the hospital

All of the above, the difficulties/disadvantages involve: Make it harder for people in Hartlepool to receive healthcare. Discriminate against people in Hartlepool when it comes to health care. Ignoring the needs and desires of the voting public of Hartlepool

What will happen to the Hartlepool Site? Will equipment be utilised at North Tees? Will staff be tuped? The length of time it would take an ambulance to get to an emergency in the outskirts of Hartlepool from North Tees

There is a major problem with recruiting junior doctors in the North East to training programmes, once trained a lot of them leave the area

Consider the cost of the public transport to North Tees. The bus fares are very expensive from central Stockton and Hartlepool, could subsidised fares be offered for visitors

No

I am concerned with the risks of an increase in mortality rates, either because people find it difficult to access the service or because people don't get the required care fast enough

No one wants to go to Stockton when we've been used to a hospital in Hartlepool. You listen but you ignore the public

Lack of public transport. Too much pressure on the ambulance service. Keep Hartlepool open and reopen its emergency services

Waiting time for surgery, late appointments, beds available at the one life rather than the new hospital

Transport for patients and families etc. Vision is one thing and practice another

The main concern is the transport services, the speed, reliability and trained paramedics for the immediate and critical care

Too much pressure on the community based services to meet current and future burdening demand. It doesn't look well for everyone now. How can concentration on this be an improved way forward

The NTUH NHS Trust cannot state that transport will be forthcoming and affordable to the public, and car parking will not be free at the new hospital. As there will be fewer beds, how will inpatients be accommodated?

That terrible word - transparency - i.e. keeping people informed

Robust transport planning, dialogue with bus companies

Divide the services between Hartlepool and North Tees

Nail in the coffin to close Hartlepool

Maintain local A&E facility until new Wynyard Hospital is in operation

No concerns at present

Location, location, location. How long before we are told the source is to be centralised in Leeds or Newcastle

Staff will have an extra 2 hours per day travelling, as they need to get to Hartlepool first then back out. This will mean exhausted staff

Public attitudes with lack of influenced politicians. Transport to appointments with transport also take a carer or relative for support

Local A&E services needed for those living a distance away

Getting the information out to people who are not aware of the changes going on

A volunteer run transport service, plus two mini buses will probably be inadequate

Getting to the hospital

Modernise the Hartlepool Hospital at the fraction of the cost of a new one

More information about the shuttle bus. I think North Tees wards are dirty

There are extra pressures, lack of space and staff in A&E

Transport, parking long, long waits at A&E. Reduce my concerns by reinstating the medical services taken from Hartlepool Hospital

Quick attention at A&E Hartlepool

The bus should have a stop in the town centre in both directions, and the time before booking should be reduced to 12 hours

By scrapping the proposal

I feel they're going to close all services

Making sure visitors transport can take power and ordinary chairs

Travelling

Patient centered care is this going to decrease in standards due to demand and staffing levels

Shorten the distances between hospitals, as with anesthetics, it is the distance from the hospitals that are the problem

Keep our hospital open in Hartlepool and the departments it contained. Improve transport for the public and improve GP access

Transport and having local services in Hartlepool

Keep local services for Hartlepool people

The loss of A&E at Hartlepool is the main concern I have, as the one life is absolutely useless, in the eyes of most people in Hartlepool who are concerned about all the things that have gone wrong there

Leaving things how they are. No nursing in Wynyard Hospital just in and out. They don't have the facilities for sterilisation at Wynyard. Too many services are being moved out of Hartlepool on the quiet without consultation. Improve transport and keep costs low. Improve polling at North Tees, I have concerns regarding the cost of the new hospital at Wynyard. It is too high and not viable

I am concerned at the critical care being removed from Hartlepool as I think this should be close by!

Critical care should be retained in Hartlepool

Accessible and timely transport that is affordable

Local services for local people that meets people's needs and transport that is cost effective

Main concerns are related to the document's omissions of the position in County Durham e.g. in relation to momentum, transport arrangements etc

I don't see how you can perform only operations at Hartlepool without I.T.U [illegible]. Planned operations can go wrong, so can treatment (i.e. allergic reaction to drugs). If emergency intervention is needed FAST it simply won't be available. Really, it would be safer to shift the lot to North Tees. I'm surprised you'd rather put patients at risk than so this

I fear that public opposition via the consultation system, may cause a delay or even a refusal of the plan

I have great faith in all the changes; this is the best way forward

Discharging venerable people late at night leaving them to make their way home

Hartlepool surrounding districts need the hospital to stay where it is

Improve Hartlepool hospital, forget Wynyard is too far away, from my recent experience conditions at north tees misdiagnosed, leaving general surgery in Hartlepool sometimes that could turn into the need for critical or emergency care, so next step is that the surgery is too far away

Transport, bus fares, would we be able to get a bus pass, due to high bus fares, many patients won't have visitors, dark nights and road conations

My biggest concern is after reading the NCAT review paper, they did not give the impression that it was an absolute certainty that the new hospital would be built. So this would mean the people of Hartlepool and East Durham would have to suffer the travelling problems of getting to the UHNT indefinitely

Q3. What do you think are the main things we need to consider in putting the proposed changes in place?

I have a knee replacement at University Hospital of Hartlepool. I had very poor care and sought early discharge because the ward was run for the benefit of the staff not the patient. I was over 20 years

younger than any other patient on the ward but was treated as 'elderly' which in itself was degrading. I had blood pressure cuff on my arm for 36 hours, considered a nuisance because I asked for it to be taken off. 1. Will the staff be transferred from University Hospital of Hartlepool to North Tees? 2. Will these staff receive additional training to reduce to homogenisation of groups of patients to a label of condition and improve poor standards of care

Loss of patients to other trusts, this would also lose clout to get the new hospital and lose revenue, the Trust has already lost the revenue of 30,000 patients since closing the A&E Department at UHHH, can we afford this

You need to consider the needs and desires of the people of Hartlepool instead of repeatedly ignoring them

Transport issues, especially for the elderly and those in rural areas without decent public transport provisions

A transparent process, keeping stakeholders informed of progress and keeping the public informed and engaged

Improve cycle access. There is a good cycle path along the back of Hardwick but it is very poorly signed to North Tees, to get to the hospital there appears to be a bit missing.

Informing the general public of the changes

Transport for patients and families as well as a means of patients getting home following discharge

Don't bother changing anything, spend our money on our hospital

Stop the idiotic change

Interim cover e.g. Doctor available at the life centre

Fully consults with users and other support services e.g. ambulance, primary care and take on board and if needed modify the plan

Communication, particularly with older patients where change can erode confidence

It is stated that it is vitally important to explain to the public, those most likely need these services, how it will affect them. All staff should be made aware of the importance of their role in passing information to the public

Sufficient community based support. Being responsible to and proactive about patients' needs (especially in relation to chronic and serious emergency conditions). Ensuring patients know what to do and who to contact or what. Too much change and bad press referring to the NHS breeding confusion and lack of interest until people need help and it's not there where they thought it was/should be

The needs of the possible patients, not where the doctors live. Both sites to be kept open until the new hospital is built, increase the inpatients beds, increase of ambulance cover, it is very, very poor at the moment

Changing facilities at an existing hospital can be a lot cheaper than building a new facility or outsourcing service

Patient safety. Clarity of information to patients and carers. Robust sorting of new arrangements.

Regular feedback to patients, carers and the public

Hartlepool Hospital is a new building than North Tees. Why develop North Tees

Nobody wants it

Convince local population of planned changes and benefits

Better education to the general public

Get the support services in place first

This will leave staff at Hartlepool without facilities to handle an emergency should it arise

All of the above

Transport

The big change in our local society will be the increase in the amount of elderly population

To reposition medical and surgical care into new locations will still be treating the same number of patients with the same number of staff, so how will this be an improvement

People

As Above

Staffing, patient safety, education of people and services

The needs and wants of the population of Hartlepool and South East Durham

To give people a choice of hospitals

Keep the access to all NHS facilities local

Transport

People that is all

Travelling

Patients and staff wellbeing and care needs what do they think about the change

Shorten distance between hospitals more ambulance in appropriate locations using better communications

That the public neither want nor need these changes! We own our Hartlepool Hospital. But we will pay for these changes forever

Impact on choice for local people

Transport

Bringing a hospital back to Hartlepool

Need for single beds in isolation but not just for care. Need transport for visitors (families etc) A regular service to cover visitor times and emergencies

Transport, the time taken to travel during an emergency

Transport and the emergency travel time

To listen to people and how they want care to be delivered and clinicians that are accessible and can be understood

I think these changes are needed. It will give a better quality service. However transport issues concern me especially from country districts if you have no car. Taxi service will be productive unless you provide buses 12 hours a day

From a County Durham perspective, as mentioned above, the role of momentum or similar in building the capacity of primary and community services including housing, children and adult services is far from clear. It is good to see a transport section within this document. Any health service decommissioning/re-commissioning exercise will usually have transport and access raised by local residents. Historically, I believe the jury is still out on how effective measures that have been put into place are in meeting the transport needs of residents. Again encouraging is recognition on page 13 that the NEAS delivered Patient Transport Services is not always the most flexible in delivering patients to hospital appointments in a timely and effective manner and a pledge to investigate further. With reference to the transport section on page 12, it's good to know the Trust have a transport committee. However, how does this group work with any joint working arrangements with Hartlepool BC? Again no mention of working with Sustainable Transport, Durham County Council Excellent ideas to use volunteer drivers, but my questions are: Will that be a service that is delivered into County Durham? Are you aware that there are a number of voluntary organizations that coordinate volunteer car driving programmes? Without wanting to sound too patronizing, surely it would benefit the Trust to make links with these bodies and explore whether this may be a more effective way to build capacity. As a Public Health Commissioner to deliver such a service so would be willing share those experiences with you as well as any data, e.g. annual reports. In addition, you will be aware of DDES commissioning DCC's Sustainable Transport team to operate a one-stop shop transport to health appointments booking service with two hospital link services covering the Dales and East Durham

Patient safety!

The views of the residents of Hartlepool who will need convincing, the rehabilitation ward sounds an excellent idea for Hartlepool

Convincing residents in time to complete the transformation by the October deadline emphasise the clinical reasons

Transport for those patients/relatives reliant on public transport

Making sure the proposals regarding moving critical care and emergency services, some people accept changes some don't without knowing all the facts, especially the advantages, the literature provided explains everything clearly

Elderly people, people with learning disabilities, pregnant women, added cost of travel for people with a low income

The views on the “people” not the thoughts of quango operatives, who have no medical experience and unqualified

People, we seem to have forgotten management riding rough shots over us, forget proposed changes
People receiving treatment having to hang around waiting for transport, when you’re not feeling well, not turning up for treatment

Q4. Is there anything else you think we need to think about?

As a person who lives in Hartlepool care in the community seems to be a joke, as all people see are services in the NHS being removed and going further away

Resignation. It seems that public consultation is purely lip service. Public opinion is ignored. Representatives of the public have no place in the office if they consistently ignore strong public opinion

The extra traffic that will be flowing from North Tees via local roads, the effect this may have on residents. Reducing the parking charges, especially for those just needing a quick blood test etc. 30 minutes free, then charge hourly

The access to the hospital site, on cycle, or foot is dangerous. I am a regular cyclist and walker and find that cars have the priority and dominance of the internal road of North Tees site. This discourages access by bus, bike or foot and in turn makes access worse for none car users

I think it would be helpful if a contact number was included on the letter for patients to contact if they have problems with transport

Changes in health services has a massive effect on the public’s perception of the service. Change can and does result in anxiety (particularly in those with pre-existing mental health problems)

Yes, make Hartlepool Hospital a 3 star rating like it was in 2003 (for the third time). It was a brilliant hospital until it was salami sliced to North Tees

The NHS is supposed to be run for the benefit of the patients, not the overpaid, incompetent managers and politicians

Immediate impact on those living in East Durham coastal areas where statistically have significant health needs and may be disadvantaged

The devil is in the detail

Many members of staff, especially those affected by the changes, inevitably dislike the proposals. It is therefore essential that a positive attitude and promoting of the advantages are widely spread, through all avenues by the commissioning group

Patients are no NHS manager. They are people with diverse lives and differences in view of awareness, understanding and wellbeing. One size does not and cannot fit all

To be honest with the public. No change of any change in proposal. Why not close the Hartlepool Hospital, sell the land and use the money to equip the new hospital

Travel distance is not the problem; it is the cost of the travel. Clinical need comes before cost. I only knew about the meeting because I'm a member of the patient participant group

Ongoing engagement with the public on these changes and moves to hospital

The new hospital is not yet a 'done deal' why close Hartlepool through 'lack of use' and develop North Tees

New management with a will to make 'Darzi Recommendations' work

Do not dismiss views of the local population as lack of local hospital may have a profound effect on the population and house sales

When putting consultation documents out please use less abbreviations

Should you really be doing this when there is nowhere for the people of Hartlepool with anywhere to go

Suggest that information articles are placed in local newspapers outlining the wonderful developments in all aspects of patient treatment, each case rather than entering into relative dialogue to persuade people of the benefits i.e. change emphasis of newspaper coverage

Road Congestion

Once the thing is up and running say in a year's time people need to be consulted yet again to ring out the effect on the general public

Increase parking spaces at North Tees and reduce parking charges

Putting peoples welfare first instead of money

No

Sack all the directors of Hartlepool National Health Service Trust, they are not 'fit for purpose'

Yes, people who need hospital access at times of difficulty and stress

Nothing but transport

Patient transport; make sure everyone can take someone with them. The distance people have to travel for a visit

Travelling

Travel issues have been a concern for both patients and staff will the pilot scheme work with shuttle buses

The ethnicity you forgot Irish and Welsh

North tees is already full it can't cope with a deluge of more patients from Hartlepool and it shouldn't have

Why Hartlepool - 'visiting'

Stop wasting money, the way that they have in the past and make better use of it

Why do local services have to be moved from Hartlepool?

