

Seizing the future

Developing a strategic direction for the next five years

YOUR VIEWS MATTER

Please take this opportunity to give us your views and comments about proposals for the future of hospital services delivered from Bishop Auckland General Hospital, Darlington Memorial Hospital and University Hospital of North Durham.



A public consultation document

published by
NHS County Durham

in partnership with
County Durham and Darlington NHS Foundation Trust



NHS County Durham
County Durham and Darlington
NHS Foundation Trust

This public consultation will run for 14 weeks from
6 October 2008 to 12 January 2009

County Durham and Darlington



How YOU can get involved

This full public consultation document, and its public summary version, are about proposals for some important changes to hospital services in County Durham and Darlington. Your views on these proposals **do** matter and **will** help to shape the future of your hospital services.

This is a 14 week period of public consultation, running from **6 October 2008 to 12 January 2009** which is also the final date for receipt of responses. Make sure your opinions and comments are taken into account by:

- filling in the public consultation response form on page 43 of this document, or in its public summary version, and sending it to our FREEPOST address (no stamp is needed) at:

Seizing the Future Consultation
FREEPOST RRXK-CZGR-TJJA
Unit G Lumley Close
Thirsk Industrial Park
Thirsk
YO7 3TD

- **logging on** to NHS County Durham website at: www.countydurhampct.nhs.uk
 - **visiting** our website at: www.seizingthefuture.org.uk
 - **emailing:** comments@seizingthefuture.org.uk
 - **writing** to our FREEPOST address (see left)
 - **attending** one of our public meetings and/or...
 - **visiting** one of our consultation roadshows.
- Please see page 37 for dates, times and places.

Glossary of terms

Words which feature in the glossary of terms on page 40 are underlined the first time they are used in this document.

Obtain more copies

If you would like more copies of this document or you would like to receive the public summary version please call 0800 121 4874. This document, and its public summary, are also available, on request, in alternative languages and formats including large print, Braille and 'easy read'.

Request a presentation

If your group or organisation would like a presentation on *Seizing the Future* at one of its meetings we will do our best to attend. Please contact Jayne Davies on 01325 380100 ext 4131 or email: jayne.davies@cddft.nhs.uk

Code of practice

This consultation is being carried out in accordance with the HM Government Code of Practice on Consultation Ref: www.berr.gov.uk/whatwedo/bre/consultation%20guidance/page44420.html

If you have any questions about the way in which we are conducting this consultation, please do not hesitate to contact Verna Fee, our Consultation Co-ordinator, at:

NHS County Durham
John Snow House
Durham University Science Park
Durham
DH1 3YG

Email: verna.fee@cdpct.nhs.uk
Tel: 01207 523 659

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The situations described in the case studies are based upon pathways of care as they currently exist and as they are proposed in the options under consideration.



BISHOP AUCKLAND GENERAL HOSPITAL



DARLINGTON MEMORIAL HOSPITAL



UNIVERSITY HOSPITAL OF NORTH DURHAM

FOREWORD

Our role at NHS County Durham, formerly County Durham Primary Care Trust (PCT), is to:

- improve health
- reduce health inequalities
- ensure that services we commission or buy on your behalf are safe, sound and sustainable.

In this role as commissioner of health and healthcare services for County Durham and Darlington we work closely with Darlington Primary Care Trust commissioning services on their behalf.

County Durham and Darlington NHS Foundation Trust (referred to in this document as 'the Trust') has made a case to us for them to change the way they provide services from their hospitals. Having listened to their reasons and proposals for change, we believe that we now need to listen to your views on these and that is why we are leading this consultation.

Your views on the proposals are extremely important because if they go ahead they would change the way that hospital services are provided across the county. The proposals would affect all three of the main

hospitals run by the Trust; Bishop Auckland General Hospital, Darlington Memorial Hospital and University Hospital of North Durham.

This consultation document gives a strong case for change and offers proposed solutions.

As the organisation responsible for planning and paying for health services on your behalf, we need to ensure that all services are safe and sustainable. We now need to listen to your views on the proposals and respond to the issues you raise.

No decisions regarding changes have been made at this time, other than the decision to proceed to consultation. Any final decision will only be made after public consultation which will take into account the issues you raise as part of it.

The document explains the many ways in which you can make your views known. We hope that you will take the opportunity to respond.

Lady Ann Calman
Chair, NHS County Durham

Yasmin Chaudhry
Chief Executive, NHS County Durham

EXECUTIVE SUMMARY

“Our vision is that while our existing acute hospitals will continue with their vital role of caring for their local populations... to save lives some specialised care may need to be provided in designated hospitals.”

NHS North East ‘Our Vision, Our Future, Our North East NHS’ – May 2008

High quality care

The NHS in County Durham and Darlington is committed to providing the best healthcare for local people – at hospital, at home, at their GP practice, and in the community.

This consultation on *Seizing the Future* aims to deliver high quality, safe services and ensure a vibrant future for all of our hospitals, balancing the demands of providing specialist care and treatment with the need to deliver services as near to the patient’s home as possible.

A vision for the future

Seizing the Future is a major review of County Durham and Darlington NHS Foundation Trust’s hospitals to create and deliver a ‘compelling clinical vision’ for safe, sustainable, high quality services for the 21st century.

The Trust provides hospital services from three main sites:

- Bishop Auckland General Hospital
- Darlington Memorial Hospital
- University Hospital of North Durham.

In addition, the Trust runs two community hospitals at Chester-le-Street and Shotley Bridge.

Over the next few years, more services will be provided closer to home, avoiding unnecessary travel and reducing the need for hospital visits. At the same time, new technology, treatments and guidance on best practice are driving up standards and improving outcomes for patients.

Seizing the Future is about the way in which the Trust responds to these changes, continues to meet patients’ needs for high quality patient care into the future, and makes the best use of all its sites.

The review has been led by a team of senior clinicians – doctors, nurses, therapists and other healthcare professionals, supported by the Trust governors and senior managers. Their proposals have been developed taking into account Lord Darzi’s report on the future of the NHS ‘Our NHS, Our Future’ (July 2008), and the NHS North East strategic vision for transforming health and healthcare services within North East England, ‘Our Vision, Our Future, Our North East NHS’ (May 2008).

Why is change needed?

Hospitals in County Durham and Darlington need to change if they are to provide services which meet the expectations of a 21st century health service, which means offering patients high quality services to nationally recognised standards.

The Trust is committed to providing services as close to patients’ homes as possible. As well as its three main sites, it operates two community hospitals and provides services from others, as well as community based services and ‘hospital at home’. There are some services which need to be provided more centrally in order to be safe, sustainable and of high quality. In the future, more health services will move out of hospital and into the community and nearer home. These proposals would help us to reorganise our services to support that shift.

Health services are becoming more specialised. For example, 20 years ago, one surgeon would have operated on many different parts of the body, performing breast, colorectal and urological surgery. Today, doctors specialise and a surgeon who performs the same operation many times a year becomes more skilled at it than the surgeon who does so less frequently.

Specialisation gives direct benefits to patients by improving outcomes of care. However, to provide specialist care, doctors, nurses, therapists and the wider healthcare team need to work together in bigger teams covering larger populations.

Bishop Auckland, Darlington Memorial and University Hospital are small hospitals serving small populations. There is a very real risk that the Trust will be unable to sustain safe services in acute medicine, accident and emergency, critical care and children's services, in particular at Bishop Auckland and Darlington Memorial.

Accident and emergency (A&E) departments do not stand alone. They need the back-up of a full range of medical and surgical services to make sure that all of the expertise a patient might need in an emergency is available. This support does not exist at Bishop Auckland, where on site emergency surgery has not been available for several years. National guidance now suggests this puts patients at risk.

A&E also needs the support of an intensive care service. The service at Bishop Auckland is struggling to recruit the doctors it needs to provide cover for ill patients 24 hours a day and this problem is expected to worsen.

The Healthcare Commission rated the Trust as 'weak' in a review of children's services in February 2007. Although an action plan has addressed some of the concerns raised, problems remain. For acute paediatric services, national recommendations suggest that where small units are located in close proximity to larger units, consideration should be given to amalgamating services in order to provide the level of specialist care that is now expected.

From 2009, junior doctors' working hours will reduce from 56 to a maximum of 48 hours a week under the European Working Time Directive. This represents a loss to the Trust equivalent to 31 full-time doctors. With fewer doctors' hours available, this is another challenge to providing services across three sites.

The work the Trust has done on *Seizing the Future* has been reviewed by the National Clinical Assessment Team (NCAT). Their report concluded that, while tribute must be paid to staff for their commitment to high quality care, resources and senior clinical staff are stretched too thinly to meet national guidance on specialisation and best practice to be sustainable beyond the short term.

"The whole atmosphere has changed. As a profession we have become more honest about what patients deserve. They do not deserve to see a very general doctor when they are ill without an experienced doctor being present."

**Professor Sir George Alberti, NCAT
August 2008**

Options on which we are seeking your views

Trust clinicians including doctors, nurses, therapists and other healthcare staff have worked with patients and stakeholders to develop proposals that can be consulted upon as to how local hospitals can achieve the best results for patients. Their focus has been on providing centralised services where necessary, localised where possible.

Overview

This consultation proposes options to address the challenges the Trust faces, and to provide a better quality of service to patients, and an exciting future for all of our sites, working closely with general practice and community based services to provide more seamless and integrated care.

Option A proposes:

Bishop Auckland General Hospital

Redeveloping Bishop Auckland as a planned care centre serving the whole Trust including:

- daycase and inpatient surgery
- cataract centre
- hip and knee surgery
- midwifery-led unit
- colorectal screening centre.

Hospital services for the local community including:

- a full range of outpatient clinics in medicine, surgery and women and children's services
- diagnostic tests, including X-ray, CT scanning and MRI
- an urgent care centre operating 24 hours a day
- intermediate care inpatient beds for the local population.

Darlington Memorial Hospital and University Hospital of North Durham

Concentrating main acute services for the whole of County Durham and Darlington at Darlington Memorial Hospital and University Hospital of North Durham including:

- accident and emergency
- acute medicine
- emergency surgery
- planned surgery
- obstetrics
- gynaecology
- paediatrics
- outpatients
- diagnostics (eg X-ray, CT scanning and MRI).