I am concerned for the elderly who have no family support and the issue with reduction to elderly care beds when Wynyard is built, also the proposal to not admit the elderly to the hospital. I really feel that the community beds should be provided. I cannot see how nurses in the community can provide the intensive care required for someone with pneumonia and dehydration. In the community I cannot see nurses could go into the home. I would hate to think that because the elderly had no support at home that they would be sent into a nursing home

Be clear and communicate if there is going to be a phased out process to transforming health care on Teesside

I am chronically ill and get home care and if I needed to go into North Tees in an emergency or otherwise, I don't know how I'd do it. I can't use busses and I'm very isolated - there is no one to give me lifts. I get travelsick very easily so taxi's wouldn't be an option as far as North Tees. If I was taken in an ambulance I don't know how I'd get home. It's a worry. The longer journey would be a nightmare for me, also the long waiting times in a strange place. We have [illegible] of the hospital, even if we do, transport would still be a problem

Early information on which hospital site patients will be treated especially at the "choose and book" stage, more contrived emphasis on the clinical drips

Making sure that patients are informed at an early stage in the "choose & book" process which site will be the site for their inpatient treatment

You have seem to thought of everything

The team has put many hours making these plans, everything should come together nice and smoothly, but are there any back up plans? Knowing all that you have done, I don't think you can do any more than you have


Discharge planning, car parking costs, people with additional needs, mental health, physical difficulties, sensory loss, learning problems

Funding of a new hospital, the trust needs to save millions per year, a mortgage for a new hospital will be well in excess of amount needed to be saved, and I think this funding will be unsustainable

People not know what the majority of this area wants' we want quick access to services, one line not always acceptable treatment

Ambulances men/women fully trains to be paramedics status, not just drivers transporting patients around, mobile phones taking presidents over patients on wards

Ensure good, timely information about the relocation across a number of mediums, including GP surgeries



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Report of: HEALTH SCRUTINY JOINT COMMITTEE

Subject: Consultation Response to the Reconfiguration of
Emergency Medical and Critical Care Services –
North Tees and Hartlepool NHS Foundation Trust

This includes the view of Durham County Council, Hartlepool Borough Council and Stockton Borough Council set out as paragraphs 8 -10

1. Background Information

- 1.1 A Joint Health Scrutiny Committee was formally established under The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations with representation from Durham County Council, Hartlepool Borough Council, Stockton-on-Tees Borough Council to consider the proposed changes to Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust (NTHFT).
- 1.2 At the request of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HaST CCG), the National Clinical Advisory Team (NCAT) has undertaken a review of the provision of critical care and emergency medical services within North Tees and Hartlepool NHS Foundation Trust. The National Clinical Advisory Team provide independent clinical expertise to support and guide the local NHS on service reconfiguration proposals to ensure safe, effective and accessible services for patients. The team was lead by Dr Chris Clough from Kings College Hospital, London. The purpose of the visit being to, clinically assure reconfiguration proposals for emergency medical and critical care services at NTHFT.
- 1.3 The NCAT report, which was published on 15 May 2013, summarised views and provided recommendations for change, including that Commissioners:

- work with the Trust to centralise emergency medical services and critical care to the University Hospital of North Tees as soon as possible;
- explain to the public what this means for them; and
- ask their views about the things that they are concerned about, especially how they and their relatives get to hospital.

1.4 As a result of the NCAT review, HaST CCG, Durham, Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) and NTHFT launched a public consultation (running from 20 May to 11 August 2013) to ask for views on the proposals and concerns about how the impact of the changes can be managed and implemented.

2. Terms of Reference

2.1 To consider the proposals affecting the population covered by North Tees and Hartlepool NHS Foundation Trust, in particular:

- (a) the proposed centralisation of emergency medical and critical care services at University Hospital of North Tees, as recommended by the National Clinical Advisory Team.
- (b) the development of services at University Hospital of Hartlepool in the period leading up to the opening of the new hospital.
- (c) any associated proposals for additional elective and rehabilitation services at the University Hospital of Hartlepool.

3. List of Participants

(a) Members of the Health Scrutiny Joint Committee:

- Durham County Council – Councillors L Pounder, W Stelling and R Todd
- Hartlepool Borough Council – Councillors J Ainslie, S Akers-Belcher and K Fisher
- Stockton-on-Tees Borough Council – Councillors M Javed, N Wilburn and M Womphrey

(b) Hartlepool and Stockton-on-Tees Clinical Commissioning Group:-

- Dr Boleslaw Posmyk – Chair
- Karen Hawkins – Head of Commissioning

(c) Durham, Dales, Easington and Sedgefield Clinical Commissioning Group:-

- Dr Stewart Findlay – Chief Clinical Officer
- (d) North Tees and Hartlepool NHS Foundation Trust:-
 - Julie Gillon – Chief Operating Officer / Deputy Chief Executive
 - Dr Jean Macleod – Clinical Director for Medicine
 - Dr Suresh Narayanan – Clinical Director for Anaesthetics and Critical Care
 - Sue Piggott – General Manager, Medicine
- (e) North of England Commissioning Support:-
 - Mary Bewley – Head of Communications and Engagement
- (f) Healthwatch:-
 - Danielle Martin, Community Participation and Engagement Worker, Healthwatch County Durham
 - Stephen Thomas, Healthwatch Development Officer, Healthwatch Hartlepool
 - Heather Mclean, Healthwatch Co-ordinator, Healthwatch Stockton
- (g) Stockton Borough Council:-
 - Chris Renahan – Local Transport Plan Manager
 - Liz Hanley – Adult Services Lead

4. Summary of the Evidence received / considered

- 4.1 The Joint Committee considered the following evidence:-
- (a) Consultation presentation on the proposed changes to Emergency Medical and Critical Care Services in Hartlepool presented by representatives from HaSt CCG, DDES CCG and NTHFT covering:-
 - the proposals for the reconfiguration of critical care and acute medicine (section 5.1)
 - the medical guidelines and standards (sections 5.11 – 5.13)
 - what will the proposed changes mean for you (section 5.9)
 - the options considered (section 5.4)
 - why not locate the combined services at the University Hospital of Hartlepool (sections 5.14 - 5.17)
 - Proposal resulting from the options appraisal (section 5.5)
 - Services provided in the University Hospital of Hartlepool – post proposed change(section 5.10)

- Likely numbers of patients affected by the proposed changes (sections 5.18 – 5.19)
 - Impact on bed numbers (section 5.6)
 - Main changes at University Hospital of North Tees site (section 5.2)
 - The Financial context and impact (sections 5.20 – 5.21)
 - Staffing (sections 6.10 – 6.11)
 - Scope of the consultation and what has been learned so far (sections 6.12 – 6.13)
 - Transport (sections 6.1 – 6.9)
- (b) Additional written information from HaSt CCG, DDES CCG and NTHFT covering:-
- Impact on Durham, Hartlepool and Stockton residents
 - Assumptions
 - Quality and safety
 - Financial considerations
 - Wider impact of the proposals
 - Transport
 - Staff ratios
 - Impact on staff
 - Development of services in Hartlepool area leading up to the opening of a new hospital
 - Future developments
- (c) Hartlepool and Stockton-on-Tees Clinical Commissioning Group Commissioning Plans
- (d) Hartlepool and Stockton-on-Tees Consultation Plan – July 2013
- (e) Written evidence from Hartlepool Borough Council's Adult Social Care Department
- (f) Verbal evidence from Durham County Council's Adult Social Care Department
- (g) Written evidence from Hartlepool Borough Council's Integrated Transport Unit
- (h) Written evidence from Durham County Council's Sustainable Transport Team
- (i) Verbal evidence from Healthwatch County Durham
- (j) Verbal evidence from Healthwatch Hartlepool

- (k) Verbal evidence from Healthwatch Stockton
- (l) Written evidence from Dr Chris Clough, Chair of the National Clinical Advisory Team

5. Explanation of the issues addressed

The proposals for the reconfiguration of critical care and emergency medicine

- 5.1 The Joint Committee at its meeting of 11 July 2013 considered the consultation regarding the proposals to bring critical care and emergency medical services together at the University Hospital of North Tees (UHNT). Currently, acute medicine and critical care (intensive care and high dependency care) are provided on the two sites of University Hospital of Hartlepool (UHH) and UHNT.

Services proposed to be transferred to UHNT / Main changes at UHNT

- 5.2 The proposal is to transfer emergency medical and critical care services at the UHH to UHNT. This would mean a larger acute medical unit at UHNT, which would then be supported by a larger group of medical staff and other clinicians with specialist skills. Members were informed that 100 acute medical beds and 5 surgical beds would be transferred to UHNT along with the associated theatre capacity and clinical support. There would be 4 additional critical care beds with a potential 24 extra beds for the winter pressures. The Emergency Assessment Unit would be increased from 34 beds to 42 and spaces in the ambulatory care facility would be increased from 8 to 20 spaces.

Services proposed to be transferred to UHH / Main Changes at UHH

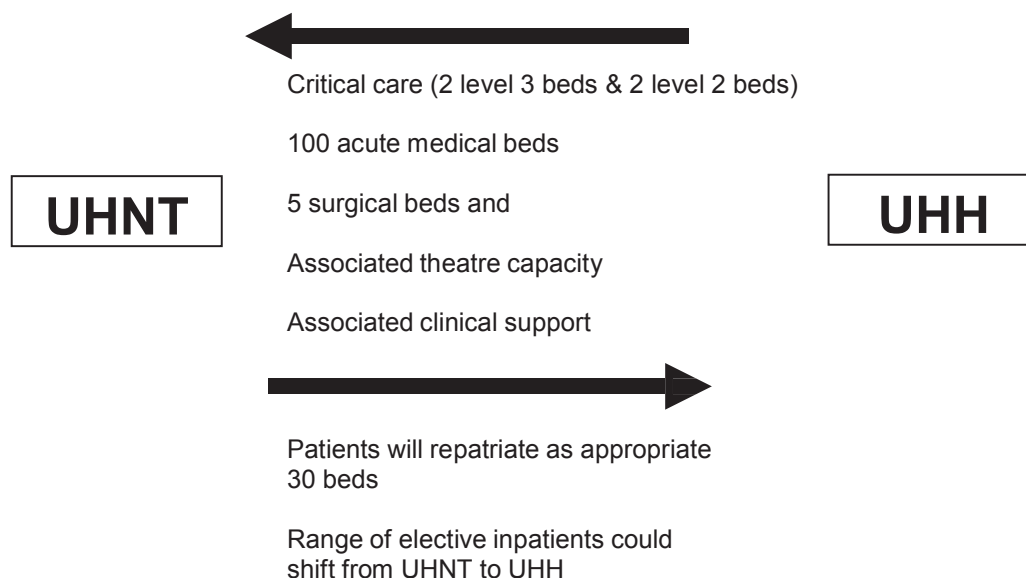
- 5.3 It is proposed that a 30 bed rehabilitation unit would be created at the UHH for patients to recover and a range of elective inpatients could move from UHNT to UHH. Some elective surgery may have to remain at UHNT for those patients considered to be high risk.

Options considered

- 5.4 A long list of options were considered including centralisation on the Hartlepool site before a short list of options were identified as potentially feasible. The short list of options was critical care; medicine; surgery and orthopaedics; and rheumatology and chemotherapy.

Proposal resulting from the options appraisal

5.5 The diagram below demonstrates the proposed changes:-



Impact on bed numbers

5.6 The following diagram illustrates the impact on bed numbers:

<i>In-patient Bed numbers (does not include day case beds and pre-assessment beds)</i>	<i>Current bed numbers</i>	<i>After proposed changes</i>
<i>University Hospital of Hartlepool</i>	190	55
<i>University Hospital of North Tees</i>	408	530
<i>Trust total</i>	598	585

Reasons for the changes

5.7 Representatives from the HaST CCG, DDES CCG and NTHFT provided information to Members on the proposed changes. Representatives explained that these changes need to be made because critical care at the UHH will not stay safe for much longer or be improved to a level of quality that local people should expect unless changes are made. Emergency medical services must have critical care to support it for patients who become seriously ill; this is why both services need to move together. NCAT provided clinical assurance that these proposals will help to

improve clinical quality and safety resulting in better services. The consultation proposes that leading up to the proposed changes Commissioners and the Trust would:-

open 120 beds at the UHNT to make sure there are enough beds and staff to look after patients from right across our area;
make extra space in critical care so they can look after critically ill patients;
then, gradually, close the beds in medicine and critical care at the UHH;
and transfer a number of staff from support services such as pharmacy, radiology and pharmacy and estates that need to come to the UHNT to support the new arrangements.

- 5.8 Representatives indicated that these changes need to be made as early as possible to ensure safe services are delivered.

What will the proposed changes mean for you?

- 5.9 Members were informed that people will not have to do anything different once these changes are put in place. People will still visit or call their GP, call 111 if they feel unwell or call 999 in an emergency as people do now. 97% of patients contacts with healthcare services will remain in Hartlepool.

Services provided in the UHH – post proposed change

- 5.10 The services that will be provided in the UHH after the proposed change are as follows:-

- Inpatient elective orthopaedic surgery
- Inpatient elective general surgery (low risk)
- 30 bed rehabilitation unit
- General surgery day case
- Gynaecology day case
- Paediatric day case surgery
- Orthopaedic day case
- Paediatric day unit
- Midwife led unit
- Planned endoscopy
- Cardiac investigations unit
- Chemotherapy day unit (non complex)
- Rheumatology day unit
- Elderly care day unit
- MIU from One Life Hartlepool
- Community dental
- Hand and foot surgery OLH

Supported by

- CT
- MRI
- Ultrasound scanning
- Pharmacy
- Pathology
- Nuclear medicine
- Plain film X-ray
- Therapy services
- Dietetics
- Community services
 - SPA
 - TAPs
 - Enhanced care model
 - Community respiratory service
 - Heart Failure Team
 - Podiatry
 - MSK

Quality and Safety

The medical guidelines and standards

- 5.11 Members of the Joint Committee were provided with evidence which explained why the changes had to take place on the grounds of clinical quality and safety. There are an increasing number of emerging guidelines and standards that services have to meet, but it is becoming increasingly difficult for the clinicians to keep pace with these requirements on two hospital sites. It is imperative to have the right skills at the right time. The way junior doctors are trained has changed and the deanery will not allow trainees to work in hospitals where they do not see enough patients to increase their learning and skills and services need to be brought together to ensure that the same standards of care are achieved for everyone living in the area served by the NTHFT.
- 5.12 Dr Clough from the NCAT Team submitted written evidence to the Joint Committee and he stated that both Dr Jones (another member of the NCAT team) and himself felt that there were “key clinical safety issues regarding the provision of critical care on the UHH site. This type of critical care service can no longer be supported, and the clinicians who supported that unit expressed the views that they no longer felt it was a safe unit”. This is because of the following reasons:-

- the unit is small with only 2 Intensive Treatment Unit (ITU) beds and 2 high dependency beds
- the level of usage has been poor, 50% on average, most of the activity coming from the acute medical team
- the anaesthetists are often doing other things within the hospital and although they are able to do a once daily ward round, they are not around most of the time and are not able to offer the full panoply of intensive care support
- procedures that are expected to be routine on an intensive care unit are difficult to provide, such as haemofiltration and routine tracheostomy
- difficult to recruit and retain anaesthetists
- nurses expressed the view that they felt isolated in the unit, without the level of medical support they need to support the level of care they are practicing
- the acute medical unit, though appearing to run well with plenty of beds, is not supported by the modern full panoply of services, thus patients needed to be transferred to UHNT for endoscopy and other specialist opinions.

5.13 Members were informed that if the services stay as they are the services in Hartlepool would not have the expertise to deliver the full range of services, resulting in patients being transferred to NTHFT. Overall, it would result in a delayed diagnosis, delayed intervention and an increase in the number of patients having to be transferred. Over time the services will not be as good as the services offered at the UHNT. The representatives stated that this is not acceptable and there should not be a difference in services due to location.

Why not locate the combined services at the UHH

5.14 The representatives explained why it would not be possible to centralise critical care and acute medicine at the UHH. This is because there would be insufficient space to accommodate the full range of clinical and support services on that site; it would not offer the appropriate clinical adjacencies with other services and the UHNT is the site for complex and emergency care.

5.15 Dr Clough, in his written statement commented that “clearly you might argue that it would be possible to provide fully comprehensive intensive care and critical care services at UHH and the full panoply of acute medical services. To do this though would require significant expansion in numbers of staff on that site, and this would be at significant cost. We felt that not only would this plan be unaffordable, but that to secure the level of activity at UHH site (the 50% utilisation of ITU for example) would mean

that these staff and facilities would largely not be used. When activity is low, clinicians deskill and lose their expertise”.

- 5.16 Members questioned staff recruitment and its difficulties. It was confirmed that a doctor with advanced training in intensive care would be more likely to seek to work in a large ITU where they could use and develop their skills.
- 5.17 It was confirmed by the representatives in attendance that these changes to critical care would be irreversible. If these services are transferred to the UHNT they cannot be returned to the UHH. This is because the changes are based on a clinical need to improve services now and for the future.

Likely numbers of patients affected by the proposed changes

- 5.18 Admission figures were presented to the Joint Committee which set out the likely numbers of patients that would be affected by the changes. The figures highlighted that 95% of emergency admissions would be affected by the proposals, equating to 7775 patients a year. 151 patients admitted for elective surgery would be affected by the proposals. Ambulatory care admissions would also be affected by the proposals with 100% of patients being admitted to UHNT.
- 5.19 A Member questioned whether these proposed changes would result in access to services 24 hours a day across weekends and bank holidays. It was confirmed that consultants worked 12 hour shifts and spent a period of time on call. If a patient needed a specialist that could not currently be offered 24 hours across the two sites. If the services were transferred to UHNT that level of service would not be available immediately but it would be easier to deliver 24 hour care with all specialists at one base.

Financial Context and Impact

- 5.20 The representatives indicated that there is a capital investment of £2.3 million to move critical care to UHNT and rehabilitation beds to UHH. This investment will have to be financed by NTHFT in addition to the required budgetary savings. These changes are not a major contributor to the ‘40 million’ challenge. Some savings would be achieved through changes to staffing rotas.
- 5.21 Some Members raised concerns at the financial viability of the proposals and the longer term viability of NTHFT due to potential effect of elective patients choosing to go elsewhere.

6. Wider Impact of the proposals

Transport

- 6.1 Members across all three local authorities raised specific concerns around transport because access to services is a major issue. This proposal will impact on Hartlepool and Durham residents accessing UHNT and Stockton residents accessing elective care at UHH. Representatives confirmed that patients who would be accessing critical care services would be doing so via GPs or through calling 999 or 111. Some patients could be admitted to UHNT for care and transferred to UHH for rehabilitation.
- 6.2 Representatives confirmed that two 17 seater shuttle vehicles had been ordered and will operate 7 days per week and where demand requires at a frequency of every 20 minutes. The shuttles will be available to both the public and staff and will operate between the two sites.
- 6.3 A volunteer drivers scheme is due to commence shortly whereby patients who's medical condition does not warrant an ambulance but who do require assistance with transport may use this service. Volunteer drivers will collect patients from their home and they will be escorted to their ward or department of care and where appropriate return the patient home.
- 6.4 People accessing UHH from the East Durham area had reasonable transport links into Hartlepool but if services were relocated to Stockton, people from these areas may start choosing to go to Sunderland or Durham for treatment.
- 6.5 Representatives confirmed that they will be working in partnership with Local Authorities to look at solutions to public concern with regard to transport links. Work is ongoing with Hartlepool Borough Council to consider some of the potential outcomes of the consultation process and the impact on transport services if services are moved to UHNT.
- 6.6 In addition NTHFT has recognised the need for short, medium and long term strategic planning relating to the provision of transport. It is anticipated that working in collaboration with Hartlepool's Integrated Transport Unit, is an excellent opportunity to ensure the best possible future transport outcome.
- 6.7 A collaborative approach in managing future provision is necessary in order to ensure the engagement of all modes of transportation rather than simply focus on public provision. To date strategies are being considered in relation to:

Cycle schemes to reduce parking congestion within North Tees facility
Future staff and public shuttle service in order to demonstrate future viability and opportunities for further commercial services
The evaluation of current facility transport in order to support the reduction of traffic congestion between sites
The development of additional modes of transportation through Volunteer Schemes

- 6.8 This list does not reflect the full strategic stages of planning required, however it provides an opportunity to demonstrate the holistic overview being taken in order to address transport related matters.
- 6.9 A Member commented that there is potential that the road infrastructure would be impacted with any increase in traffic travelling to UHNT as problems on the road already exist.

Staffing Impact

- 6.10 Members questioned what impact the proposals would have on staff. The representatives indicated that a robust workforce modelling tool has been used to arrive at staff requirements for the revised services; engagement and communication events for staff have been undertaken to ensure that everyone understands the changes; there will be a full consultation process involving trade unions around planned changes and how staff consultation will be managed, which will involve consistent documentation, collective meetings with staff and 1 to 1 meetings as required.
- 6.11 To date in the region of 200 staff from the medical directorate have been identified as having to transfer from UHH to UHNT. Shuttle buses will be provided and a car sharing scheme will be introduced and means to increase car parks at UHNT is being explored.

Scope of Consultation and what has been learned so far

- 6.12 A wide range of communication channels have been utilised to seek views and comments including public meetings, media press releases, posters in a range of venues, social media.
- 6.13 Representatives informed Members that some patients have concerns about the planned changes to hospital services; the public are beginning to understand the clinical safety concerns and the requirement for change to sustain and improve quality and clinical outcomes; transport issues are a key factor for patients and their families and there is a need for continuing investment in community and integrated services and co-operation with social services will be key.

7. Views from Healthwatch and Social Care Representatives

Healthwatch County Durham

- 7.1 The representative from Healthwatch County Durham commented on the low usage of cars in East Durham and how welfare reform has had a major impact. Healthwatch County Durham has reports of people not knowing how to access transport and expressed concerns about the impact that travelling a greater distance would have. The NHS representatives indicated that ambulance journey time would not be seen as having an impact and the representatives felt that there would be a greater impact if changes were not made as the changes are clinically driven.

Healthwatch Hartlepool

- 7.2 The representative from Healthwatch Hartlepool commented that in the past there had been a number of short term transport solutions; however, this cannot be the case this time. Transport has to be available the breadth of the town, not only to patients but to visitors also, as visitors are a really important part of a patients recovery process. There are many residents in Hartlepool who are on low incomes and cannot afford bus fares and taxis and therefore something has to be put in place to fund these journeys before they take place rather than be reimbursed after.

Healthwatch Stockton

- 7.3 Healthwatch Stockton raised concerns about winter bed measures and the discharge arrangements / pathways for discharge to community care. Representatives confirmed that bed numbers had been changed in light of winter figures.

Social Care Representatives

- 7.4 Hartlepool Borough Council's Adult Social Care commented that there will be an impact on social workers who support discharges in terms of travel time to UHNT. It is anticipated that this can be managed through a change to the scheduling of their work.
- 7.5 There are some concerns around the development of rehabilitation beds and the need to have a robust model in place to manage urgent care out of hours, which would prevent admissions and readmissions and support people appropriately in their own homes. A proposal for an integrated urgent out of hours model was developed last year and supported in principle by a number of partners. The model is primarily about bringing together existing services and utilising existing resources and

infrastructure but there is some investment required in order to make it work. The proposed model has the potential to address some of the national priorities for working more effectively together across health and social care such as intervening early to prevent admissions and readmissions and delivering care that is centered on individual needs, as well as local priorities linked to the dementia collaborative and ongoing work with care homes. This is a real opportunity for us to improve services and outcomes for local people and early discussions with community services within NTHFT have been positive. We would welcome a commitment from health partners to develop a business case and take this forward.

- 7.6 The representative from Durham County Council's Social Care Team questioned whether County Durham residents would be able to access the rehabilitation Unit at the UHH. It was confirmed that this would be the case if DDES CCG commission that service.

Health Scrutiny Joint Committee meeting held on 29 July 2013

The Joint Committee at its meeting on 29 July 2013 approved its consultation response. There was no unanimous / majority view agreed by the Joint Committee in relation to the proposals, as such views and comments from each of the Local Authorities are outlined separately in sections 8 – 10 of this report.

8. Views of Hartlepool Borough Council

- 8.1 Based on the four consultation questions, Members of Hartlepool Borough Council's Audit and Governance Committee have expressed the following views and comments on the proposed changes:-

i) What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

Difficulties / Disadvantages:-

- With regard to difficulties recruiting and retaining medical staff to support both sites, Members were concerned as to why such issues were not identified in the long term strategy to enable services to remain sustainable.
- There are risks associated with an increase in travel time for patients travelling to the UHNT as opposed to UHH.

ii) If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

- Transport - there is serious concern that many people, who are already isolated within their communities in Hartlepool, will not be able to access the services at UHNT. Hartlepool Members request that representatives from NTHFT and HaST CCG join Councillors and residents on public transport from the Hartlepool estates to see how difficult it is to travel to UHNT.
- Members consider the reasons for the recommendation to transfer medical and critical care services to UHNT is as a result of lack of long term strategic planning by NTHFT.
- There is a lack of investment in UHH and if the current proposals are implemented how long will it be before the fact that UHH will only have 55 beds is quoted as being inefficient.
- Hartlepool demands our fair share and that would mean moving some services back to Hartlepool.
- Members questioned whether the executive management of NTHFT is competent given the indication in the presentation that clinicians had reported concerns in relation to safety of services and sought clarification as to how NTHFT had allowed services to reach an unsafe level.
- Concerns were raised about capacity at UHNT, as previous reports suggest that North Tees site does not have sufficient capacity to deal with changes in services therefore why is there not an option in the consultation to choose to have such services in Hartlepool.
- NTHFT seem to be underestimating the will of many people to simply use another Trust for the provision of elective surgery as they are becoming frustrated by NTHFT's attitude to the provision of all services in Hartlepool.
- Concern was expressed about why two buses had already been purchased as this appeared that a decision to move the services had already been made.

iii) What do you think are the main things we need to consider in putting the proposed changes in place?

- Hartlepool residents' needs are being forgotten with the continual transfer of services from their hospital. Members feel very strongly that these services are being transferred because NTHFT has relocated other services to UHNT and therefore destabilising other

services at UHH. The people of Hartlepool are being treated appallingly.

- Many of the key clinicians working at UHNT were forcibly / contractually transferred from UHH, and to now hear representatives using against us the fact that UHNT has an Accident and Emergency Unit and a Maternity unit, which Hartlepool does not have is so unbelievably audacious and typical of the strategy being deployed.
- Members emphasise that location is paramount to any service provision - why is the location not Hartlepool as this is central to both Stockton and South East Durham. Hartlepool residents are trying to access services at Stockton which is very difficult to reach from Hartlepool.
- Transport – Short term transport arrangements are not acceptable. A Long term sustainable transport plan needs to be in place.
- The green footprint will be disproportionately damaged by many people travelling to and from a more remote location every time as opposed to moving the service to the people.

iv) Is there anything else you think we need to think about?

- Members do not support any further transfer of services from UHH and do not support these proposed changes.
- Members support the concerns of local people in Hartlepool and strongly encouraged Members of the public to participate in the consultation process.
- Hartlepool did have a three star rated hospital (the highest standard at the time) when it provided the full range of services. Why could this not be the case in the future?
- Members support a recommendation from the Leader of Hartlepool Borough Council which specified that following the completion of this consultation exercise Hartlepool's Health and Wellbeing Board and the Council as a whole should consider the working relationship with NTHFT. In addition it was suggested that opportunities to engage with others to achieve better clinical outcomes be explored as well as the need to examine quality surveillance groups and promote the choice agenda. It was also suggested that the Council explore the composition of the Health and Wellbeing Board to assist when formulating future commissioning intentions and that all possible

options be considered, including pooling resources with an alternative hospital trust to ensure aspirations for locally delivered services were accessible by all.