Option B proposes the service changes outlined in **Option A**, plus:

Bishop Auckland General Hospital

Additional services at Bishop Auckland would include:

- a Trust-wide rehabilitation centre of excellence – a completely new service for the area
- intermediate care inpatient beds serving the whole of the Trust
- rapid medical assessment centre for GPs to refer patients for an urgent consultant opinion
- paediatric rapid access clinic – where GPs may refer children for an urgent consultant opinion.

Under the principle of 'centralised where necessary, localised where possible', all outpatient clinics and diagnostic tests (eg X-ray and other scans) would still be provided at all three sites.

Under both options, community hospital services would continue at Chester-le-Street and Shotley Bridge and the Trust is working with NHS County Durham on the future development of these services.

To maintain local access, both options also propose an increase in day surgery at Shotley Bridge, securing the future of the daycase unit.

Preferred option

The Trust's preferred option is **Option B**. This option enhances access at Bishop Auckland for medical patients and strengthens its role as a planned care centre, providing a new and important service which would significantly improve the care of patients needing rehabilitation following acute illness.



Shotley Bridge Community Hospital



Chester-le-Street Community Hospital

Benefits for patients

The proposed changes are all about improving care and outcomes for patients and making sure services are safe and sustainable. Benefits would include:

- **better access to a specialist** – because specialist consultants are spread thinly across three sites, patients do not always see an expert in their condition. Bringing specialists together on two sites would cut the number of ‘single handed’ specialists and improve access and outcomes for patients. The changes the Trust is proposing would also make it easier to recruit and retain staff
- **reduced risk of cancelled operations** – by separating planned care and emergency admissions on different sites, patients coming into Bishop Auckland for planned surgery are much less likely to have their admissions cancelled because of emergencies
- **reduced risk of hospital acquired infections** such as MRSA – separating planned and emergency care would also reduce the possibility of cross infection - and by increased screening at the Bishop Auckland planned care centre, this would be reduced even further
- **better rehabilitation after being ill** – the planned rehabilitation centre of excellence would be a brand new development for the area
- **quicker tests and diagnosis** – the proposed changes would help the Trust to provide more tests 24 hours a day seven days a week
- **being on the right ward** – ensuring best quality care from experienced staff.

For full details of these benefits please see page 34.

Better transport

A key consideration for some patients, particularly older people, or people without their own transport, is how to get to hospital.

NHS County Durham and the Trust are working with Durham County Council’s integrated transport unit to develop a service similar to that currently being provided in East Durham.

The East Durham Hospital Link provides information and access to transport through a single contact number. People who need to visit hospital – for an appointment, or to visit a friend or relative, can ring up and, depending on their needs, are booked onto the non-emergency ambulance service, directed to an existing public transport service (PTS) or booked onto a special transport service provided to areas with poor public transport provision.

Your views

Between 6 October 2008 and 12 January 2009, NHS County Durham is leading a public consultation on these proposals. Details of how you may respond are included on page 3.

We hope you will take this opportunity to be involved in this important debate about the future shape of your local hospital services.



INTRODUCTION

In this section we give a brief introduction to the NHS organisations involved in this consultation, and explain some of the background to *Seizing the Future*.

About NHS County Durham

NHS County Durham is responsible for planning and buying the best possible healthcare and services for local people, including:

- primary care services – including GPs, dentists and pharmacists
- community services – eg district nurses
- mental health services
- hospital care – from local hospitals and from specialist centres, such as the Freeman in Newcastle, or James Cook in Middlesbrough.

This means commissioning high quality services that are safe, effective and responsive to the changing needs and expectations of our population.

It is in this role as commissioner of services that NHS County Durham is consulting the community it serves on the *Seizing the Future* proposals.

About County Durham and Darlington NHS Foundation Trust

County Durham and Darlington NHS Trust (the Trust) was established on 1 October 2002, and became an NHS Foundation Trust on 1 February 2007.

The Trust provides hospital services from three main sites:

- Bishop Auckland General Hospital
- Darlington Memorial Hospital
- University Hospital of North Durham.

In addition, the Trust runs two community hospitals at Shotley Bridge and Chester-le-Street and provides outpatient, community and outreach services from other sites.

The Trust serves a population of around 500,000 people in County Durham and Darlington and into North Yorkshire.

About *Seizing the Future*

Seizing the Future is a major review of the Trust's hospitals to create a 'compelling clinical vision' for safe, sustainable and high quality services.

The aim is to ensure a vibrant future for all its hospitals, balancing the demands of providing specialist care and treatment with the need to deliver services as near to the patient's home as possible.

Over the next few years, more services will be provided closer to home, avoiding unnecessary travel and reducing the need for hospital visits. At the same time, new technology, treatments and guidance on best practice are driving up standards and improving outcomes for patients.

Seizing the Future is about the way in which the Trust responds to these changes, continues to meet patients' needs into the future and makes the best use of all its hospitals.

The internal review has been led by a team of Trust clinicians – doctors, nurses, therapists and other healthcare professionals, supported by the Trust’s governors and senior managers. Over the last nine months they have looked at national standards and guidance on best practice and explored how these can be applied to meet local challenges.

Throughout the review, these clinicians have discussed their ideas with the governing council, health, social care, local authority and ambulance partners, and patients and members of the public drawn from the Trust’s membership.

“The current situation in the Trust cannot continue. Acute services are unsustainable and can no longer continue to meet modern needs in terms of safety and quality. No change is not an option.”

**Professor Sir George Alberti, NCAT report
August 2008**



THE CASE FOR CHANGE

In this section we examine the national and local challenges facing acute hospital services in County Durham and Darlington and set out the reasons why we believe they need to change. More detailed information can be provided on request and may also be found on the *Seizing the Future* website at: www.seizingthefuture.org.uk

Introduction

County Durham and Darlington NHS Trust was established in 2002 to bring about closer working between local hospitals.

This followed a local review by the surgeon Professor Ara Darzi (now Lord Darzi, Junior Health Minister). He recommended that, as each of the hospitals is small and serves relatively small populations, they needed to work together in order to thrive and to meet nationally expected standards into the future.

As part of this review, Professor Darzi proposed a series of changes to services, which were subject to public consultation before being agreed by the Department of Health and health ministers.

This led to the centralisation of emergency surgery and high risk maternity and paediatric care at Darlington Memorial Hospital.

As part of these changes, a midwife-led unit and a centre for planned hip and knee replacement (the arthroplasty unit) were established at Bishop Auckland General Hospital.

Because of the centralisation of emergency surgery, since these changes were implemented, the A&E department at Bishop Auckland has provided care for emergency medical patients only. So, although a patient suffering a serious chest infection, for example, could be treated at Bishop Auckland, a patient suffering trauma – for instance as a result of a road accident – would be treated at Darlington Memorial or University Hospital.

County Durham and Darlington NHS Trust profile – at a glance

- Spends around £290 million a year on healthcare for local people.
- One of the region's largest employers – nearly 5,000 staff in healthcare and supporting professions.
- Serves a population of around 500,000 over an area of 3,000 sq km, covering urban centres and sparsely populated, remote areas.
- Trust received an 'excellent rating' for use of resources and 'fair' for quality of services in the Annual Healthcheck 2006/07 by the Healthcare Commission.
- In 2007 the Trust scored 'weak' in a national review of children's services.

Population profile

- Some areas of significant deprivation.
- Population forecast to grow slightly over the next five years.
- Number of people over 60 projected to increase by 8%.
- Number of people aged 14 and under expected to fall by 6%.

Case study *Jack and Eileen's story – emergency care*

Jack, from Shildon, is driving to work in Stanhope when his car veers off the road hitting a pedestrian, Eileen, who lives in Wolsingham. Eileen sustains multiple injuries, including a fractured pelvis and abdominal injuries.

Jack suffers from cuts and bruises and a suspected broken arm.

Scenario 1 – what happens now

Jack is taken to Accident and Emergency (A&E) at Bishop Auckland where he is treated and can then go home. He is given an appointment for follow up at the fracture clinic the next day.

Eileen is given treatment, which includes painkillers, oxygen and fluids, by the attending ambulance crew at the scene and during her transportation to Darlington Memorial.

She is investigated and given further treatment in A&E before having abdominal surgery and being transferred to the intensive care unit and then a few days later to the surgical ward.

During the early stages of her admission to hospital, she receives care and attention from a large number of specialist staff, including the trauma team in A&E, an orthopaedic surgeon, a general surgeon, the team in intensive care and physiotherapists.

After five weeks she is discharged home.

Scenario 2 – what may happen in the future

Jack would be taken to the urgent care centre at Bishop Auckland where the treatment he receives would be the same as that provided now, but led by a trained nurse practitioner instead of a doctor.

Most of Eileen's care would be exactly the same as that provided now.

*Under **Option B**, however, once medically stable, Eileen would be transferred to the rehabilitation centre of excellence at Bishop Auckland. This is nearer to her home, but more importantly allows her to make an earlier, quicker and more successful recovery.*

Current services at the Trust's three main sites

	<i>Bishop Auckland</i>	<i>Darlington Memorial</i>	<i>University Hospital</i>
<i>A&E</i>	<i>Yes – medical emergencies and minor injuries only. Trauma (eg road accidents) and emergency surgery diverted to Darlington or Durham</i>	<i>Yes</i>	<i>Yes</i>
<i>Acute medicine</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
<i>Emergency surgery</i>	<i>No</i>	<i>Yes</i>	<i>Yes</i>
<i>Planned surgery</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
<i>Obstetrics</i>	<i>Yes – midwife-led</i>	<i>Yes</i>	<i>Yes</i>
<i>Paediatrics</i>	<i>Yes (Mon-Fri 09.00-21.00, Sat-Sun 09.00-17.00)</i>	<i>Yes</i>	<i>Yes</i>
<i>Outpatients</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
<i>Diagnostics (eg X-ray, MRI, CT)</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>



MRI scanning aids rapid diagnosis



Surgical staff



Under the microscope

Why change? – clinical issues affecting the Trust

Doctors, nurses and other health staff working in the hospitals have identified a number of challenges facing services which require urgent action. These are set out here.

• Specialisation

Patients benefit from improved outcomes as a result of increased specialisation. However, specialisation means doctors and surgeons need to work together in bigger teams.

For example, 20 years ago one surgeon would have operated on many different parts of the body, performing breast, colorectal and urological surgery. Today doctors specialise and a surgeon who performs the same operation many times a year becomes more skilled at it than the surgeon who does it less frequently.

The Royal College of Surgeons recommends that acute hospitals should each serve at least 500,000 people if staff are to develop and retain the specialist skills expected of them by today's standards. The total population served by the Trust is 500,000 across **all** its sites. This creates challenges when services are duplicated across several sites.