- In relation to the financial viability of the proposals and the longer term financial viability of NTHFT, there is a clear political will to look outside the NTHFT for provision of elective services which could force the issue of a merger onto the agenda.
- Members are concerned that the public consultation document does not facilitate patient choice - Why do the services have to be located at UHNT when facilities at UHH are state of the art yet those at UHNT are not. You cannot ignore what has been found but we are looking at consultation and we believe in different options. The continual transfer of services is, besides many things, simply unfair to our community (including Southeast Durham) and ignores the facts that Hartlepool's hospital is more modern (especially in the operating theatres) when compared with UHNT which was partially derelict and bankrupt when merged.

9. Views of Durham County Council

- 9.1 This response summarises the key issues and concerns of Durham County Council's Adults Wellbeing and Health Overview and Scrutiny Committee held in Committee Room 2, County Hall, Durham on Tuesday 23 July 2013 at 9.30 a.m.
- 9.2 The response has been formulated following consideration of the evidence provided to the members of the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee by key stakeholders including:-

Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG)
North Tees and Hartlepool NHS Foundation Trust (NT&H NHS FT)
Representatives from the Adult Social Care services from Durham County Council
Representatives from Durham County Council's Sustainable Transport Unit
HealthWatch County Durham
The National Clinical Advisory Team.

The response is structured to answer the key questions identified within the consultation document namely,

1. What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

Response

Both CCGs and the Trust have stated that the current provision of Emergency Medical and Critical Care services across the two Hospital sites are not sustainable up until 2017, when the new hospital site at Wynyard is planned to open. Clinicians base this assessment upon current inequities in the service provision at UHH and UHNT and the associated risks around service quality and clinical safety. The National Clinical Advisory Team supports the proposals based upon evidence gathered earlier in 2013 and identified within their report published in March 2013.

The proposals within the consultation document are to centralise Emergency Medical and Critical Care services at UHNT. This has been proposed in response to national and policy requirements and service standards within these disciplines which highlight the need for change to improve the quality and clinical safety of these services. This will allow the Trust to provide high quality, clinically safe Emergency Medical and Critical Care services up to 2017.

The proposals will allow the Trust to enhance teaching and training opportunities for staff within the Emergency Medical and Critical Care service specialism by ensuring a high throughput of casework within a larger "ITU" as recommended by national guidelines and best practice in these disciplines.

The issue facing Durham County Council is one of impact upon and accessibility by residents of East Durham and Sedgefield to both the new Emergency Medical and Critical Care services centralised at UHNT and those elective/ outpatient/day services that will transfer from UHNT to Hartlepool.

2. If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

Response

Transport/Accessibility issues

Engagement with, and adequate resourcing of, the ambulance service will be critical to the success of the proposal since, as has been indicated on numerous occasions, care starts when the patient enters the ambulance. Entering the ambulance in a timely way depends on the resourcing, configuration and deployment of vehicles all of which may be subject to a need for change as a result of these proposals. It is essential that

adequate resourcing is available for ambulance services and, to this end, the Trust and Commissioners must ensure that this is agreed with NEAS.

Implementation of the proposals would result in longer journeys for patients, families and carers in East Durham in respect of accessing Emergency Medical and Critical Care services as they would have to travel to UHNT, Stockton rather than UHH.

There are also added concerns that public transport links between East Durham and Stockton are not as frequent and also would require multiple journeys between East Durham – Hartlepool – Stockton at a potentially significant extra cost.

For patients accessing elective/outpatient/day surgery at UHNT from the Sedgefield/Trimdon/Wingate Corridor, any transfer of these services to UHH would result in additional journeys due to the absence of direct public transport links to Hartlepool.

Alternative transport solutions exist for East Durham residents to access UHH and UHNT via the East Durham Hospital Link service which is a bookable “dial a ride” door to door service. This service is not available in the Sedgefield area.

A number of volunteer drivers schemes exist in County Durham to enable patients, carers and families to get to hospital appointments but are not well publicised or known within North Tees and Hartlepool NHS Trust. There are also concerns whether such volunteer drivers can undertake “out of area” journeys past the borders of County Durham which also may restrict the use of such a scheme in accessing UHH and UHNT. This needs to be clarified.

Low car ownerships levels in East Durham and high Indices of Multiple Deprivation mean that any transport solutions must be affordable. Concern has been expressed around patients being able to afford the cost of the extended journey. Whilst members appreciate that patients on low incomes can reclaim the cost of the journey, they may not have the money to pay any fare in the first instance. This might have a negative impact on patients whose relatives can’t afford to access these transport solutions for visits.

The proposal stems from the need to ensure that Emergency Medical and Critical Care services remain clinically safe and of high quality up to the opening of the Wynyard hospital in 2017. To this end, we wish to highlight the importance of full and continuous dialogue between CCGs, North Tees and Hartlepool NHS FT and all local authorities regarding the

development of a sustainable, transport infrastructure servicing the site and which enables direct public transport access from all areas.

Intermediate/ “Step Down” services/Integration with Adult Social Care services

The Consultation and proposals detailed therein highlight the intention to centralise Emergency Medical and Critical Care services at UHNT and to ensure that appropriate “Step Down” provision is available at UHH which would enable rehabilitation care to take place at a more convenient location. The Adults Wellbeing and Health OSC would support this in principle but would invite the CCGs and Trust to go a step further and consider the development of such “Step Down” services at Sedgefield and Peterlee Community hospitals.

Durham County Council’s Adult social Care service have expressed concerns at the increased travelling time and associated costs for DCC Staff who need to access UHNT rather than UHH. DCC suggest that discussions need to take place between CCGs, North Tees and Hartlepool NHS FT and all local authorities Adult Social care teams to ensure that the acute Emergency Medical and Critical Care services/ “Step Down” rehabilitation and community based care pathways are effectively managed and are safe.

Durham County Council’s Adult social Care service would also seek ongoing dialogue with the Trust regarding the proposed development of the 30 bed rehabilitation unit at UHH to clarify the proposed arrangements for admission rights for County Durham residents to that facility. Clarification needed to be made also around the integration of the work of Acute staff in the Trust with the County Council’s Adult Social Care/Integrated team.

Reference was also made to the need for detailed discussions around how discharge arrangements between the Trust/GP’s and Community based health and social care staff were established and associated care pathways identified and agreed.

3. What do you think are the main things we need to consider in putting the proposed changes in place?

Response

In view of the potential impact of the proposals under consultation upon residents of Hartlepool, Stockton and County Durham, the CCGs and North Tees and Hartlepool NHS Foundation Trust must undertake a significant and extensive communications exercise in highlighting the

proposed changes to all service to all affected residents, including patients, families and carers. This should include a frequently asked questions section providing examples of health care scenarios/pathways highlighting how these services would be delivered.

In view of the significant impact upon residents of Hartlepool, Stockton and County Durham of the proposed service changes, the CCGs and North Tees and Hartlepool NHS Foundation Trust must ensure that services are accessible to all. To this end, any and all proposed transportations solutions must be sustainable, accessible, timely and affordable.

In order to develop these transport solutions, discussions must take place between the CCGs, North Tees and Hartlepool NHS Foundation Trust and the local authorities to ensure that such transport solutions are widely available to all and that they enable direct access to the services.

Ongoing discussions in respect of the proposed transport infrastructure required for the new Hospital at Wynyard must include all local authorities whose residents will access these services at the site.

Patients, carers and families must be provided with information which details the transportation solutions and options available to them when accessing the services affected within this consultation.

Subject to the above proposals being accepted by the CCGs/Trust and appropriate assurances given to this affect, Durham County Council's Adults Wellbeing and Health OSC would support the proposed service reconfigurations as set out in the Consultation document.

4. Is there anything else you think we need to think about?

Response

The Adults Wellbeing and Health OSC have examined previous implications around significant change to Acute Medical services when we were consulted upon the "Seizing the Future" proposals by NHS County Durham and Darlington and County Durham and Darlington NHS Foundation Trust.

Our experience of that process was that the establishment of an "Oversight Board" to monitor the implementation of proposed service changes and their subsequent impact upon the residents of County Durham and Darlington which involved and engaged local authority representatives was extremely well received and enabled a constructive dialogue to take place between all parties.

The Trust and CCG should give serious consideration to the establishment of such a body to allow this dialogue to take place and to ensure that the impact of these and any future service transformation proposals are monitored and any concerns addressed across the whole Healthcare pathway including NHS and Adult Social Care services

The Committee would also welcome continued dialogue with the Trust and CCGs around the Momentum/Service transformation process and any associated proposals.

10. Views of Stockton-on-Tees Borough Council

Quality and safety

- 10.1 It is accepted that the proposals to bring together critical care and emergency medicine on one site are clinically led, and have the potential to improve outcomes for patients from across the geographical area covered by the Trust. The preferred long term solution for hospital services in the North of Tees area remains the development of the new Wynyard hospital, however it is recognised that the Clinical Commissioning Group (CCG) and North Tees and Hartlepool NHS Foundation Trust must address the situation as it currently stands to ensure that services are safe and of high quality.
- 10.2 The main concerns are with the sustainability of the critical care unit at University Hospital of Hartlepool due to under-utilisation, difficulty in staffing, and its small size, which taken together mean that the unit is in danger of failing to meet the clinical standards required. These standards are continually developing, as critical care becomes a speciality in its own right, rather than a sub-set of anaesthetics. Emergency (or acute) medicine must be co-located with critical care and therefore the proposals have a wider impact. There are also opportunities to improve emergency medicine through a combined approach.
- 10.3 Continuing with the two site approach to critical care in particular raises a number of risks that will build over time. These include unnecessarily delayed diagnosis and therefore poorer outcomes, a detrimental effect on training opportunities, and an increasing need for transfers of critically ill patients.
- 10.4 A one site approach would mean patients have access to all the potential services they require at the first point of contact.
- 10.5 The different levels of service between the two sites are already apparent (for example routine tracheostomy can only be performed at certain times of the day at Hartlepool). This already creates an inequitable situation for patients, and the risk is that their outcomes become simply dependent on which hospital they are admitted to.

- 10.6 Due to the ever increasing specialisation of critical care, and the lower usage of the unit at Hartlepool, recruitment of anaesthetists is an issue. A combined critical care unit will be a more attractive option for trainees and provide a safer environment.
- 10.7 The centralisation of emergency medicine will enable the Trust to work towards having an increased range of specialists available around the clock, which will enable specialist input into a patient's care at an earlier stage than may be possible at present.
- 10.8 As the field of emergency medicine becomes increasingly specialised, Stockton representatives agree that there is a need to continually work towards having the right clinicians, in the right numbers, and in the right specialities, in order to cover the range of conditions that patients present with.
- 10.9 It is pleasing to note that recruitment in the emergency medicine department remains strong, and high quality candidates are seeking to work at the Trust, particularly in elderly care.
- 10.10 Ultimately, it would be unacceptable for a relatively small geographical area as covered by the Trust to have two units providing different levels of care. Therefore the proposal to concentrate these units on one site is strongly supported.
- 10.11 The proposals have been supported by the independent National Clinical Advisory Team (NCAT) following its review in January, and this was re-affirmed through its additional submission submitted to the Joint Committee.
- 10.12 The Joint Committee was informed that the Trust was being commissioned, separately to the proposals under consideration, to provide an additional 24 bed unit at North Tees to cope with winter pressures. This is to be welcomed in light of the recent experience of the NHS, and also due to the fact that, as a result of the proposals, the total number of beds at the Trust as a whole will go down from 598 to 585.

Location

- 10.13 The options process appraisal as described to the Joint Committee included consideration as to which site should be chosen, once the proposal to concentrate these services on one site had been agreed. North Tees was selected as it is the site for complex surgery and trauma, other related clinical and support facilities, and has the necessary space required.
- 10.14 It should also be noted that, even if it was possible to separate these services from those they inter-link with at North Tees and fit them into the current layout of the Hartlepool site (and Members were informed it was

not), this would have led to twice the disruption in terms of movement of beds and people, including staff.

- 10.15 There is also the issue of population and geography. North Tees Hospital is situated in the north of Stockton Borough, which has a population of c.192,406, compared to Hartlepool's population of 92,238 (ONS Mid-2012 population estimates). Therefore if the principle of combined units is accepted, it makes sense to locate them nearest to the greatest number of people. North Tees is also accessible for patients who are resident in the Sedgefield area of County Durham. Clearly transport is a key issue for all those affected, and this is addressed below.

Elective Care

- 10.16 The Joint Committee was reassured that the University Hospital of Hartlepool site will continue to be a centre for planned (elective) care, including orthopaedics and breast surgery for lower risk patients. This is crucial for the Trust as a whole as there is not enough capacity at the North Tees operating theatres to undertake all the surgical activity required.
- 10.17 On that basis it should be noted that already a number of Stockton Borough residents travel to Hartlepool, and there is the potential for this to increase once the detail of some shift in elective care from North Tees to Hartlepool is more fully described. Based on 2012-13 activity, 817 Stockton residents had elective care at Hartlepool (nb. it is assumed that of these 57 were higher risk patients who in future would be cared for at North Tees, as outlined above). Any increase in the number of Stockton residents having treatment at Hartlepool will need to be considered closely, including any impact on residents at risk of social exclusion through disability, those who require longer stays, and the consequent impact on visitors.
- 10.18 It will be key to the success of the elective centre at Hartlepool, and the safety of patients from all Boroughs, that the remaining clinical support team at that site is appropriately resourced (as noted by NCAT) and that the risk stratification process to determine whether a patient is low or high risk is as robust as possible.

Transport

- 10.19 Overall the proposals will mean 100 acute medical beds and 4 critical care beds will transfer to North Tees, which in terms of patient activity equates to 10,806 admissions a year (in total across all CCGs affected), based on 2012-13 activity levels. This means an additional 30 patients per day will receive their treatment at North Tees.

- 10.20 It should be noted that these figures include 284 emergency and ambulatory patients from Stockton who will be cared for at North Tees rather than Hartlepool in future.
- 10.21 In addition approximately 200 staff would be affected. Taken together with the numbers of visitors that can be expected, this clearly represents a significant number of people at the North Tees site.
- 10.22 Transport and access is a key concern in relation to any proposed change to health services, particularly for areas of low income and low car ownership. Visitors play a key part in the recovery of patients and will obviously be concerned about the condition of their relatives and friends.
- 10.23 The Joint Committee heard examples from Healthwatch of the stress placed on people in emergency situations when trying to visit relatives without access to cars. Examples were also provided of the difficulties in relation to attending early morning appointments that were difficult to attend using public transport, and also in some cases, using NHS Patient Transport due to its operating hours.
- 10.24 People with low incomes may qualify to claim back the costs of travel to health appointments, but this is on the basis of those people having had the money in the first place to spend; this is becoming increasingly hard for many people.
- 10.25 These are real concerns, and the CCG and Trust have both committed to working in partnership with local authorities, and Healthwatch, to tackle this issue which will affect patients from all areas, and this is to be welcomed.
- 10.26 In terms of initial patient access for emergency and urgent care, this will mainly continue as at present, with referrals via GPs, NHS111 or 999. The North East Ambulance Service was unable to be present at the Joint Committee but have indicated that they will work with the CCG and Trust to understand the impact on the overall capacity of the Service locally.
- 10.27 In terms of scheduled transport needs, the Trust has brought forward a number of suggestions. These include the provision of two 17-seater shuttle buses which will operate from summer 2013, on a seven-day a week basis, between 8am and 8pm. These will be operate between the two sites and will be available to the public and staff, free of charge. A staff car sharing scheme is also to be promoted in the summer, and the Trust retains its own 'same day' ambulances.
- 10.28 At the meeting, the Trust gave particular emphasis to the use of volunteer drivers. This would be a service delivered to patients that did not require an ambulance, but needed some assistance with transport. Volunteers are to be commended for their work and this scheme can play an important part in the mix of transport options. However, it is not

appropriate or sustainable to develop a major part of the transport solution on the basis of volunteer provision.

- 10.29 If this is a perception, it must be addressed. Patients, families and carers should be provided with the full range of transport options. Consideration could be given to building on the example of Durham County Council's Travel Response Centre; this is set up to manage bookings onto a variety of health transport options as part of its work, including Patient Transport, the East Durham Hospital Link Service, and in some cases taxis and volunteer drivers.
- 10.30 As was noted at the Joint Committee, there are congestion issues already between Stockton, Hartlepool and County Durham at peak times. Junction improvements are planned for the A19-A689 interchange, however these have not yet taken place and the proposals under consideration may come into force within months. Therefore it is understandable that this adds to residents' concerns, and transport issues need to be considered in the round by the Trust, all local authorities, and transport providers.
- 10.31 These issues will need addressing, although overall it is recognised that the major transport concerns lie with residents of Hartlepool and County Durham. However Stockton would need issues to be addressed in relation to the situation of North Tees and the Hardwick area. In particular, the impact of increased numbers of staff, patients and visitors to the University Hospital of North Tees site is a concern as the site and surrounding area currently experiences problems with car parking.
- 10.32 With this in mind we would be keen to work closely with the appropriate staff at the Trust to develop a realistic and meaningful travel plan and to encourage the use of sustainable modes of transport as an alternative to the private car where possible. This would ideally involve the introduction of appropriate infrastructure on the site. We would also like to understand the details of the various transport initiatives proposed as part of the changes including the shuttle bus service and car sharing scheme. The Trust has highlighted a potential planning application to increase car parking capacity at the North Tees site, and this should be progressed as a priority. If this cannot be brought forward to coincide with the transfer of services, then temporary solutions should be investigated.
- 10.33 It would also be appropriate to keep under review the facilities available for families, carers and other visitors at the North Tees site, given the increase in numbers that will ensue from these proposals.

11. Recommendations

- 11.1 There was no unanimous / majority view agreed by the Health Scrutiny Joint Committee in relation to the proposals, as such views and comments from each of the Local Authorities are outlined separately in sections 8 – 10 of this report.
- 11.2 The Health Scrutiny Joint Committee agreed to forward the report to the Hartlepool and Stockton-on-Tees Clinical Commissioning Group, Durham, Dales, Easington and Sedgefield Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust as its response to the consultation into the reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust.

Response to Consultation on Reconfiguration of Critical Care and Emergency Medicine

Stockton submission to Health Joint Scrutiny Committee

Quality and safety

1. It is accepted that the proposals to bring together critical care and emergency medicine on one site are clinically led, and have the potential to improve outcomes for patients from across the geographical area covered by the Trust. The preferred long term solution for hospital services in the North of Tees area remains the development of the new Wynyard hospital, however it is recognised that the Clinical Commissioning Group (CCG) and North Tees and Hartlepool NHS Foundation Trust must address the situation as it currently stands to ensure that services are safe and of high quality.
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right clinicians, in the right numbers, and in the right specialities, in order to cover the range of conditions that patients present with.

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11. The proposals have been supported by the independent National Clinical Advisory Team (NCAT) following its review in January, and this was re-affirmed through its additional submission submitted to the Joint Committee.
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enough capacity at the North Tees operating theatres to undertake all the surgical activity required.

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Councillor Jim Beall
Deputy Leader &
Cabinet Member for Adult Services and Health
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Stockton-on-Tees
TS18 1LD
SAT NAV code: TS19 1UE

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Email: jim.beall@stockton.gov.uk

1 August 2013

Dear Sir/Madam,

Reconfiguration of critical care and emergency medicine – North Tees and Hartlepool NHS Foundation Trust

As the Deputy Leader of Stockton-on-Tees Council, and Cabinet Member for Adult Services and Health, I wish to submit the Council's views to the ongoing consultation process.

Members of Stockton Council have participated in the Joint Scrutiny Committee set up to consider the proposals in conjunction with Hartlepool Borough Council and Durham County Council. The Joint Committee's response has been agreed and will be submitted separately.

I wish to highlight that Stockton's element of the Joint Committee's response was endorsed and agreed by the full Council at its meeting of 17 July and, indeed, is in line with my own views. I have included Stockton's views with this letter.

The clinical case for change cannot be ignored and it is paramount that all residents of the area that the Trust serves have access to the best possible emergency and intensive care. However, it is recognised that there are issues around transport, particularly in relation to the needs of visitors and family members. This applies equally to the associated increase in elective surgery for Stockton patients in Hartlepool Hospital.

I do hope that you find these comments helpful to your deliberations.

Yours faithfully,



Councillor Jim Beall

Hartlepool and Stockton-on-Tees CCG
FREEPOST NEA9906
Middlesbrough
TS2 1BR

Consultation on the proposed reconfiguration of Emergency and Critical Care Services

Response by Iain Wright, Member of Parliament for Hartlepool

1. Scrutiny has specifically asked me how many people have contacted me with concerns around the proposals. One person from Hartlepool has contacted me about the proposal, with another person from Billingham, which is not in my Parliamentary constituency, also contacting me.
2. I am concerned about the fact that this exercise is being described as a consultation. The definition of “consultation” is “*the action or process of formally consulting or discussing*” prior to an action taking place. I think there is an inference within that definition that people’s views will be taken on board before a decision is made and that decision will be influenced by the views and opinions expressed through the consultation. It is clear from the report that this will not take place, the clinical decision has been made and so I would suggest that an alternative word to “consultation” should have been used.
3. I also think that the National Clinical Advisory Team massively overstepped its remit. It was tasked to clinically assure reconfiguration proposals for Emergency and Critical Care Services. In paragraph 5.14 of the report, however, it states “*we would point out that, within the North East, there are probably too many [District General Hospital] style hospitals*” and suggests reconfiguring services around two hospitals in the North East, based upon the Tyne and the Tees, namely the Royal Victoria Infirmary at Newcastle and James Cook University Hospital in Middlesbrough. Consideration of this matter was not in the Team’s remit.
4. The first priority in any consideration of health services should be clinical safety, and I would not wish to advocate any particular option which would compromise the safety of patients or lead to the loss of life which could have been avoided. I think it is highly irresponsible for any elected representative to suggest such a course of action. Advancing medical technology and innovative specialist surgical procedures mean that patients who might have died in intensive care only a few years ago can now be saved and have an extended satisfactory quality of life; this is obviously a cause for celebration. I understand the clinical logic of increased specialisation, which in turn means co-ordination of medical teams and concentration of acute services. I would also wish to avoid the prospect of an occurrence of the Stafford Hospital scandal, which saw higher-than-average death rates and incidences of negligence, happening in our area.
5. I appreciate from the report the fact that the critical care service at the University Hospital of Hartlepool is under-occupied, at 50 per cent occupancy as opposed to a nationally-agreed standard of 75 per cent. I also acknowledge the findings in the report that anaesthetists with intensive care skills are unable to provide the “*full panoply of intensive care support*” such as

haemofiltration and the prospect of round-the-clock routine tracheostomy. I was particularly concerned to read in the report that: *“the nurses feel isolated within the unit and insecure about the level of care they are practicing”* and recruitment and retention of anaesthetists and medical staff to the University Hospital of Hartlepool has proved to be problematic. I think the wider issue of recruitment and retention in Hartlepool could be explored by Scrutiny: why has it proven difficult to recruit and retain appropriate clinical skills? Is this a reflection of the uncertainty regarding the future of hospital services for many years?

6. Given the above, I am very mindful of the Report's conclusion that:
7. *“Thus the case for change here is predominantly clinically based, driven by the need to close the critical care unit at UHH which may potentially be unsafe, and secondly to provide modern fully supported acute medical care which certainly could not function without on-site critical care facilities.”*
8. I reiterate my earlier point that I am sure that no elected representative would wish to pursue a course of action which could lead to a compromise in patient safety and a situation in which people could lose their lives that could otherwise have been saved. I certainly do not wish to advocate such a course of action, as I think such an approach would be irresponsible. Nevertheless, my constituents will understandably be concerned at what appears to be yet another service moving away from the University Hospital of Hartlepool. This makes it even more likely that we will see the closure of the hospital through a series of stealth cuts. I always have been opposed to the centralisation of health services at North Tees Hospital, which I think is wholly unsuitable for a centralised acute service, especially from Hartlepool's perspective. As I stated in the House of Commons during a debate on 14 September 2010, and reiterated in a debate in Parliament on 7 February of this year: *“Moving more serious cases to North Tees is very unwelcome as it is detrimental to my constituents.”* Advancing technology, different surgical methods, increased specialisation and – it now has to be said – declining budgets for the NHS will mean that more services will be centralised. I worry that this will mean concentration of services on one site at North Tees.
9. This situation is taking place in the context of continuing and growing uncertainty over the financing of the new hospital at Wynyard; since the decision from the incoming Coalition Government to withdraw public funding for the new hospital in June 2010, we have seen no tangible progress towards the securing of suitable and affordable finance. We have seen potential financiers withdraw from the project, meaning that there is a huge risk that either no finance will be available, or that the one party still at the table will demand prohibitive interest rate charges and other conditions that may compromise the financial viability of the local health trust. I mentioned my concerns about this in the debate in the House of Commons on 7 February:
10. *“Two procedures are running dangerously out of parallel. We have the Momentum programme, with the reconfiguration of services, and the funding programme for the new hospital. That is now three years out of date and there*

is no concrete indication that private funding is on the table. Services have been moved without any clarification about the endgame. My big fear is that my constituents will have the worst of all possible worlds with services moving to North Tees and no new hospital.”

11. The PowerPoint presentation provided by the CCG and the NHS Foundation Trust does state clearly that *“had the new hospital been due to open in 2014 as originally planned [the reconfiguration of emergency and critical care services] may not have had to happen.”*
12. My other big concern regarding changes to hospital services is the issue of transport and accessibility. This has rightly been highlighted to Scrutiny by Durham County Council and, to be fair, is mentioned in the report by the National Clinical Advisory Team. My constituents find it difficult to access services out of the town and no co-ordination between clinical and transport services takes place. I have been told of patients having appointments at 8.30 am when there is no available public transport at that time. The NHS in the configuration of health services culturally places priority to clinical safety and consideration – quite rightly – but fails to give proper consideration to the question as to how the patient will get to and from those services. This has not been properly addressed through the moving of services from Hartlepool to North Tees. It needs to be considered as a high priority during the reconfiguration of emergency and critical care services. It may be that most patients accessing this service may require ambulance services – the report refers in paragraph 4.6 to ensuring that the ambulance services has sufficient capacity – but further work needs to be undertaken to see how this can be fitted into a wider and more co-ordinated transport plan.
13. I am growing increasingly concerned at the risk to constituents caused by the falling budgets in local authority social care. This is something I have raised with Ministers in the Government, but the present administration appears hellbent on reducing local authority budgets. I think this will place growing pressure on health budgets, particularly in areas like emergency and critical care, as local councils will not have the resources to ensure there is a safe move out of hospital and back into the community for often frail and vulnerable patients.
14. Although it is slightly outside Scrutiny’s current investigation, I have provided a copy of my speech in the debate in the House of Commons on Accident & Emergency in February 2013, as I think some of the issues may be pertinent.
15. I thank Scrutiny for investigating this issue and hope that you will engage with me and fellow MPs in the future.

Iain Wright
Member of Parliament for Hartlepool
July 2013

Mr Iain Wright (Hartlepool) (Lab): The A and E department at the University hospital of Hartlepool closed in August 2011. I want to raise five points relating to the experience of the 18 months since.

First, clinical safety is paramount in all health reconfigurations. There was clear consensus among senior medical staff that there were significant safety issues with the A and E at Hartlepool. The number of medical staff was insufficient to cover two rotas at Stockton and Hartlepool, and the supervision of junior medical staff was inadequate and did not meet modern guidance criteria. When senior clinical staff say that lives will be saved if changes are made, it is irresponsible for anybody, whether elected representatives or others, not to listen to those expert voices.