• European Working Time Directive

The European Working Time Directive (EWTD) was introduced in 1998. This directive reduced working hours for most staff to 48 hours per week and resulted in changes to the way hospitals organised their services.

For junior doctors, who historically worked up to 120 hours per week, the directive was implemented in stages. From 2009, junior doctors' working hours will reduce from 56 to a maximum of 48 hours a week. This would represent a loss to the Trust equivalent to 31 full-time doctors.

The Trust cannot replace these posts like-for-like. Doctors in training, as with other clinical staff, need to see a certain range and number of patients to enable them to meet the academic and training requirements of their professions. Recruiting additional doctors is therefore not a solution, as training requirements would not be met. Instead, other professions are being trained to take on some of the tasks traditionally performed by junior doctors.

This does not replace the need for junior doctors, but ensures their time is more focused on using their particular skills to maximise the benefits for patients. Nevertheless, junior doctors are still a key part of out of hours rotas but, with fewer doctors' hours available, this is another challenge to providing services across three sites.

Specialisation and the European Working Time Directive are two key challenges which face all hospitals, in particular in relation to providing a 24 hour emergency response. They have a particular impact in the Trust on the following key areas because of the way services are spread across three sites:

- emergency care
- A&E
- critical care
- paediatrics.

Case study *Albert's story – elective daycase surgery*

Scenario 1 – what happens now

Albert from Chester-le-Street has had trouble with a hernia in his right groin for several years. It is beginning to cause him problems while gardening so he sees his GP who refers him to a surgeon. The surgeon sees him in the outpatient department at Chester-le-Street Community Hospital. He recommends an operation to repair the hernia.

Albert has his surgery in the daycase centre at University Hospital at Durham.

He makes a good recovery and has his follow up clinic appointment at Chester-le-Street.

Scenario 2 – what may happen in the future

When Albert sees his surgeon and the surgery is recommended, he is offered the choice of having his surgery at either Shotley Bridge Community Hospital or at Bishop Auckland in the day surgery centre.

As Albert's daughter lives in the Bishop Auckland area, he chooses to have his surgery at Bishop Auckland.

His follow up clinic appointment still takes place in Chester-le-Street.

• **Emergency care**

The Trust currently provides emergency medicine on all three of its acute hospital sites and emergency surgery on two sites; Darlington Memorial and University Hospital.

Consultant cover for acute specialties is spread thinly at Bishop Auckland and Darlington Memorial. It is only owing to the commitment of staff at both sites that reasonable services are currently being maintained. Staffing levels are better at University Hospital, owing to the previous merger between the former Dryburn Hospital and Shotley Bridge in 1996.

Darlington Memorial and Bishop Auckland in particular do not meet the required levels of emergency physicians recommended by the Royal College of Physicians. In addition, there are still too many single-handed consultants throughout the Trust in some specialties. This means a 24/7 service provided by an experienced specialist physician cannot be guaranteed for some patients.

Case study *Jenny's story – she needs to travel for specialised care*

Jenny, who lives in Bishop Auckland, has been feeling generally unwell for two days and suddenly, experiences gripping chest pain going down her arm. Worried that she might be having a heart attack, she phones 999.

Scenario 1 – what happens now

On arrival, the ambulance paramedics carry out an on the spot heart tracing test. A 'blue light' ambulance takes her to James Cook University Hospital in Middlesbrough where she undergoes a procedure to unblock one of the blood vessels in her heart.

This procedure is only performed in a small number of specialised cardiac centres in the North East. The procedure is particularly beneficial because it relieves the symptoms the patient is experiencing such as chest pain, and helps prevent further heart attacks.

Scenario 2 – what may happen in the future

Jenny's care would be unchanged.

As medicine advances, the need for this kind of specialised treatment will become more common – it is one of the many reasons why having teams of specialist doctors, nurses and other staff together in one site, in teams large enough to provide 24 hour cover, is in the best interests of patients.

• Accident and emergency

Evidence shows that the best outcomes for patients are achieved in bigger A&E departments where more specialist skills are available to deal with the presenting emergencies – even if that means they must be taken past the closest general hospital to another site.

There is no evidence that longer transfer times for patients who have been assessed and stabilised have an adverse effect on outcomes.

A&E departments do not stand alone. They can only provide a safe service where they have the back up of a full range of medical and surgical services.

All three hospitals currently have moderately busy A&E departments. Bishop Auckland provides an A&E service for medical emergencies and minor injuries. It has not undertaken trauma care or any unplanned surgery for the five years following the local Darzi review.

Guidance from the [Academy of Royal Medical Colleges](#) in 2007 states: "Where surgery is not available on-site, the hospital should not accept unselected medical patients." This raises serious questions about the sustainability of the Bishop Auckland A&E department and this situation cannot continue beyond the short term.

The future vision for the NHS

Since the Trust review of 2002, there have been significant changes in healthcare policy, most notably those signalled by two national reports from Lord Darzi.

'Our Health, Our Care, Our Say' describes a vision for a world class NHS that provides more care in the community and care as close to home as safely as possible.

'High Quality Care For All' places particular emphasis on safe, high quality 24/7 emergency care with patients travelling further for more specialised treatment where necessary and, at the same time, improving local care wherever possible. The report clearly argues that it will not be possible to provide the best care in every hospital for conditions such as stroke, heart attack, major trauma and specialist surgery and that networks of care with specialist services will be needed.

Case study *Sarah's story – medical assessment clinic*

Sarah is a 26 year old student with asthma who lives in Bishop Auckland. She sees a respiratory specialist as an outpatient twice a year.

She takes a number of treatments for her asthma including three different types of inhaler. Her asthma has worsened over the last week and she has been to her GP twice.

Scenario 1 – what happens now

Sarah's GP refers her for immediate admission to the medical wards at Bishop Auckland.

She is assessed by the medical team and a range of investigations is carried out over the next two days.

Her medications are reviewed and changes are made. She is discharged home after two days.

Scenario 2 – what may happen in the future

*The changes in **Option B** include establishing a medical assessment clinic.*

Sarah's GP contacts the medical rapid assessment clinic at Bishop Auckland and arranges for her to see a consultant in a clinic slot available later that afternoon.

Sarah sees the consultant who arranges some immediate investigations and, after reviewing the results, advises changes to her medication. Sarah returns home, her admission to hospital avoided.

In this example, rapid review and treatment have prevented Sarah's admission to hospital.

• **Critical care**

Guidelines from the Academy of Royal Colleges state that accident and emergency departments should be supported by critical care facilities (sometimes called intensive care). The Trust has faced difficulties in recruiting anaesthetic staff to provide on-call cover for critical care, and this has been a particular issue at Bishop Auckland.

Accreditation by the Royal College of Anaesthetists for the training of junior doctors was removed from Bishop Auckland by the college several years ago. This was because of the inability to provide an appropriate range of experience for trainees as a result of the medical-only workload. This in turn means that many doctors will not consider applying for jobs at the hospital.

As an interim solution, and to ensure patient safety, the most seriously ill critical care patients are transferred to Darlington Memorial and University Hospital.

The Medical Royal Colleges' 2007 report 'Acute Health Care Services' recognised that by 2009, there will not be enough experienced doctors to provide 24 hour dedicated intensive care unit cover in some hospitals. In addition to the national shortage of key staff, the Trust faces the added difficulty of trying to recruit to a unit that does not provide a full range of services.

“Critical care – the current position is unsustainable with one consultant and Trust grades running the service at Bishop Auckland. We support the proposal ... to remove critical care services from Bishop Auckland, but would add the caveat that workload and staffing should be carefully examined, and expanded if necessary, if the two site acute model is implemented.”

Professor Sir George Alberti, NCAT report August 2008



University Hospital - reception



Highest quality consultant care

Case study *Helen's story – care after a stroke*

Bob, who lives in Durham with his wife Helen, is sitting watching television one evening. Helen is walking back from the kitchen with two cups of tea. She suddenly becomes unsteady and collapses to the floor. Bob rushes to help her and notices her speech is slurred and her arm is weak. He suspects a stroke and calls 999.

Scenario 1 – what happens now

Helen is taken by ambulance to University Hospital and is admitted directly to the stroke unit.

Although it is still the middle of the night, Helen needs an immediate CT scan to find out if she is suitable for treatment using clot busting drugs.

She has her scan, receives the clot busting drugs, and within three days is fit for transfer to an elderly care ward in the hospital where she receives some rehabilitation.

Within three months she is able to return home and with extra support, including outpatient treatment, she continues to recover.

Scenario 2 – what may happen in the future

The acute phase of Helen's care is the same as that which happens now.

*If the proposed changes described in **Option B** are implemented, Helen spends three days in the stroke unit and is then transferred to the Trust's intensive rehabilitation centre in Bishop Auckland. There she has the support of a team of therapists and nurses who are focused on rehabilitation with the result that her movement, co-ordination and speech function improve rapidly.*

Helen is able to return home after seven weeks with only minimal community support. The intensive rehabilitation she received has allowed her to recover more quickly.

*The changes that are proposed as part of the **Seizing the Future** review focus on the entire patient journey, not just the care patients receive in the acute phase of their illness.*

For patients like Helen, the care that is delivered at the end of their journey, in the rehabilitation phase, is just as important as the care that is delivered in the first few hours.

“Bishop Auckland has run an excellent stroke service since the last reorganisation with a highly committed multidisciplinary team. However, with the recent emphasis on stroke with national guidelines and NICE recommendations, the service will not be sustainable in isolation for the hyper-acute phase due to lack of support services, critical care and 24/7 access to other specialists.”

Professor Sir George Alberti, NCAT report
August 2008

• Paediatrics

In February 2007, the Healthcare Commission rated the Trust as 'weak' in a review of children's services. Although an action plan has addressed some of the concerns raised, other problems remain.

For acute paediatric services, national recommendations suggest that where small units are located in close proximity to larger units, consideration should be given to amalgamating services in order to provide the level of specialist care that is now expected.

This allows paediatricians to maintain and develop their skills and provides excellent opportunities for training. This, in turn, will drive up clinical standards resulting in better care for patients.

There are not enough 'middle grade' paediatricians (ie experienced, non-consultant doctors) nationally to maintain all existing rotas. In future, more acute work will depend upon consultants who will need to work in larger teams than at present. The Trust expects a number of its consultant paediatricians to retire in the next few years. It will not be possible to recruit enough replacements to maintain emergency cover for acute paediatrics in all three of its units. Services need to be organised to provide the best training and development opportunities so that the Trust can attract staff of the highest calibre. In that way, it will make sure it provides the best quality of service to its patients.