Despite the paramount importance of clinical safety, however, it is clear that people of Hartlepool did not and do not want the closure of their A and E department—no community does. More provision can be made outside the hospital setting and in the local community to make services closer and more convenient to where people live. A One Life centre—a minor injury unit—has been built in the heart of the town centre and should be more easily accessible to a greater number of the town’s population. That is a welcome step. During a debate on A and E in September 2010, I said:

“Moving more serious cases to North Tees is very unwelcome as it is detrimental to my constituents”.—[*Official Report*, 14 September 2010; Vol. 515, c. 202WH.]

I stand by that.

My area has seen bitter disputes about the reconfiguration of acute services for the best part of 20 years. There is real tension between the views of professionals, who are best placed to consider the safest and most clinically effective means of providing a service, including in specialist concentrated centres, and the general public who will be the recipients and beneficiaries of that service, and who will pay for it through general taxation, even though they may often disagree with the means and location of that service. Successive Governments over two or three decades have failed to reconcile that basic tension. The concept of “No decision about me, without me” and the four tests of reconfiguration that are often bandied about are a fallacy. It is an understatement to say that Hartlepool would have preferred to maintain a full A and E service. People do not feel as if they have had a proper say in the matter.

Safety, changing medical practices and, increasingly, financial considerations, will play the decisive role in where A and E and other health services are located, and invariably it will be against the general wishes of the local population. I would be interested in the Minister’s views about how that tension between clinicians and the public can best be resolved.

That was my second point. My third point concerns communication about where a patient should go. If a child bangs his or head in Hartlepool tonight, where should their parent take them? Previously, it was a relatively simple choice—they went to A and E. Now, a parent is confronted with going perhaps to the A and E at North Tees hospital, perhaps the One Life minor injuries unit and urgent care centre, or even the university hospital of Hartlepool. The

new arrangement seems more complex and fragmented, and surely if the system contains greater complexity and fragmentation, there is greater risk.

Some 18 months after the A and E closure, the system is bedding down; it was not perfect from day one, although that is another matter. However, I am not convinced that the risk is being adequately managed. There is inadequate communication and subsequent misdiagnosis, leading to obvious and understandable alarm among my constituents. What will the Minister do about that?

My fourth point concerns the pressing and persistent need to link reconfiguration of health services with transport policy. Such a link is just not there at the moment. How on earth will my constituents be able to travel to North Tees hospital 13 miles away? The hospital is long way from many of them and difficult to get to. Hartlepool has low rates of car ownership and poor public transport links, and bus services are virtually non-existent, certainly at weekends and evenings. I would not have thought that the Government or local NHS trust would want the public to rely solely on ambulance services. The point I wish to stress, and which I hope the Minister will address, is that any reconfiguration of services requires transport and accessibility at its heart. At the moment, transport policy is merely being paid lip service. What will the Minister do about that?

My final point is about the wider reconfiguration of health services north of the Tees. Although, as I said earlier, much of the decision to close Hartlepool A and E was based on immediate clinical safety grounds, it is fair to see that decision in the context of the Momentum programme, which is designed to move health services out of the hospital setting and into the community. The Momentum programme culminates in the building and opening of a new hospital in Wynyard, which is designed to incorporate the most advanced equipment and medical and surgical practices and serve the acute health needs of the populations of Hartlepool, Stockton, Sedgefield and Easington. The original plan was for construction to start last year and for the first patients to be admitted by 2014-15. Soon after taking office, however, the Government withdrew public funding for that hospital, and despite warm words and a series of announcements from the Foundation Trust Network, no alternative source of private funding has been approved. We do not appear to be any further forward.

Two procedures are running dangerously out of parallel. We have the Momentum programme, with the reconfiguration of services, and the funding programme for the new hospital. That is now three years out of date and there is no concrete indication that private funding is on the table. Services have been moved without any clarification about the endgame. My big fear is that my constituents will have the worst of all possible worlds with services moving to North Tees and no new hospital. Something must be done.



**Response to the consultation on the proposal
to centralise all emergency medical and critical care services
at the University Hospital of North Tees**

Healthwatch County Durham gives people a voice in how health and social care services are planned and delivered. We work to help local people get the best out of health and social care services.

The consultation was carried out by Durham Dales, Easington and Sedgefield Clinical Commissioning Group, Hartlepool and Stockton on Tees Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust.

They anticipated that the changes to move emergency services will affect around 27 people each day from Hartlepool, Easington, Peterlee and Sedgefield therefore it was important for Healthwatch County Durham to be involved in the consultation. We spoke independently to our own Healthwatch members and to the public to find out their views on the consultation.

Healthwatch County Durham staff worked in partnership with Durham Dales, Easington and Sedgefield CCG, Hartlepool and Stockton on Tees CCG and North Tees and Hartlepool NHS Foundation Trust to promote, plan and develop the consultation for the public. The staff assisted the Clinical Commissioning Groups and the Foundation Trust to produce a 'key messages' leaflet which was sent to residents of East Durham and Sedgefield. This leaflet provided the public with the Healthwatch Freephone number to offer an independent route to comment on the consultation.

The staff also attended the Health Scrutiny Joint Committee and the National

Clinical Advisory Team Consultation Steering Group to share the views and comments that have been collected by Healthwatch County Durham.

Comments and views of the public were collected from the County Durham Residents Association, East Durham Health Network and from two public events held by the CCG in Sedgefield and Peterlee where 43 people gave their views. This is not representative of the whole of East Durham and Sedgefield but does give an indication of how some people feel about the proposed changes.

Their responses to the questions are shown below.

Transformation Consultation Questions

1. What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

Advantages:

‘High quality care with all of the professionals in one place can only be a good thing’

Disadvantages:

‘It’s difficult to argue against the advantages where safety is concerned’

General comment:

‘Safety is the most important thing’

2. If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

Comments:

‘We have the lowest rate of car usage in the County’

‘Many people rely on public transport’

‘The poorest people will suffer the most’

'We would still have to go to Hartlepool to access public transport to Stockton'

'Having to travel to Stockton is going to have a big impact on the mental health of family and carers'

'Stockton is unfamiliar territory for us'

'The prospect of it is distressing, especially when travelling in an emergency situation'

3. What do you think are the main things we need to consider in putting the proposed changes in place?

Comments:

'There will need to be back up plan for Volunteer Drivers who don't arrive'

'They're volunteers, they don't necessarily have to turn up'

'What are the consequences of travelling further for emergency care patients?'

'We would hope that ambulance times would not be affected'

4. Is there anything else you think we need to think about?

Comments:

'It's difficult for us to argue against what is safe for patients'

'Services should be where the patients are'

'Make better use of Peterlee Community Hospital'



Contact us

General Office: 01325 375960

Signposting and Information free phone: 0808 8010384

Text: 07738 994067

[email: info@healthwatchcountydurham.co.uk](mailto:info@healthwatchcountydurham.co.uk)

Post: Healthwatch County Durham

The Work Place

Heighington Lane

Aycliffe Business Park

Newton Aycliffe

County Durham

DL5 6AH



Ali Wilson

Chief Officer

NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group

Billingham Health Centre

Queensway

Billingham

TS23 2LA

Dear Ali,

21st August 2013

RE: HealthWatch Consultation

Proposals on moving critical care and emergency medical services

Thank you for including HealthWatch Hartlepool in the above consultation, which closed 11th August 2011.

As per previous conversation HealthWatch Hartlepool are also working closely with North Tees & Hartlepool NHS Foundation Trust to highlight resident experience of accessing public transport in order to attend North Tees hospital for appointments and/or visiting friends/family.

During the consultation period Healthwatch Hartlepool received 36 enquiries albeit those who made contact were encouraged to document their comments in writing to the freepost address offered on the consultation leaflet. There were a range of comments from concerned residents but high on the agenda of concern was the accessibility of North Tees hospital both from a safety perspective i.e. distance of travel as a critically ill patient both from Hartlepool and the east Durham area and also journey times for carers and visitors.

Other comments related to the sustainability of Hartlepool hospital upon the migration of any services and lack of trust in the One Life centre with regards to delivering community based services. Our preliminary findings from our collaborative Transport work indicates some patients have to leave Hartlepool at 5:50am to attend 8am appointments at North Tees hospital and whilst utilising both bus and train as part of their journey may reduce travel time by some 15 minutes the cost is an additional burden on the patient/carer/visitor of approximately £4. Overall comments also have come forward that the journey

time on the Grand Central train to London is shorter than a round trip from Hartlepool to North Tees hospital by public transport. Likewise journey time is far in excess of allocated visiting times.

I sincerely hope these comments are helpful and may be utilised as part of the consultation deliberations.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'C. Akers-Belcher', with a long horizontal flourish underneath.

Christopher Akers-Belcher
HealthWatch Manager

Tel: 01429 262641

Email: c.akersbelcher@hvda.co.uk

Healthwatch Stockton-on-Tees
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healthwatch
Stockton-on-Tees

Mrs A Wilson
Hartlepool and Stockton-on-Tees CCG
FREEPOST NEA9906
Middlesbrough
TS2 1BR

20th August 2013

Dear Mrs Wilson,

Healthwatch Stockton-on-Tees response: Proposals to centralise critical care and emergency medicine

Healthwatch Stockton-on-Tees was launched on 1st April 2013 and we are currently in the process of recruiting and appointing a Healthwatch Board. We are therefore not in a position to offer a formal Healthwatch response to the proposals. However, we are keen to comment on the involvement of Healthwatch Stockton-on-Tees in the consultation process and comments that have been made directly to Healthwatch.

Healthwatch involvement in the consultation process

The proactive involvement of Healthwatch in the consultation steering group is welcome and enabled us to make suggestions which have been taken up including:

- broadening the membership of the steering group to include Healthwatch County Durham
- giving the community an opportunity to speak to an independent organisation by providing Healthwatch details in information leaflets delivered to patients and residents
- having an input into the language, content and style of the consultation and information giving exercise which included presentations and a 'frequently asked questions' leaflet distributed to all residents of Hartlepool and GP practices and community organisations in Stockton-on-Tees



Feedback to Healthwatch regarding proposals

Throughout the consultation period, Healthwatch Stockton-on-Tees encouraged its membership to submit their views directly to Hartlepool and Stockton Clinical Commissioning Group. Details of how to do this were circulated through the Healthwatch e-bulletin, twitter and website to individuals and organisations across the Borough with an approximate reach of 64,000.

Some feedback has also been submitted directly to Healthwatch Stockton-on-Tees which has been fed into the consultation steering group throughout the process. These have included:

- comments on the accessibility and content of the web page dedicated to the consultation
- consideration for capacity at University Hospital of North Tees
- planning for impact of winter admissions
- how other services will be impacted including community services

If you have any questions or would like to discuss this response please contact me on 01642 688312 or email heather.mclean@pcp.uk.net.

Yours sincerely

Heather McLean
Healthwatch Co-ordinator
Stockton-on-Tees, Redcar & Cleveland and Middlesbrough

Cc Liz Greer Programme Manager



Good Health - Everybody's business



**Hartlepool and Stockton-on-Tees
Clinical Commissioning Group**

Equality Analysis

**Consultation Process for; Reconfiguration Proposals for
Emergency Medical and Critical Care Services in Hartlepool and
North Tees.**

July 2013

The Nine Protected Characteristics of the Equality Act 2010

The Equality Act 2010 applies to all organisations that provide a service to the public or a section of the public (service providers). It also applies to anyone who sells goods or provides facilities. It applies to all our services, whether or not a charge is made for them.

The Act protects people from discrimination on the basis of a 'protected characteristic'. The relevant characteristics for services and public functions are:

- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex, and
- sexual orientation
- Marriage and Civil Partnership (named purposely in the equality act 2010. This protected characteristic was linked to the now retired sex discrimination act where people were protected on their marital status).
- Age (under the Equality Act from April 2012 until then The Employment Equality (Age) Regulations 2006 still applied)

The Equality Act General Duties

The general and specific duties are set out in Appendix 1 section 149 of the Act.

- A public authority must, in the exercise of its functions, have due regard (take seriously) to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not

Public Sector Specific Equality Duties

The public sector equality duties are unique pieces of equality legislation. They give public bodies, including further and higher education institutions legal responsibilities to demonstrate that they are taking action on equality in policymaking, the delivery of services and public sector employment.

The duties require public bodies to take steps not just to eliminate unlawful discrimination and harassment, but also to actively promote equality.

The Equality Act and duties can be found at
<http://www.legislation.gov.uk/ukpga/2010/15/contents>

What is equality analysis?

Public authorities are responsible for making a wide range of decisions, from the contents of overarching policies and budget setting to day-to-day decisions which affect specific individuals.

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act 2010, such as people of different ages. There are two reasons for this:

- to consider if there are any unintended consequences for some groups
- to consider if the policy will be fully effective for all target groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions.

It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Not all policies can be expected to benefit all groups equally, particularly if they are targeted at addressing particular problems affecting one protected group.

An example would be a policy to improve the access of learning disabled women to cancer screening services.

Policies like this, that are specifically designed to advance equality, will, however, also need to be analysed for their effect on equality across all the protected groups. This is because any one group is likely to have several protected characteristics within it. For example, a policy on tackling gender based violence will need to analyse its potential effect on ethnic minority communities as well as gay and disabled people. An effective equality analysis will help to make sure that you are aware of any particular needs and the likely wider effects of implementing the policy.