• 24/7 diagnostic cover

A limited range of diagnostic services is currently provided 24 hours a day, seven days a week as part of the Trust's out of hours urgent care provision to three acute sites.

In the future this will require expansion to enable rapid diagnosis and treatment. This will be achieved through a more comprehensive range of diagnostic tests to be made available to all patients 24 hours a day and at weekends. This is particularly important, for example, for patients who have had a stroke and require a CT or MRI scan within a few hours of onset to determine the correct treatment.

Provision of these services depends on support around the clock from a team of consultants and other clinical support staff. This will be extremely difficult to achieve with resources spread thinly across three sites.

"It was obvious that all services could not safely be provided everywhere and that resources and senior staff were spread too thinly."

**Professor Sir George Alberti, NCAT report
August 2008**



Bishop Auckland's midwife-led unit

Case study *Suraya's story – paediatric care*

Scenario 1 – what happens now

Ali and Sangeetha, who live in Spennymoor, are concerned because their child has some difficulty in breathing. At 3am they take Suraya, aged eight, to Bishop Auckland A&E department where they are seen quickly. The decision is made that she should be seen by a paediatrician.

Because the hospital does not have a full 24 hour paediatric department, Suraya needs to be transferred to University Hospital and this is arranged. She is admitted to the paediatric ward where she is seen promptly by an experienced paediatrician, a range of tests is immediately performed and she is started on treatment.

Fortunately, Suraya improves steadily and is discharged home after two nights on the paediatric ward. She needs a check on her progress a couple of days later and this is arranged at the outpatient department at Bishop Auckland.

Scenario 2 – what may happen in the future

Ali and Sangeetha take Suraya directly to the A&E department at University Hospital where her care is managed as before.

“It is more and more being accepted – and expected by the public – that if they are acutely ill with a serious condition that they will be seen quickly by an experienced clinician. For some conditions such as stroke, heart attacks and major trauma, highly skilled teams with appropriate support are needed to provide round the clock immediate care – and it is suggested that these services should be concentrated on a smaller number of sites.”

**Professor Sir George Alberti, NCAT report
August 2008**

Independent Review

NHS North East, the Strategic Health Authority (SHA) for the region, requested an independent review of *Seizing the Future* and its proposals for change by the National Clinical Assessment Team (NCAT).

The team, led by the National Director for Emergency Access Professor Sir George Alberti, carried out its review in August 2008. It agreed with the Trust's conclusion that its acute services cannot continue in their present form and that no change is not an option. The full NCAT review is available at www.seizingthefuture.org.uk

Case study *Paul's story – being seen quickly by a paediatrician*

Paul is eight months old. His parents Darren and Lisa are concerned because he has had a poor appetite for several weeks and looks thin. They arrange to see their GP at his practice in Bishop Auckland.

The GP assesses Paul and feels that while his condition is of concern and needs attention, it is not an emergency situation. She would like Paul to be seen as soon as possible by a paediatrician.

Scenario 1 – what happens now

Paul's GP telephones the paediatric department at the hospital and is informed that the earliest slot for an outpatient appointment is four weeks.

However, the consultant makes special arrangements to see Paul because the GP is very concerned.

Paul is seen later the following week. He has a number of tests, his parents are given advice on nutrition and arrangements are seen to review him every fortnight.

After four months he is on target to achieve his goal weight within six weeks.

Scenario 2 – what may happen in the future

*Paul's GP telephones the paediatric department and books an appointment in the paediatric rapid access clinic at Bishop Auckland for the following day. (A service proposed in **Option B**).*

Paul is seen by a paediatric consultant and the same treatment plan is arranged as described in the column to the left.

In many specialties, a lot of care can be managed on an outpatient basis and this is particularly the case with paediatrics – no child likes to be in hospital.

Questions & answers

Q. Why can't things stay as they are?

A. The Trust's priority is to ensure the highest and safest standards of hospital care for the local population now and in the future. No change is not an option because it would result in unacceptable and deteriorating standards of care and treatment. This view is supported not only by the Trust's own clinicians, but also independently by one of the country's leading doctors Professor Sir George Alberti, National Director for Emergency Access.

Q. Is this about saving money rather than improving standards and services for patients?

A. No. It is true that all NHS organisations have to provide best value for taxpayers' money. However, the priority is to provide safe and effective treatment for patients now and in the future by meeting national standards and guidelines for care and treatment.

Q. Will travelling further for emergency care put patients at risk?

A. No. There is no evidence that patients are put at increased risk owing to longer journey times. In fact, the evidence shows that results for patients are better in bigger A&E departments. Locally, the ambulance service has been taking patients from the Dales directly to Darlington Memorial for several years, and arrangements for transferring complex maternity patients from Bishop Auckland to Darlington also operate successfully.

Q. If patients need more specialist care, why doesn't the Trust just recruit specialist doctors to all of its hospitals?

A. Specialists need to work in teams so that the full range of services is available to patients in an emergency. They also need to cover a large enough population to make sure they see enough patients to keep up their skills. This is called 'critical mass'. None of the Trust's hospitals is big enough to provide this 'critical mass' on its own.

Options on which we are seeking your views

In this section we describe the rigorous process of selection of the options for public consultation and describe **Options A and B** in some detail. We also set out the benefits that we believe they would offer local people.

“Changing well-loved services can be unsettling for patients, public and staff. Therefore, it is important that the NHS goes through a proper process to determine what will work best, involving patients, carers, general public and staff, while communicating clearly throughout.”

**‘High Quality Care for All’
June 2008**

Developing the options

The options for consultation have been developed by four groups of healthcare staff, supported by governors of the Trust. The options covered four key areas:

- medicine
- surgery
- women and children’s services
- diagnostics and clinical support.

All options were tested to establish whether they:

- **provided a safe service** for patients which would be sustainable in terms of staffing and resources over the next five years, meeting all relevant national standards and guidelines of professional bodies such as the Royal Colleges and the Department of Health
- **would be affordable** within the agreed national cost structure for providing health services
- **were feasible**, enabling them to be successfully implemented during the five years to 2013.

Five pledges for change

Professor Lord Darzi sets out in **Better Health Better Care** how, where necessary, the NHS can change through leadership of clinicians and the support of patients and the communities in which they live. The review recommends five pledges to demonstrate the commitment to delivering the most effective changes possible.

- **Change will always be to the benefit of patients.** The changes proposed in this public consultation are about ensuring services are safe and sustainable and that they improve continuously so that they meet ever increasing quality standards and improve results for patients.
- **Change will be clinically driven.** *Seizing the Future* has been led by senior consultant staff, supported by fellow doctors, nurses, therapists and other healthcare staff, and is based upon the best clinical evidence.
- **All change will be locally-led.** Different places have different and changing needs. The proposals in *Seizing the Future* are local solutions to local issues.
- **You will be involved.** The local NHS will involve patients, carers, the public and other key partners. County Durham and Darlington NHS Foundation Trust has involved its elected governors in all of its discussions, and has sought the views of Trust members. We have also involved our key stakeholders in the NHS and social care, and local authorities in our discussions.
- **You will see the difference first.** Existing services will not be withdrawn until new and better services are available to patients so they can see the difference.

If potential options passed all these hurdles, their likely benefits to patients and staff were then explored for the level to which they improved:

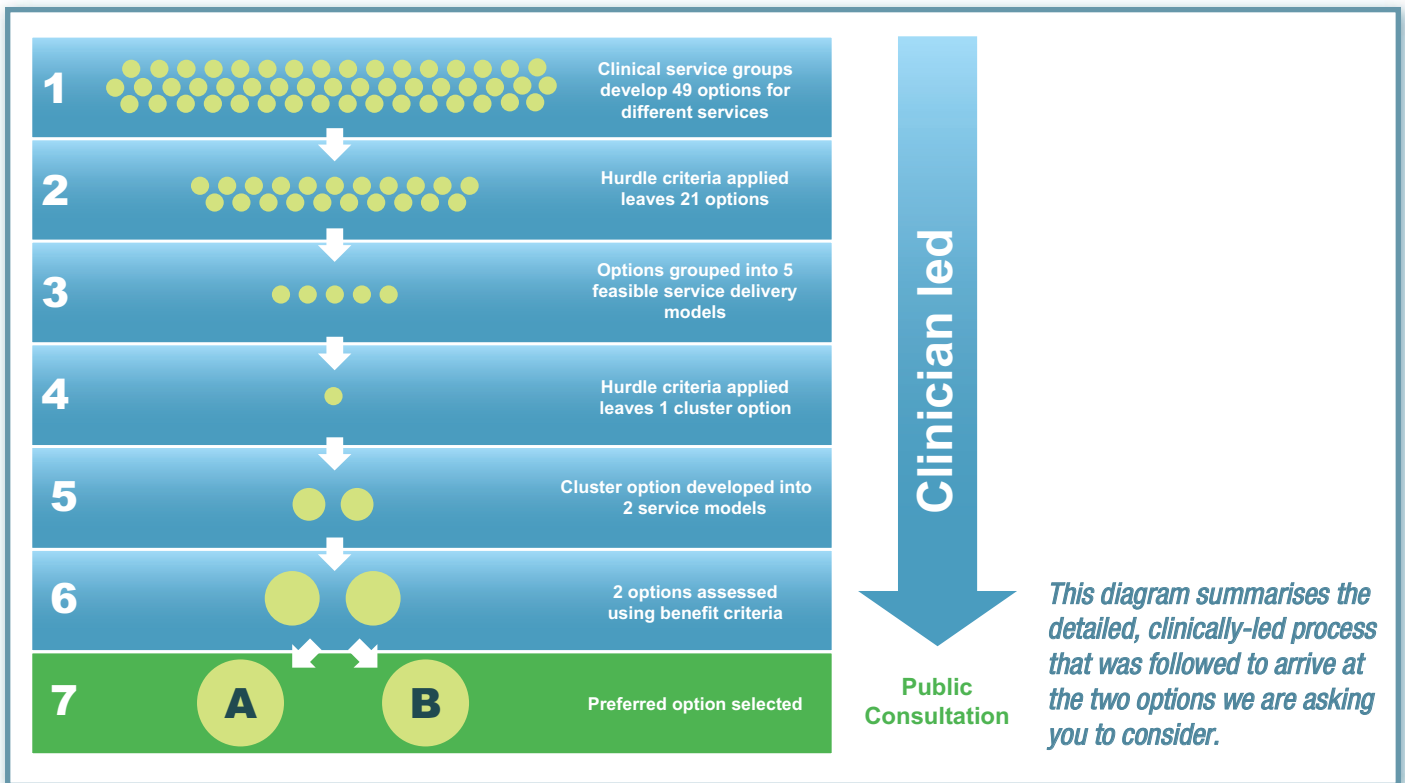
- **the patient's experience of care** and the way different healthcare professionals work together to deliver care for each patient
- **access to services** – on the basis of 'centralised where necessary, localised where possible'
- **recruitment and retention of staff** – making the most of existing skills, more opportunities for developing skills, less difficulty with staff cover across Trust sites
- **sustainability of services and innovation** – new, flexible ideas that would enable the Trust to care for more patients.