The Equality Analysis process focuses on 6 Steps of activity:

1. Responsible Officer
2. Establishing relevance
3. Scoping the Analysis
4. Analysing the Equality information
5. Monitoring and review
6. Decision making and Publication

Equality Analysis Template - Screening Tool

Title of Policy/ Project/ Service:	Consultation process for; Reconfiguration proposals for emergency and critical care services in Hartlepool and North Tees Hospitals.
Equality Analysis Lead Name/s:	Ali Wilson – Chief Officer NHS Hartlepool and Stockton-on-Tees CCG Ben Murphy – Senior Governance Manager NECS Mary Bewley – Head of Communications and Engagement NECS
Date Equality Analysis started:	8th July 2013
Date Equality Analysis completed:	2nd August 2013
Geographical Area covered by policy/ project/ service?	NHS Durham Dales, Easington and Sedgfield CCG NHS Hartlepool and Stockton-on-Tees CCG North Tees and Hartlepool NHS Foundation Trust
Is this a new or existing policy / project / service?	This is a new project, this Equality Analysis will analyse the potential impact either positive or negative from the proposed relocation of emergency and critical care services from Hartlepool to North Tees Hospital. The project is however related to a broader programme of change in the area which has already and continues to be subject of public engagement and/or consultation.
What is the purpose/aim of the proposed or existing policy / service / project?	Hartlepool and Stockton-on-Tees CCG are carrying out this consultation because the doctors who provide emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust have told us they cannot carry on providing these services safely and to the expected quality standards on two sites until the new

	hospital opens in 2017. This has been ensured by an Independent Clinical Body (NCAT).
Who is intended to benefit from the policy / project / service and how?	All members of the population accessing and using the emergency medical and critical care services at Hartlepool and North Tees Hospital.
Is the responsibility for the policy / project / service shared with another directorate or organisation?	Yes; NHS Durham Dales, Easington and Sedgefield CCG NHS Hartlepool and Stockton-on-Tees CCG North Tees and Hartlepool NHS Foundation Trust
What other groups or organisations have an interest in the policy / project / service?	Please see the consultation plan which identifies all stakeholders.
What are the intended outcomes of the policy / project / service?	To identify if any persons offered protection under the equality act 2010 will be adversely effected by this proposal, and to ensure appropriate adjustments are made to address the issues.
What engagement has been done regarding this policy / project / service, and the results of this? Please detail which individuals/ groups you have engaged with and when?	Formal consultation lasting 12 weeks starting Monday 20 th May 2013. NECS will commission independent specialist consultants to receive and independently analyse the responses. Respondents to the consultation will be able to feed back by email, freepost address, telephone or via the CCG website. Please see the communication and engagement plan for further details of activity.

When will the policy / project / service be implemented?	The change is proposed to take place from October 2013.
When will the policy / project / service be reviewed?	Thorough contact monitoring and annual reviews.

Protected Characteristics

		Please <u>detail</u> any positive, negative or neutral impacts that this policy/ service/ project may have for people from the below groups.		
Protected Characteristics	Positive	Neutral	Negative	Comments
Age	<p>A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders.</p> <p>The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole</p>			<p>A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request.</p> <p>Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences.</p> <p>Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc.</p> <p>Staff briefings and meetings as required.</p> <p>Information in prime community and health settings.</p> <p>The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites.</p> <p>Media – press release and paid-for advertorials and adverts.</p> <p>Posters in a range of community venues throughout the health economy including health settings, libraries etc.</p> <p>Information distributed and shared through public partners' publications and information points.</p>

	population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.			<p>Feedback forms and questionnaires.</p> <p>Local foundation trust members.</p> <p>Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media.</p> <p>Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses.</p> <p>Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups.</p> <p>Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats.</p> <p>Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines.</p> <p>Consultations documents will meet accessibility guidelines.</p> <p>Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines.</p> <p>Please refer to Consultation Plan for a full list of stakeholders</p>
Disability	A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the			<p>Extra steps will be taken to:</p> <p>make documents available in audio, large print, Braille, one of seven non-English locally spoken languages, on request</p> <p>hold public meetings in central, accessible venues that are Disability Discrimination Act compliant</p> <p>the provision of hearing loops, interpreters etc. is made available on</p>

	<p>opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders.</p> <p>The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.</p>			<p>request</p> <p>offer dedicated consultation sessions for groups and organisations which represent the interests of people with a sensory or learning disability</p> <p>A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request.</p> <p>Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences.</p> <p>Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc.</p> <p>Staff briefings and meetings as required.</p> <p>Information in prime community and health settings.</p> <p>The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites.</p> <p>Media – press release and paid-for advertorials and adverts.</p> <p>Posters in a range of community venues throughout the health economy including health settings, libraries etc.</p> <p>Information distributed and shared through public partners' publications and information points.</p> <p>Feedback forms and questionnaires.</p> <p>Local foundation trust members.</p> <p>Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding</p>
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				<p>to messages sent via social media.</p> <p>Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses.</p> <p>Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups.</p> <p>Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats.</p> <p>Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines.</p> <p>Consultations documents will meet accessibility guidelines.</p> <p>Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines.</p> <p>Please refer to Consultation Plan for a full list of stakeholders</p>
Gender Reassignment	<p>A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible community venues have</p>			<p>There are no specific implications of the consultation process on this client group. Attempts will be made to identify any local groups/organisations which represent this community group to ensure they are included on all relevant mailing lists.</p> <p>A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request.</p> <p>Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences.</p>

	<p>been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders.</p> <p>The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.</p>		<p>Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, HealthWatch, patient groups, voluntary and community groups etc.</p> <p>Staff briefings and meetings as required.</p> <p>Information in prime community and health settings.</p> <p>The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites.</p> <p>Media – press release and paid-for advertorials and adverts.</p> <p>Posters in a range of community venues throughout the health economy including health settings, libraries etc.</p> <p>Information distributed and shared through public partners' publications and information points.</p> <p>Feedback forms and questionnaires.</p> <p>Local foundation trust members.</p> <p>Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media.</p> <p>Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses.</p> <p>Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups.</p>
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				<p>Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats.</p> <p>Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines.</p> <p>Consultations documents will meet accessibility guidelines.</p> <p>Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines.</p> <p>Please refer to Consultation Plan for a full list of stakeholders</p>
Pregnancy And Maternity	<p>A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders.</p> <p>The proposed move of the Emergency Medical and Critical Care services to</p>			<p>There are no specific implications for this community group. Organisations supporting pregnancy and maternity will be included in the mailing list for the consultation in recognition of the wide range of potentially interested parties.</p> <p>A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request.</p> <p>Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences.</p> <p>Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc.</p> <p>Staff briefings and meetings as required.</p> <p>Information in prime community and health settings.</p> <p>The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees</p>

	<p>North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.</p>		<p>and Hartlepool NHS Foundation Trust websites.</p> <p>Media – press release and paid-for advertorials and adverts.</p> <p>Posters in a range of community venues throughout the health economy including health settings, libraries etc.</p> <p>Information distributed and shared through public partners' publications and information points.</p> <p>Feedback forms and questionnaires.</p> <p>Local foundation trust members.</p> <p>Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media.</p> <p>Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses.</p> <p>Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups.</p> <p>Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats.</p> <p>Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines.</p> <p>Consultations documents will meet accessibility guidelines.</p> <p>Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet</p>
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				<p>accessibility guidelines.</p> <p>Please refer to Consultation Plan for a full list of stakeholders</p> <p>*</p>
Race	<p>A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders.</p> <p>The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels</p>			<p>A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request.</p> <p>Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences.</p> <p>Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc.</p> <p>Staff briefings and meetings as required.</p> <p>Information in prime community and health settings.</p> <p>The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites.</p> <p>Media – press release and paid-for advertorials and adverts.</p> <p>Posters in a range of community venues throughout the health economy including health settings, libraries etc.</p> <p>Information distributed and shared through public partners' publications and information points.</p> <p>Feedback forms and questionnaires.</p> <p>Local foundation trust members.</p>

	to improve patient outcomes.			<p>Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media.</p> <p>Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses.</p> <p>Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups.</p> <p>Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats.</p> <p>Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines.</p> <p>Consultations documents will meet accessibility guidelines.</p> <p>Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines.</p> <p>Please refer to Consultation Plan for a full list of stakeholders</p>
Religion Or Belief	A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on			<p>There are no specific implications for this community group. Any specific faith organisations will be included in the mailing list for the consultation in recognition of the wide range of potentially interested parties.</p> <p>A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request.</p> <p>Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences.</p>

	<p>request. Accessible community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders.</p> <p>The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.</p> <p>Current chaplaincy services will be maintained across both sites (both in terms of services held, and chaplain and volunteer presence) and it is anticipated that the less complex case mix of patients remaining on the Hartlepool site will result in them gaining additional support from those services while patients in Stockton and the</p>		<p>Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc.</p> <p>Staff briefings and meetings as required.</p> <p>Information in prime community and health settings.</p> <p>The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites.</p> <p>Media – press release and paid-for advertorials and adverts.</p> <p>Posters in a range of community venues throughout the health economy including health settings, libraries etc.</p> <p>Information distributed and shared through public partners' publications and information points.</p> <p>Feedback forms and questionnaires.</p> <p>Local foundation trust members.</p> <p>Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media.</p> <p>Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses.</p> <p>Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups.</p>
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	community will continue to receive the same support as at present.			<p>Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats.</p> <p>Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines.</p> <p>Consultations documents will meet accessibility guidelines.</p> <p>Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines.</p> <p>Please refer to Consultation Plan for a full list of stakeholders</p>
Sex	<p>A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders.</p> <p>The proposed move of the Emergency Medical and</p>			<p>A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request.</p> <p>Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences.</p> <p>Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc.</p> <p>Staff briefings and meetings as required.</p> <p>Information in prime community and health settings.</p> <p>The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites.</p> <p>Media – press release and paid-for advertorials and adverts.</p>

	<p>Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.</p>			<p>Posters in a range of community venues throughout the health economy including health settings, libraries etc.</p> <p>Information distributed and shared through public partners' publications and information points.</p> <p>Feedback forms and questionnaires.</p> <p>Local foundation trust members.</p> <p>Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media.</p> <p>Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses.</p> <p>Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups.</p> <p>Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats.</p> <p>Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines.</p> <p>Consultations documents will meet accessibility guidelines.</p> <p>Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines.</p> <p>Please refer to Consultation Plan for a full list of stakeholders</p>
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<p>Sexual Orientation</p>	<p>A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders.</p> <p>The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.</p>		<p>There are no specific implications for this community group. Any relevant groups and organisations representing the interests of gay, lesbian, and bisexual residents will be identified and will be notified of the consultation.</p> <p>A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request.</p> <p>Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences.</p> <p>Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc.</p> <p>Staff briefings and meetings as required.</p> <p>Information in prime community and health settings.</p> <p>The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites.</p> <p>Media – press release and paid-for advertorials and adverts.</p> <p>Posters in a range of community venues throughout the health economy including health settings, libraries etc.</p> <p>Information distributed and shared through public partners' publications and information points.</p> <p>Feedback forms and questionnaires.</p> <p>Local foundation trust members.</p> <p>Social media will be an important part of the process but there will need to</p>
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				<p>be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media.</p> <p>Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses.</p> <p>Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups.</p> <p>Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats.</p> <p>Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines.</p> <p>Consultations documents will meet accessibility guidelines.</p> <p>Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines.</p> <p>Please refer to Consultation Plan for a full list of stakeholders</p>
Carers	<p>A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible</p>			<p>A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request.</p> <p>Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences.</p> <p>Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc.</p>

	<p>community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders.</p> <p>The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.</p>		<p>Staff briefings and meetings as required.</p> <p>Information in prime community and health settings.</p> <p>The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites.</p> <p>Media – press release and paid-for advertorials and adverts.</p> <p>Posters in a range of community venues throughout the health economy including health settings, libraries etc.</p> <p>Information distributed and shared through public partners' publications and information points.</p> <p>Feedback forms and questionnaires.</p> <p>Local foundation trust members.</p> <p>Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media.</p> <p>Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses.</p> <p>Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups.</p> <p>Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats.</p> <p>Third party distribution will be used where possible for economy, to</p>
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				<p>encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines.</p> <p>Consultations documents will meet accessibility guidelines.</p> <p>Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines.</p> <p>Please refer to Consultation Plan for a full list of stakeholders</p>
<p>Human Rights* *Please see appendix 1 for further information</p>	<p>A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders.</p> <p>The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole</p>			<p>A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request.</p> <p>Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences.</p> <p>Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc.</p> <p>Staff briefings and meetings as required.</p> <p>Information in prime community and health settings.</p> <p>The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites.</p> <p>Media – press release and paid-for advertorials and adverts.</p> <p>Posters in a range of community venues throughout the health economy including health settings, libraries etc.</p> <p>Information distributed and shared through public partners' publications and information points.</p>

	<p>population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.</p>		<p>Feedback forms and questionnaires.</p> <p>Local foundation trust members.</p> <p>Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media.</p> <p>Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses.</p> <p>Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups.</p> <p>Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats.</p> <p>Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines.</p> <p>Consultations documents will meet accessibility guidelines.</p> <p>Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines.</p> <p>Please refer to Consultation Plan for a full list of stakeholders</p>
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Full Equality Analysis Template

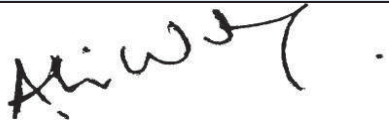
You must complete a full assessment if your initial analysis you identify any negative impact on any of the protected characteristics groups. You should aim to reduce or remove any negative impact. Please note unlawful, discriminatory impacts must be removed completely. Use this action plan to evidence what needs to be addressed and what you have achieved, attaching any relevant evidence.


Action Plan

Protected Characteristics	Action required to support the outcome of the initial equality analysis	Evidence used (including engagement/consultation)	Responsible Person/s	Outcome* *Please refer to page 7 of Equality Analysis Toolkit
Age				
Disability				
Gender Reassignment				
Pregnancy And Maternity				
Race				
Religion Or Belief				

Sex				
Sexual Orientation				
Carers				
Human Rights				

Please complete the section below and attach a copy of the policy/service/ project being analysed for approval and forward to the CCG Chief Officer on your organisations website.