The options explored by the four groups fell into five main categories or clusters as set out here.

- **Cluster 1:** no change/status quo
- **Cluster 2:** two sites leading on acute hospital care (closing one general hospital)
- **Cluster 3:** two sites leading on acute hospital care, plus proposals for the third site to be redeveloped as a planned care centre and providing local health services and urgent care
- **Cluster 4:** one acute site, one *elective* site and one community hospital
- **Cluster 5:** one acute site, two community facilities with midwife-led unit(s).

Cluster 3 was the only one which successfully met the agreed three initial hurdle criteria, and would maximise the use of all sites.

This was then developed by the Trust's clinicians into the two final options on which you are being consulted, **Options A** and **B**.



‘Doing nothing’ is not an option

As outlined in the previous section, work completed as part of the *Seizing the Future* programme has demonstrated that it would not be in the best interests of patients to leave services as they are now.

In addition, because the Trust would not be able to meet the ever-increasing quality standards expected, the outcome for patients in our local area would be poorer than the outcomes for patients elsewhere in the region and nationally. This would have a negative effect on, and result in poorer health for, our local population.

In his report Professor Sir George Alberti said that no change was not an option, stating it “would not provide safe high quality care for the population served.”

“Obviously the current situation in the Trust cannot continue. Acute services are unsustainable and can no longer continue to meet modern needs in terms of safety and quality. No change is not an option.”

**Professor Sir George Alberti, NCAT report
August 2008**

Although all services could no longer be duplicated across three sites, a key objective for clinicians, and for the Trust’s management, was to ensure that all sites are used to their maximum potential.

Options on which we are seeking your views

This public consultation proposes two options, **A** and **B**, in order to:

- address the challenges the Trust faces
- provide a better quality of service to patients
- ensure a sustainable future for local hospitals.

Option A

- To redevelop Bishop Auckland as a planned centre for supporting and complementing Darlington Memorial and University Hospital – side by side with local health services and 24 hour urgent care.
- To concentrate main acute services at Darlington Memorial and University Hospital.

Option B

This is the same as **Option A** with additional services planned at Bishop Auckland, to enhance its urgent care provision and further increase its role as a planned care centre.

Chester-le-Street and Shotley Bridge Community Hospitals would remain unchanged – although as part of both options there is a proposal to increase the number of operations carried out at Shotley Bridge's day surgery unit.

Option A – Bishop Auckland General Hospital: planned care site with local health services

Trust-wide services

- *Daycase and inpatient planned surgery – serving the whole of the Trust area.*
- *A cataract centre.*
- *Hip and knee replacement surgery.*
- *A midwife-led unit catering for women and babies who do not require consultant supervision.*
- *The colorectal screening centre – where patients who have been screened for bowel cancer undergo further tests.*

Local services

- *An urgent care centre – offering 24 hour care in an emergency for about two thirds of A&E patients.*
- *Intermediate care beds for local residents – providing inpatient care for patients who no longer have acute medical needs, but are not yet ready to leave hospital.*
- *A full range of outpatient clinics covering medical and surgical specialties and women and children's care.*
- *Diagnostic tests, for example, X-ray and MRI.*

Option B – Bishop Auckland General Hospital: planned care site with local health services

As Option A, with the addition of:

Local services

- *Medical rapid assessment centre where GPs may refer patients for an urgent consultant assessment and decision on further treatment.*
- *Paediatric rapid access clinic where GPs may refer children for an urgent consultant opinion.*

Trust-wide services

- *Centre of rehabilitation excellence where patients can undergo a period of treatment from therapists to support a quicker and better recovery from conditions such as stroke, amputation and serious fractures such as broken hip.*
- *Intermediate care provided for the whole area served by the Trust, rather than just the local community.*



Specialist nursing care

Option A and B – Darlington Memorial and University Hospital: acute sites

Services on the two acute sites would include:

- *accident and emergency*
- *acute medicine – providing a pathway of care for patients who need admission to hospital in an emergency*
- *intensive care and high dependency – inpatient care for our most severely ill patients*
- *emergency and planned surgery – operations for patients on an emergency and planned basis*
- *consultant-led obstetrics – care of mothers and babies in pregnancy and childbirth where medical supervision is required in addition to the care and support of midwives*
- *acute and inpatient gynaecology – emergency and planned care in women's health*
- *acute paediatrics – providing emergency care for acutely ill babies and children*
- *a full range of outpatient clinics – covering medical and surgical specialties and women and children's care*
- *diagnostic tests – for example X-ray and MRI.*

Under the principle of 'centralised where necessary, localised where possible', all outpatient clinics and diagnostic tests (eg X-ray and other scans) would still be provided at all three sites.

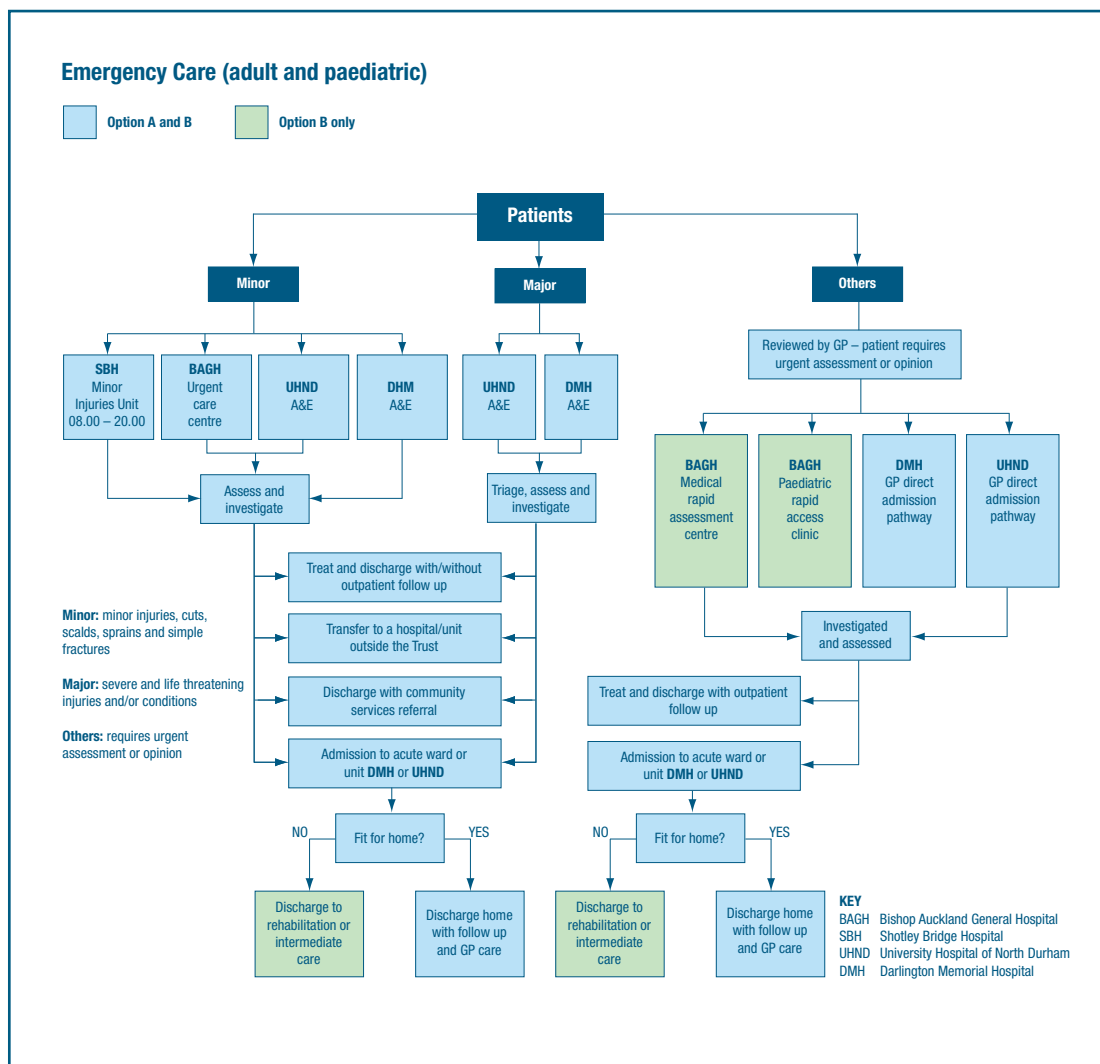
Under both options, community hospital services would continue at Chester-le-Street and Shotley Bridge and the Trust is working with us at NHS County Durham on the future development of these services. To maintain local access, both options also propose an increase in day surgery at Shotley Bridge, securing the future of the daycase unit.

Preferred option

The Trust's preferred option is **Option B**. This option enhances access at Bishop Auckland for medical patients. It also strengthens its role as a planned care centre, providing a new and important service which will significantly improve the care of patients needing rehabilitation following acute illness.

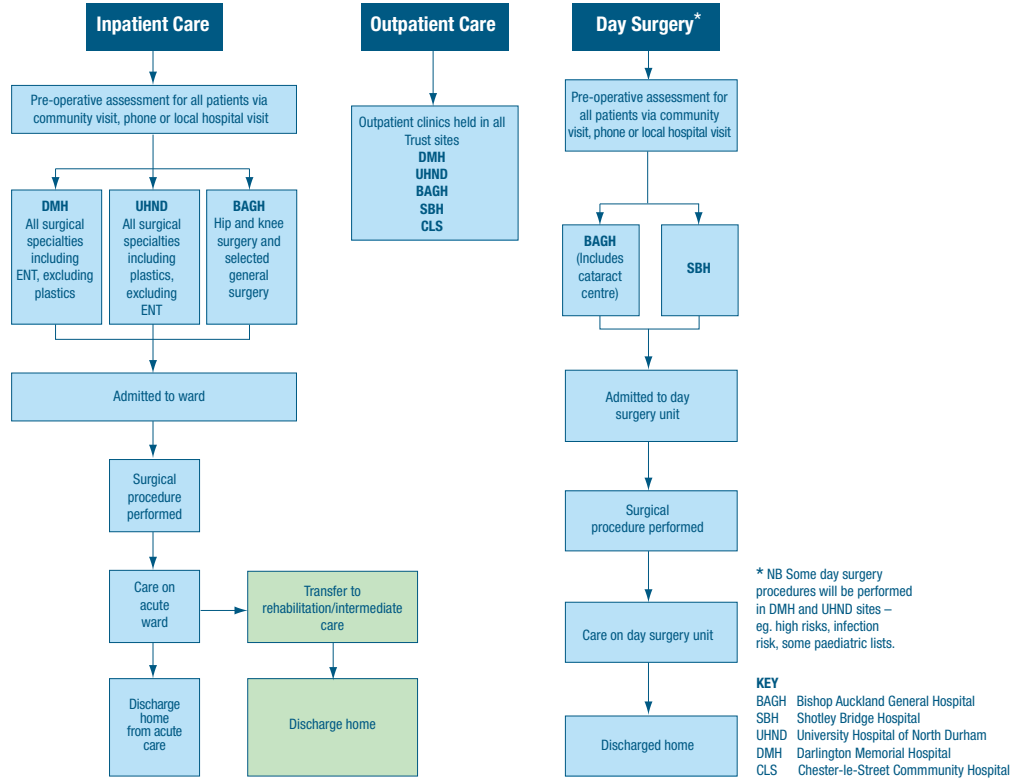
What would services look like in the future?

In the following diagrams we set out at a glance the way in which hospital services would be provided in the future if either of the two options were to be adopted following the conclusion of this public consultation.



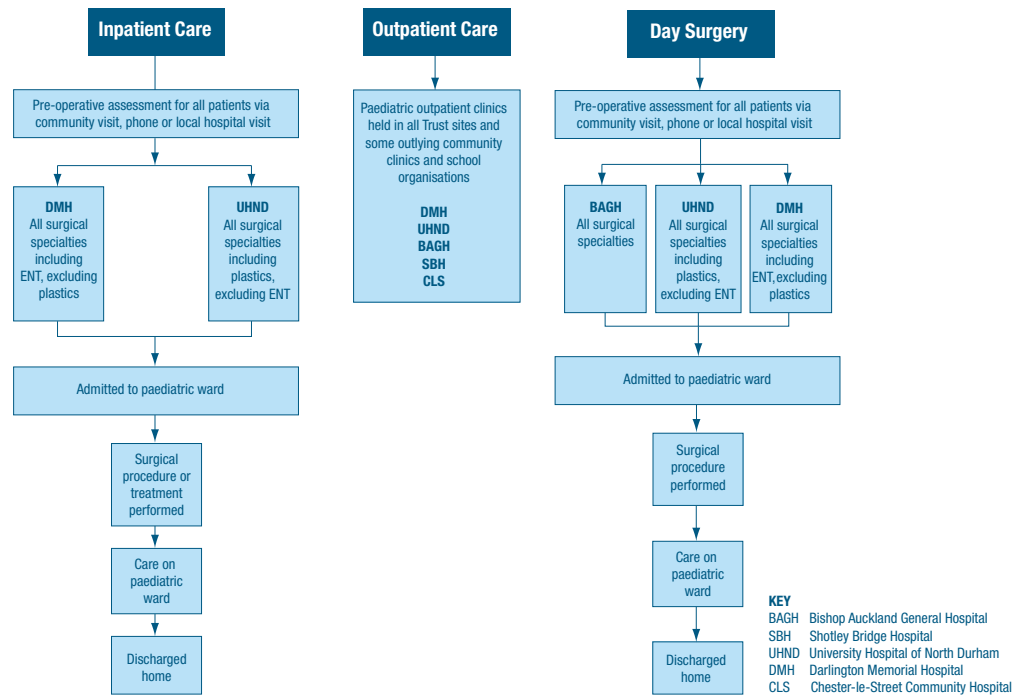
Planned Care (adult)

Option A and B Option B only



Planned Care (paediatric)

Option A and B Option B only



Bishop Auckland as the planned care centre

NHS County Durham and the Trust have agreed to consult on Bishop Auckland taking on the role of the planned care centre. This follows extensive analysis, and the reasons are explained below.

“The team broadly agrees with the recommendations being proposed, ie that there should be two full acute sites and a [planned care] site.”

Professor Sir George Alberti, NCAT report August 2008

The best placed site

Bishop Auckland is well positioned to be a centre for planned care serving the wider population in County Durham and Darlington. The hospital already serves the Dales and parts of Sedgefield and, as it is located reasonably centrally, it is at an equal distance from Durham and Darlington.

It is also a new and up to date facility, offering a pleasant environment – an important consideration at a time when patients are able to choose where they are treated.

Independent NCAT review

The National Clinical Assessment Team (NCAT) review of *Seizing the Future* supported Bishop Auckland as the planned care site. This was on the basis that it has the least number of emergency admissions, does not have emergency surgery, cannot sustain critical care and paediatric services are fragile.

Capital costs

Expansion of any of the three hospital sites to enable them to absorb the workload from another site would require a significant expansion of facilities to accommodate the increased workload.

The Trust has examined the costs for making each of the three current acute sites into a planned care site. These are shown in the table on page 31.

As Bishop Auckland is the smallest of the Trust's main hospitals, it would require major construction work to extend the hospital buildings. The level of investment required, alongside the timescale it would take for new buildings to be planned, built and commissioned for use, rules Bishop Auckland out as a possible acute site.



Supporting clinical diagnosis



On the road to recovery

The capital cost would be significant, especially bearing in mind that the Trust is already paying for three Private Finance Initiative (PFI) schemes.

Capital cost	
<i>If University Hospital were to be the planned care site</i>	£79.8m
<i>If Darlington Memorial were to be the planned care site</i>	£117.9m
<i>If Bishop Auckland were to be the planned care site</i>	£6.6m

It should be noted that additional investment is required under both options to update the basic infrastructure of Darlington Memorial Hospital.

Workforce issues

Changes to the role of one of our sites would have an impact on the workforce, as a result of which, staff would need to transfer between sites.

There are significantly more staff based at both University Hospital and Darlington Memorial than at Bishop Auckland.

Site	Current staffing
<i>University Hospital</i>	2,310
<i>Darlington Memorial</i>	2,152
<i>Bishop Auckland</i>	788

If University Hospital or Darlington were to be the planned care centre, there would need to be a large scale transfer of staff between sites. This could affect in excess of 1,000 staff, with the risk that many key staff could decide to move to neighbouring trusts, leaving a significant workforce and skills gap.

The proposal for Bishop Auckland to be the planned care centre means fewer staff would be affected. The Trust believes it can work with these staff to find new roles on other sites, or at Bishop Auckland, and will support retraining if necessary.

Reductions in patients treated by the Trust

The impact of the proposed *Seizing the Future* changes on the numbers of patients treated at the Trust is listed below.

If University Hospital were to be the planned care site around 23,000 patients would be more likely to travel to a hospital outside the county.

If Darlington Memorial were to be the planned care site, around 6,800 patients would travel to a hospital outside the county.

If Bishop Auckland were to be the planned care site, 2,700 patients would be likely to go to seek treatment elsewhere.

This is an important consideration, because loss of patients would mean all of the Trust's services would become less viable. Loss of patients also means loss of income, which would also affect the viability of the Trust's services.

Changes to patient 'spells' and income depending on which is the planned care site

	Patient spells	Income loss (£)	Income loss (%)
<i>If University Hospital were to be the planned care site</i>	-22,874	£35.1m	22.5%
<i>If Darlington Memorial were to be the planned care site</i>	-6,813	£9.8m	6.3%
<i>If Bishop Auckland were to be the planned care site</i>	-2,714	£2.9m	1.9%

“It seems sensible for Bishop Auckland to become the [planned care] site. It has the least number of emergency admissions, already does not have emergency surgery, cannot sustain critical care and paediatric services are fragile. However much can be done on the Bishop Auckland site and in the end more local people will receive care closer to home than at present.”

Professor Sir George Alberti, NCAT report August 2008

Capacity

Currently, in times of peak emergency patient workload patients are often transferred to a ward not specialising in their particular type of care or sometimes emergency admissions are diverted to another of our sites. The Trust believes that by separating emergency and planned care, the need for this can be reduced, so improving the care patients receive. By using Bishop Auckland as a planned care centre and centralising some of its services there, the Trust is confident, following analysis, that the Darlington and Durham sites would have the capacity to meet the expected demands of emergency care.



Darlington
Durham
Bishop Auckland
Darlington
Durham
Bishop Auckland
Darlington
Durham
Bishop Auckland

	Current services			Option A			Option B		
Emergency care									
Accident and emergency			*						
24 hour urgent care centre									
Acute medicine									
Acute medicine									
Critical care services									
Medical rapid assessment clinic									
Surgery									
Planned surgery									
Daycase surgery									
Arthroplasty unit (hip and knee)									
Cataract centre									
Colorectal screening centre									
Obstetrics and Gynaecology									
Gynaecology									
Consultant-led obstetrics									
Midwife-led unit									
Paediatrics									
Acute paediatrics									
Paediatric rapid access clinic									
Outpatients									
Outpatients all specialties									
Diagnostics departments									
Radiology, X-ray, CT, MRI etc									
Pathology									
Ongoing care facilities									
Intermediate care ward						**			**
Trust-wide centre of rehabilitation excellence									

* The A&E department at Bishop Auckland currently accepts minor injuries and medical emergencies only – major trauma and surgical emergencies go to Durham and Darlington.

** Intermediate care ward - local patients only under **Option A**, Trust-wide under **Option B**.

Benefits to patients

Clinicians at the Trust believe the proposed changes will improve the quality of care patients receive, and make sure that services remain safe and sustainable.