Chief Officer	Signature	Organisation	Date
Ms. Ali Wilson		NHS Hartlepool and Stockton-on-Tees CCG	15 th August 2013

Equality & Diversity Lead Name (please print)	Signature	Organisation	Date
Ben Murphy		North Of England Commissioning Support Unit (NECS)	15 th August 2013

For more information or guidance on completing the Equality Analysis please contact Ben Murphy, email ben.murphy@tees.nhs.uk or call 01642 745071.

Appendix One- Human Rights

The Human Rights Act 1998 gives further legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights. These rights not only impact matters of life and death, they also affect the rights you have in your everyday life: what you can say and do your beliefs, your right to a fair trial and other similar basic entitlements.

Most rights have limits to ensure that they do not unfairly damage other people's rights. However, certain rights – such as the right not to be tortured – can never be limited by a court or anybody else.

You have the responsibility to respect other people's rights, and they must respect yours.

Your human rights are:

- the right to life
- freedom from torture and degrading treatment
- freedom from slavery and forced labour
- the right to liberty
- the right to a fair trial
- the right not to be punished for something that wasn't a crime when you did it
- the right to respect for private and family life
- freedom of thought, conscience and religion, and freedom to express your beliefs
- freedom of expression
- freedom of assembly and association
- the right to marry and to start a family
- the right not to be discriminated against in respect of these rights and freedoms
- the right to peaceful enjoyment of your property
- the right to an education
- the right to participate in free elections
- the right not to be subjected to the death penalty

If any of these rights and freedoms are breached, you have a right to an effective solution in law, even if the breach was by someone in authority, such as, for example, a police officer.



*Durham Dales, Easington and Sedgefield
Clinical Commissioning Group*

Equality Analysis

**Consultation Process for; Reconfiguration Proposals for
Emergency Medical and Critical Care Services in Hartlepool and
North Tees.**

August 2013

The Nine Protected Characteristics of the Equality Act 2010

The Equality Act 2010 applies to all organisations that provide a service to the public or a section of the public (service providers). It also applies to anyone who sells goods or provides facilities. It applies to all our services, whether or not a charge is made for them.

The Act protects people from discrimination on the basis of a 'protected characteristic'. The relevant characteristics for services and public functions are:

- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex, and
- sexual orientation
- Marriage and Civil Partnership (named purposely in the equality act 2010. This protected characteristic was linked to the now retired sex discrimination act where people were protected on their marital status).
- Age (under the Equality Act from April 2012 until then The Employment Equality (Age) Regulations 2006 still applied)

The Equality Act General Duties

The general and specific duties are set out in Appendix 1 section 149 of the Act.

- A public authority must, in the exercise of its functions, have due regard (take seriously) to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not

Public Sector Specific Equality Duties

The public sector equality duties are unique pieces of equality legislation. They give public bodies, including further and higher education institutions legal responsibilities to demonstrate that they are taking action on equality in policymaking, the delivery of services and public sector employment.

The duties require public bodies to take steps not just to eliminate unlawful discrimination and harassment, but also to actively promote equality.

The Equality Act and duties can be found at

| <http://www.legislation.gov.uk/ukpga/2010/15/contents>

What is equality analysis?

Public authorities are responsible for making a wide range of decisions, from the contents of overarching policies and budget setting to day-to-day decisions which affect specific individuals.

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act 2010, such as people of different ages. There are two reasons for this:

- to consider if there are any unintended consequences for some groups
- to consider if the policy will be fully effective for all target groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions.

It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Not all policies can be expected to benefit all groups equally, particularly if they are targeted at addressing particular problems affecting one protected group.

An example would be a policy to improve the access of learning disabled women to cancer screening services.

Policies like this, that are specifically designed to advance equality, will, however, also need to be analysed for their effect on equality across all the protected groups. This is because any one group is likely to have several protected characteristics within it. For example, a policy on tackling gender based violence will need to analyse its potential effect on ethnic minority communities as well as gay and disabled people. An effective equality analysis will help to make sure that you are aware of any particular needs and the likely wider effects of implementing the policy.

The Equality Analysis process focuses on 6 Steps of activity:

1. Responsible Officer
2. Establishing relevance
3. Scoping the Analysis
4. Analysing the Equality information
5. Monitoring and review
6. Decision making and Publication

Equality Analysis Template- Screening Tool

Title of Policy/ Project/ Service:	Consultation process for; Reconfiguration proposals for emergency and critical care services in Hartlepool and North Tees Hospitals.
Equality Analysis Lead Name/s:	Gill Findley- Director of Nursing DDES CCG Ben Murphy – Senior Governance Manager NECS Mary Bewley – Head of Communications and Engagement NECS
Date Equality Analysis started:	8th July 2013
Date Equality Analysis completed:	28th August 2013
Geographical Area covered by policy/ project/ service?	NHS Durham Dales, Easington and Sedgfield CCG NHS Hartlepool and Stockton-on-Tees CCG North Tees and Hartlepool NHS Foundation Trust
Is this a new or existing policy / project / service?	This is a new project, this Equality Analysis will analyse the potential impact either positive or negative from the proposed relocation of emergency and critical care services from Hartlepool to North Tees Hospital. The project is however related to a broader programme of change in the area which has already and continues to be subject of public engagement and/or consultation.
What is the purpose/aim of the proposed or existing policy / service / project?	Hartlepool and Stockton-on-Tees CCG are carrying out this consultation because the doctors who provide emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust have told us they cannot carry on providing these services safely and to the expected quality standards on two sites until the new

	hospital opens in 2017. This has been reviewed by an Independent Clinical Body (NCAT).
Who is intended to benefit from the policy / project / service and how?	All members of the population accessing and using the emergency medical and critical care services at Hartlepool and North Tees Hospitals.
Is the responsibility for the policy / project / service shared with another directorate or organisation?	Yes, shared with; NHS Hartlepool and Stockton-on-Tees CCG North Tees and Hartlepool NHS Foundation Trust
What other groups or organisations have an interest in the policy / project / service?	Please see the consultation plan which identifies all stakeholders.
What are the intended outcomes of the policy / project / service?	The consultation aims to inform members of the public of the proposals and to seek their views. This equality impact analysis aims to identify if any persons offered protection under the equality act 2010 will be adversely effected by this proposal, and to ensure appropriate adjustments are made to address the issues.
What engagement has been done regarding this policy / project / service, and the results of this? Please detail which individuals/ groups you have engaged with and when?	Formal consultation lasting 12 weeks starting Monday 20 th May 2013. North of England Commissioning Support unit has commissioned independent specialist consultants (Explain) to receive and independently analyse the responses. Respondents to the consultation will be able to feed back by email, freepost address, telephone or via the CCG website as well as at various face to face meetings.

	Please see the communication and engagement plan for further details of activity.
When will the policy / project / service be implemented?	The change is proposed to take place from October 2013.
When will the policy / project / service be reviewed?	Thorough contact monitoring and annual reviews.

Protected Characteristics

		Please <u>detail</u> any positive, negative or neutral impacts that this policy/ service/ project may have for people from the below groups.		
Protected Characteristics	Positive	Neutral	Negative	Comments
Age	<p>A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders.</p> <p>The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole</p>			<p>A full consultation document which includes questions seeking views on the proposals was distributed widely across the district, and was available online and on request.</p> <p>Public meetings were held in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences.</p> <p>Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc.</p> <p>Staff briefings and meetings as required.</p> <p>Information in prime community and health settings.</p> <p>The main website was that of NHS Hartlepool and Stockton-on-Tees CCG. It signposts people to online information/opportunities to comment, etc. There is a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites.</p> <p>Media – press release and paid-for advertorials and adverts.</p> <p>Posters in a range of community venues throughout the health economy including health settings, libraries etc.</p> <p>Information distributed and shared through public partners' publications</p>

	population that Hartlepool and North Tees serves. It brings together 2 small teams of staff and resources to a more specialist unit thereby improving outcomes for patients.			<p>and information points.</p> <p>Feedback forms and questionnaires.</p> <p>Local foundation trust members.</p> <p>Social media was an important part of the process</p> <p>Appropriate commissioner and NTHFT representatives met with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses.</p> <p>Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups.</p> <p>Opportunities were sought for consultation with hard to reach, protected and under-represented groups, and all literature was offered in alternative languages and formats.</p> <p>Third party distribution was used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines.</p> <p>Consultations documents met accessibility guidelines.</p> <p>Web and online communication provided access to all the information quickly and easily and enable people to have their say, and met accessibility guidelines.</p>
Disability	As above. Careful consideration was given to venues for public meetings to ensure accessibility.			<p>documents were made available in audio, large print, Braille, one of seven non-English locally spoken languages, on request</p> <p>public meetings were held in central, accessible venues that are Disability Discrimination Act compliant across the region affected</p> <p>the provision of hearing loops, interpreters etc was made available on request</p>

	<p>All documentation was available in other formats on request.</p> <p>Additional information as made available in public places such as supermarkets and health centres as well as leaflets to people's homes</p>			<p>dedicated consultation sessions for groups and organisations which represent the interests of people with a sensory or learning disability were offered</p> <p>A full consultation document which includes questions seeking views on the proposals was distributed widely across the district and was available online and on request.</p> <p>Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc.</p> <p>Information in prime community and health settings.</p> <p>Posters in a range of community venues throughout the health economy including health settings, libraries etc.</p> <p>Information distributed and shared through public partners' publications and information points.</p> <p>Consultations documents met accessibility guidelines.</p> <p>Web and online communication provided access to all the information quickly and easily and enable people to have their say, and met accessibility guidelines.</p>
Gender Reassignment	.			The consultation process and documents were fully accessible to people in this category
Pregnancy And Maternity	A variety of methods were used to ensure that people in all categories were consulted.			<p>There are no specific implications for this community group. Organisations supporting pregnancy and maternity were included in the mailing list for the consultation in recognition of the wide range of potentially interested parties.</p> <p>Staff briefings and meetings as required.</p>

				<p>Information in prime community and health settings.</p> <p>Media – press release and paid-for advertorials and adverts.</p> <p>Posters in a range of community venues throughout the health economy including health settings, libraries etc.</p> <p>Social media will be an important part of the process</p> <p>Internal communications mechanisms such as staff newsletter and intranets were used to ensure information is communicated to key staff groups including those on maternity leave.</p> <p>Web and online communication provided access to all the information quickly and easily and enable people to have their say, and met accessibility guidelines.</p>
Race	As above.			There are no specific implications for this group
Religion Or Belief	As above			There are no specific implications for this community group. Any specific faith organisations will be included in the mailing list for the consultation in recognition of the wide range of potentially interested parties.
Sex	As above.			There are no specific implication for this group
Sexual Orientation	As above.			There are no specific implications for this community group. Any relevant groups and organisations representing the interests of gay, lesbian, and bisexual residents will be identified and were notified of the consultation.
Carers	<p>As above.</p> <p>A range of resources were used to ensure that people with caring responsibilities</p>			<p>Information in prime community and health settings.</p> <p>Media – press release and paid-for advertorials and adverts.</p>

	who may not be able to leave their relative/patient were able gain information about the consultation. This included leaflets delivered to local homes, information in GP surgeries and electronic media			<p>Posters in a range of community venues throughout the health economy including health settings, libraries etc.</p> <p>Information distributed and shared through public partners' publications and information points.</p> <p>Social media</p> <p>Web and online communication provided access to all the information quickly and easily and enable people to have their say, met accessibility guidelines.</p>
Human Rights* *Please see appendix 1 for further information	As above.			No specific issues in relation to human rights

Full Equality Analysis Template


You must complete a full assessment if your initial analysis you identify any negative impact on any of the protected characteristics groups. You should aim to reduce or remove any negative impact. Please note unlawful, discriminatory impacts must be removed completely. Use this action plan to evidence what needs to be addressed and what you have achieved, attaching any relevant evidence.


Action Plan

Protected Characteristics	Action required to support the outcome of the initial equality analysis	Evidence used (including engagement/consultation)	Responsible Person/s	Outcome* *Please refer to page 7 of Equality Analysis Toolkit
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There were no negative impacts noted from the consultation process as information was provided in a variety of formats, electronic and widely distributed hard copy. The steering group adapted the consultation in response to feedback from various parties and more information was developed as required by any groups that requested it.

Please complete the section below and attach a copy of the policy/service/ project being analysed for approval and forward to the CCG Chief Officer on your organisations website.

Chief Clinical Officer	Signature	Organisation	Date
Dr Stewart Findlay		NHS Durham Dales, Easington and Sedgefield CCG	15 th August 2013

Equality & Diversity Lead Name (please print)	Signature	Organisation	Date
Ben Murphy		North Of England Commissioning Support Unit (NECS)	15 th August 2013

For more information or guidance on completing the Equality Analysis please contact Ben Murphy, email ben.murphy@tees.nhs.uk or call 01642 745071.

Appendix One- Human Rights

The Human Rights Act 1998 gives further legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights. These rights not only impact matters of life and death, they also affect the rights you have in your everyday life: what you can say and do your beliefs, your right to a fair trial and other similar basic entitlements.

Most rights have limits to ensure that they do not unfairly damage other people's rights. However, certain rights – such as the right not to be tortured – can never be limited by a court or anybody else.

You have the responsibility to respect other people's rights, and they must respect yours.

Your human rights are:

- the right to life
- freedom from torture and degrading treatment
- freedom from slavery and forced labour
- the right to liberty
- the right to a fair trial
- the right not to be punished for something that wasn't a crime when you did it
- the right to respect for private and family life
- freedom of thought, conscience and religion, and freedom to express your beliefs
- freedom of expression
- freedom of assembly and association
- the right to marry and to start a family
- the right not to be discriminated against in respect of these rights and freedoms
- the right to peaceful enjoyment of your property
- the right to an education
- the right to participate in free elections
- the right not to be subjected to the death penalty

If any of these rights and freedoms are breached, you have a right to an effective solution in law, even if the breach was by someone in authority, such as, for example, a police officer.