Benefits that patients would see are:

better access to a specialist – because specialist consultants are spread thinly across three sites, patients do not always see an expert in their condition. Bringing specialists together on two sites would reduce the number of ‘single handed’ specialists and improve access for patients. The changes the Trust is proposing would also make it easier to recruit and retain staff

reduced risk of cancelled operations – by separating planned care and emergency care on different sites, fewer planned patients would have their operations cancelled because of emergencies

reduced risk of hospital acquired infections such as MRSA – separating planned and emergency care would also reduce the possibility of cross infection and increased screening at the planned care centre would reduce infections even further

better rehabilitation after being ill – the planned rehabilitation centre of excellence at Bishop Auckland would be a brand new development for the area. It would mean that patients would have intensive support from physiotherapists and other therapists and professionals, speeding up and improving their recovery. This would particularly benefit patients following stroke, hip fractures, amputations and other conditions

quicker tests and diagnosis – the proposed changes would help the Trust provide more tests 24 hours a day, seven days a week, meaning fewer delays for hospital patients

being on the right ward – at times of peak emergency workload, patients are not always on a ward that specialises in their condition. The Trust believes the changes it is proposing would reduce this, improving quality and outcomes of care.

Travel and transport

As a result of patients having greater choice, many patients already travel further than their local hospital for treatment. This trend will continue.

A key consideration for some patients, particularly older people or people without their own transport, is how to get to hospital.

Under the principle of ‘centralised where necessary, localised where possible’, all outpatient clinics and diagnostic tests (eg X-rays and other scans) would still be provided at all three sites. This would keep travel to a minimum.

Where services need to be centralised, **Options A** and **B** would both lead to a small number of patients having increased travel times. On average this would be less than 15 minutes by private transport or 30 minutes by public transport.

Work has been done to identify which local areas have difficulty with access to the hospitals by public transport and NHS County Durham and the Trust will focus on these when developing their transport solutions. Work is being carried out with Durham County Council’s integrated transport unit to develop a service similar to that currently being provided in East Durham.



Infection control



Nursing care a top priority

The East Durham Hospital Link provides information and access to transport through a single contact number. People who need to visit hospital for an appointment or to visit a friend or relative may ring up, and depending on their needs are booked onto the non-emergency ambulance service, directed to an existing public transport service (PTS) or booked onto a special transport service provided to areas with poor public transport provision.

Patients may use concessionary passes and expenses can be reclaimed under the normal eligibility criteria.

In an emergency, patients are transported by 'blue light' ambulances where necessary, and many patients use patient transport to take them to and from hospital. NHS County Durham is investing more than £600,000 in emergency ambulance transport to improve services in the Weardale and Teesdale areas. This will mean two additional emergency ambulances with full paramedic cover able to respond and manage the most acutely ill patients more effectively.

NHS County Durham and the Trust are working closely with the North East Ambulance Service to assess the impact of the potential changes on both A&E and Patient Transport Services. All NHS organisations are committed to ensuring existing performance standards and service quality are maintained.

What do you think?

Please take this opportunity to have your say on the Trust's proposals and options and influence the future development of your local hospital services.

There are a variety of ways to make your views known and these are set out on page 3.

Questions & answers

Q. Why choose Bishop Auckland as the planned care site?

A. Bishop Auckland is being proposed as the site for planned services because it is reasonably central and therefore well placed for patients from the wider area. Developing Bishop Auckland as one of the two acute sites would require extensive building works therefore delaying implementation beyond an acceptable timescale for sustaining services. More patients would be likely to go to other hospitals outside the area if acute services were not provided in either Darlington or Durham.

Q. Is this the beginning of the end for Bishop Auckland?

*A. No. The aim of **Seizing the Future** is to secure the future of all sites and to maximise the use of all of the facilities. In addition, a range of local and Trust-wide services is proposed for the site. These proposals would secure a strong future for services at Bishop Auckland.*

Q. Why not make these changes before spending £68m on a new hospital at Bishop Auckland?

A. Since the new Bishop Auckland General Hospital opened in 2002 there have been major developments in medical practice and changes in healthcare policy. These changes have affected hospitals across the country. Nevertheless, the role proposed for Bishop Auckland remains a vital one, for local hospital care and Trust-wide services.

Q. Will any jobs be lost?

A. The Trust would not make anyone redundant as a result of the changes. There would be new ways of working and perhaps changes to the locations at which some staff are based. The Trust would work closely with staff and the trade unions to ensure that the views and needs of staff continue to be taken into account at every step in the process.

Q. Is there enough capacity at Darlington Memorial and University Hospital for acute patients from Bishop Auckland?

A. There would be enough capacity – as long as the proposed move of planned services to Bishop Auckland goes ahead. Although it is sometimes necessary to transfer patients between sites because of temporary shortfalls in capacity, the Trust has always been able to manage patients across all of its sites.

Next steps *Progressing the vision for the future*

Consultation

Consultation begins on 6 October 2008 and continues until 12 January 2009. Comments must be received by Monday, 12 January at the latest.

Once consultation has been completed, a report on the consultation will be produced and considered by the Trust Board in February 2009. It will then be taken to NHS County Durham in March 2009 to seek approval for any changes.

Overview and Scrutiny

This public consultation will be overseen by Durham County Council's and Darlington Borough Council's Health and Social Care

Overview and Scrutiny Committees (OSCs), which are responsible for examining any proposals for significant changes to local health services.

If the OSCs are not satisfied either with the consultation process or the proposed course of action, they may refer the matter to the Secretary of State for Health for consideration by the Independent Reconfiguration Panel.

More information

More information about this consultation is available by visiting: www.seizingthefuture.org.uk or by contacting the Consultation Co-ordinator Verna Fee (see **back cover** for contact details).

Questions & answers

Q. Have decisions already been made?

A. No decisions can or will be made until after consultation. Any major changes to health services require consultation with the people who use them. At this stage these are proposals which are under consideration.

Q. To what extent will my views REALLY influence the outcome of this process?

A. The options proposed in the consultation document are the result of months of engagement with clinicians and others with an interest in health services. Responses to the public consultation will be considered very carefully by the Boards of County Durham and Darlington NHS Foundation Trust and NHS County Durham when making their final decision on the options.

Communications

A wide ranging programme of communications about this public consultation has been launched to ensure everyone with an interest in local hospital services will be able to get involved and have their say. The programme includes:

- a special four-page summary of this public consultation document in a paid for advert in the local free press and circulated to almost 167,000 homes
- 155,000 copies of the public summary circulated to GP surgeries, clinics and health centres, hospital reception areas, libraries, social care settings, partner organisations and voluntary bodies

- 1,000 copies of the full consultation document circulated to health and social care partners
- a dedicated consultation website at www.seizingthefuture.org.uk
- ongoing media coverage about the consultation
- public meetings and roadshows at venues throughout County Durham and Darlington
- presentations to community and other interested groups
- special events and briefings for staff and stakeholders.



Colorectal screening

Seizing the Future public meetings and shopping centre promotional days

Date	Time	Venue	Address	Post code
Monday 3 Nov	2pm–4pm	Sedgefield Parish Hall	Front Street, Sedgefield	TS21 3AT
Tuesday 4 Nov	6pm–8pm	Teesdale District Council	Teesdale House, Galgate, Barnard Castle	DL12 8EL
Thursday 6 Nov	2pm–4pm	Chester-le-Street District Council	Civic Centre, Newcastle Road, Chester-le-Street	DH3 3UT
Monday 10 Nov	2pm–4pm	District of Easington	Building 10, Council Offices, Seaside Lane, Easington	SR8 3TN
Tuesday 11 Nov	2pm–4pm	Derwentside District Council	Council Chamber, Civic Centre, Medomsley Road, Consett	DH8 5JA
Thursday 13 Nov	6pm–8pm	Darlington Arts Centre	Vane Terrace, Darlington	DL3 7AX
Tuesday 18 Nov	6pm–8pm	Durham County Council	County Hall, Durham	DH1 5UL
Wednesday 19 Nov	6pm–8pm	Sildon Town Council	Sildon Civic Hall, Main Street, Sildon	DL4 1AH
Thursday 4 Dec	6pm–8pm	Auckland Castle	Bishop Auckland	DL14 7NR
Shopping centre promotion				
31 Oct/1 Nov		Bishop Auckland, Newgate Shopping Centre		DL14 7JQ
31 Oct/1 Nov		Barnard Castle, Morrisons		DL12 8BH
31 Oct/1 Nov		Durham, The Gates Shopping Centre		DH1 4SL
7 Nov/8 Nov		Darlington, Cornmill Shopping Centre		DL1 1NH

Please note that places are limited at the public meetings so please apply for a place beforehand, email: comments@seizingthefuture.org.uk, call 0800 121 4874, or write to us at:

Seizing the Future Consultation
 FREEPOST RRXK-CZGR-TJJA
 Unit G Lumley Close
 Thirsk Industrial Park
 Thirsk
 YO7 3TD

(no stamp required)

In the event of over subscription additional meetings will be arranged and advertised.

Conclusion

The proposals put forward in this public consultation document are about making sure that County Durham and Darlington NHS Foundation Trust can continue to provide safe, sustainable, high quality hospital services for local people into the future.

The Trust is facing a number of pressing local and national challenges that mean hospital services cannot stay as they are. They must change and adapt to meet the rising needs and expectations of local people and the ever higher clinical standards and best practice demanded by a 21st century NHS.

As the organisation responsible for planning and buying the best possible services for the people of County Durham and Darlington, NHS County Durham accepts the case for change set out in this document.

Please take this opportunity to help us and the Trust by having your say on the options – and play your part in building the foundations for a future in which you and your family benefit from the best possible hospital services in County Durham and Darlington.

Details of how to respond to this consultation are included on page 3.



Glossary *What do those terms mean?*

Accreditation

When services are examined by independent experts and found to meet required standards and approval is given.

Academy of Royal Medical Colleges

A professional organisation drawing together a range of Royal Colleges, the institutions responsible for setting standards for doctors and other healthcare professionals. The Academy has a leading role in the areas of doctors' revalidation, training and education and speaks on general healthcare issues for the benefit of patients and healthcare professionals.

Choice

The freedom to choose, from the options available, where you want your elective (planned) care to take place.

Clinician

An individual such as a doctor, nurse, midwife or other healthcare professional who has undergone specialist training or education in order to treat or care for patients.

Colorectal screening unit

A specialist facility that will enable the Trust to participate in the national NHS bowel cancer screening programme.

Commissioning

The process of planning and paying for healthcare services according to the health needs of patients and the public.

Community hospital

A local hospital providing a range of accessible healthcare services closer to where people live and work. These typically include some inpatient beds, outpatient clinics, diagnostic facilities, day care, minor injuries service and other extended primary care and intermediate care services.

Critical care

Critical care units take two forms; high dependency units (HDUs) and intensive therapy units (ITUs). HDUs look after patients who need a level of attention or extra monitoring that is not available on normal wards. ITUs look after patients who require mechanical help ('life support machines') with their breathing and specialist, one to one nursing around the clock.

Diagnostics

The branch of medicine concerned with identifying the type and nature of a medical condition or disease. Examples include X-rays and blood tests.

Elective (care or inpatients)

When a patient is admitted into hospital on a specific day for a specific purpose, for example, for an operation or tests.

Emergency care

When a patient requires time critical medical or surgical care owing to an illness or injury.

Governing council

A group comprising representatives elected by members of staff and people registered as members of an NHS Foundation Trust, and representatives nominated by partner organisations. The Council works alongside the Boards of Directors and underpins the way in which the NHS Foundation Trust is accountable to the people it serves.

Gynaecology

The branch of medicine specialising in women's reproductive health.

Healthcare Commission

The independent watchdog for healthcare in England which promotes continuous improvement in the services provided by the NHS and independent healthcare organisations.



Immunology – boosting defences



Caring for patients with stroke

Hospital at home

Services provided in the home by a hospital team.

Hyper-acute

The first few hours after the onset of serious illness.

Intermediate care

Care for people well enough to leave hospital but not yet well enough to cope at home by themselves.

Members

Members of the public who register as members of an NHS Foundation Trust and have the opportunity to stand for election as, or vote for, a governor to represent them when decisions are made about the organisation.

Midwife-led maternity unit

Maternity care offered by midwives, rather than doctors, to women with uncomplicated pregnancy.

NHS community services

Healthcare services provided outside hospitals in an individual's own home, clinic or surgery near where they live.

NHS Foundation Trust

A new type of NHS organisation accountable to the people it serves, rather than central government, through elected or nominated Governors.

National Institute for Health and Clinical Excellence (NICE)

An independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

Overview and Scrutiny Committee

A subcommittee of a local authority, made up of elected councillors with responsibility for monitoring the provision and standard of local health services.

Primary care trust (PCT)

An organisation that plans and funds local healthcare services according to the health needs of the population it serves. Some PCTs also provide community services. The local PCT is now called NHS County Durham.

Rehabilitation facility

A healthcare setting in which patients are given specialist care including physiotherapy aimed at regaining independence following an episode of illness or injury.

Specialty

The specific areas in which clinicians practice such as general medicine, orthopaedic surgery or child health. Subspecialties are areas of interest within a specialty, for example knee surgery.

Spell

A period in hospital from admission to discharge.

Stakeholder

An individual or organisation with an interest in health, health policies and decision-making.

Strategic Health Authority (SHA)

An organisation responsible for managing the performance of local NHS organisations and planning some services on a region-wide basis. The SHA local to County Durham and Darlington is called NHS North East.

Sustainability

Ensuring a service can operate properly, well into the future in a way that is safe, of a high standard, appropriately staffed and which makes the best use of the resources available.

Trauma

Severe physical injury requiring time critical emergency surgical attention.

Trust

An NHS organisation which provides services. In this document, 'the Trust' refers to County Durham and Darlington NHS Foundation Trust, which runs Bishop Auckland General Hospital, Darlington Memorial Hospital and University Hospital of North Durham.

Unselected medical patients

Where all acutely ill patients are admitted directly to a hospital service without any screening to exclude certain types of cases.

Urgent care centre

A facility providing unscheduled care (not requiring a booked appointment) for patients who have a range of needs including minor injuries. It includes the facility to provide assessment by GPs and nurse practitioners.

Public consultation response form

Please send us your views

NHS County Durham urges you to take this opportunity to comment on proposals for reshaping local hospital services for the next five years. Please use this form to register your comments and views no later than 12 January 2009. You do not need a stamp to return it in an envelope using the following FREEPOST address:

Seizing the Future Consultation

FREEPOST RRXK-CZGR-TJJA

Unit G Lumley Close

Thirsk Industrial Park

Thirsk

YO7 3TD

Seizing the Future: the case for change

Seizing the Future is a clinician-led nine month review of existing services. It identifies the need to make the best use of sites and provide local people with appropriate levels of specialist care.

*Q1 – In principle, do you accept the case for change?
(Please select one answer)*

- Yes
- No
- Don't know

Q2 – Apart from the best use of sites and the provision of specialist care, are there any other issues we need to consider?

- No
- Yes, please specify _____

Q3 – How important are the following services to you or your family? (please select one option for each service, 5 = most important, 1 = least important)

Item	5	4	3	2	1
Emergency care: immediate treatment of an emergency, urgent or unexpected health problem					
Planned care: for example routine surgery or outpatient care					
24/7 diagnostic care: ease of access to tests such as X-rays, CT scan or MRI					
Paediatrics: medical care of infants, children, and adolescents					

Q4 – Which of the following services have you or your family used in the last two years? (Please tick all that apply)

Item	
Emergency care: immediate treatment of an emergency, urgent or unexpected health problem	
Planned care: for example routine surgery or outpatient care	
24/7 diagnostic care: ease of access to tests such as X-rays, CT scan or MRI	
Paediatrics: medical care of infants, children, and adolescents	

Q5 – Thinking of the provision of emergency care, what is most important to you? (Please rank your response in order of preference, 1 = first, 2 = second, 3 = third)

Item	Rank
Availability of specialist care	
Close to your home	
Transport	

Q6 – Thinking of the provision of planned healthcare services, what is most important to you? (please rank your response in order of preference, 1 = first, 2 = second, 3 = third)

Item	Rank
Availability of specialist care	
Close to your home	
Transport	

Options on which we are seeking your views

Seizing the Future has held discussions with clinicians, the Trust's governing council, health, social care and local authority partners, patients and members of the public. Together, they have developed proposals for some significant changes to existing services, summed up as **Option A** and **Option B**.

Option A

- To redevelop Bishop Auckland as a planned centre for supporting and complementing Darlington Memorial and University Hospital – side by side with local health services and 24 hour urgent care.
- To concentrate main acute services at Darlington Memorial and University Hospital.

Option B

This is the same as **Option A** with additional services planned at Bishop Auckland, to enhance its urgent care provision and further increase its role as a planned care centre.

Q7 – How important is it to you that the **Seizing the Future** review has been led by clinicians (doctors, nurses, therapists and other healthcare professionals)? (please select one answer)

- Very important Important Not important

Q8 – In principle, do you agree with the process we have used to arrive at the two options? (please select one option)

- Yes, mainly agree Don't know/not sure
 No, mainly disagree (Please state why)

Q9 – Which is your preferred option? (please select one option)

- Option A
 Option B
 Either A or B
 Other (please state – NB no change is not considered an option)

Q10 – What things should we take into consideration when selecting the final option?

Q11 – Do you have any other comments specific to this consultation?

- No Yes (please enter comments below)

About you

Seizing the Future wants to make sure it gets your views on these proposals. Please help us improve how we communicate with you in the future.

Q12 – Where have you heard about this consultation? (please tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Public summary (newspaper-style supplement) to your home | <input type="checkbox"/> Television |
| <input type="checkbox"/> Public summary (newspaper-style supplement) in hospital/health centre/GP surgery | <input type="checkbox"/> Website |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Other |

Q13 – Are there any improvements we can make to this consultation process?

Q14 – Would you like to take part in developing and improving health services in the future? If so, we would like to invite you to take part in surveys from time to time.

- Yes No

Q15 – Are you completing this survey as an individual or are you representing an organisation?

- a patient
 a carer
 a member of the NHS
 a member of the public
 councillor/MP
 representing an organisation (please state which)

Q16 – Please provide the following details about yourself.

First name _____

Last name _____

Street address _____

Town/city _____

Postcode _____

Email (please provide if you would like a copy of the consultation report) _____

Q17 – Please state your age

- under 16 years 16–19 years 20–29 years 30–39 years 40–49 years
 50–59 years 60–69 years 70–74 years 75+ years

Q18 – Please state your ethnic group

- | | | | |
|--------------------------------|--------------------------------------|--|----------------------------------|
| <input type="checkbox"/> White | Asian/Asian British | Black or Black British | Other |
| <input type="checkbox"/> Mixed | <input type="checkbox"/> Indian | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Chinese |
| | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Black African | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Black Other | |
| | <input type="checkbox"/> Other Asian | | |

Thank you for completing this form and responding to the **Seizing the Future** public consultation.



Surgical staff

Appendix A Consultation guidelines

Consultation good practice

This public consultation is being held in accordance with the *HM Government Code of Practice on Consultation*. Against each of the criteria (below) we have indicated the way in which we are meeting these guidelines.

Criterion 1: when to consult

Formal consultation should take place at a stage when there is scope to influence the policy outcome.

The results of this public consultation will inform both the Board of the Trust and NHS County Durham in making their decisions.

Criterion 2: duration of consultation exercise

Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

Our public consultation runs for 14 weeks from 6 October 2008 until 12 January 2009. Prior to the launch of the consultation the Trust engaged with the local media to raise awareness of key issues and the consultation launch. Our communications plans during the consultation are outlined on page 36.

Criterion 3: clarity of scope and impact

Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

This document and its public summary include information on each of these points. They will also be made clear at any events we hold.

Criterion 4: accessibility of consultation exercises

Consultation exercises should be designed to be accessible to, and clearly targeted at, those people whom the exercise is intended to reach.

We have drawn up a wide-ranging consultation plan to ensure we communicate with the right people, in the right way, at the right time throughout the 14 week period.

Criterion 5: the burden of consultation

Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

We have tried to present information about our proposals in as clear a way as possible – and to make it easy for people to share their views.

Criterion 6: responsiveness of consultation exercises

Consultation responses should be analysed carefully and clear feedback should be given to participants following the consultation.

We have commissioned Proportion Marketing Limited to review all the responses we receive to this consultation. We will make the results of the consultation public on our website and through the local media.

Criterion 7: capacity to consult

Officials running consultations should seek guidance on how to run an effective consultation exercise and share what they have learned from the experience.

We have appointed a Consultation Co-ordinator who will share any lessons learned with our health and social care partners.

Contact details

Verna Fee
Consultation Co-ordinator
NHS County Durham
John Snow House
Durham University Science Park
Durham
DH1 3YG

Tel: 01207 523 659

Email: verna.fee@cdpct.nhs.uk

www.seizingthefuture.org.uk