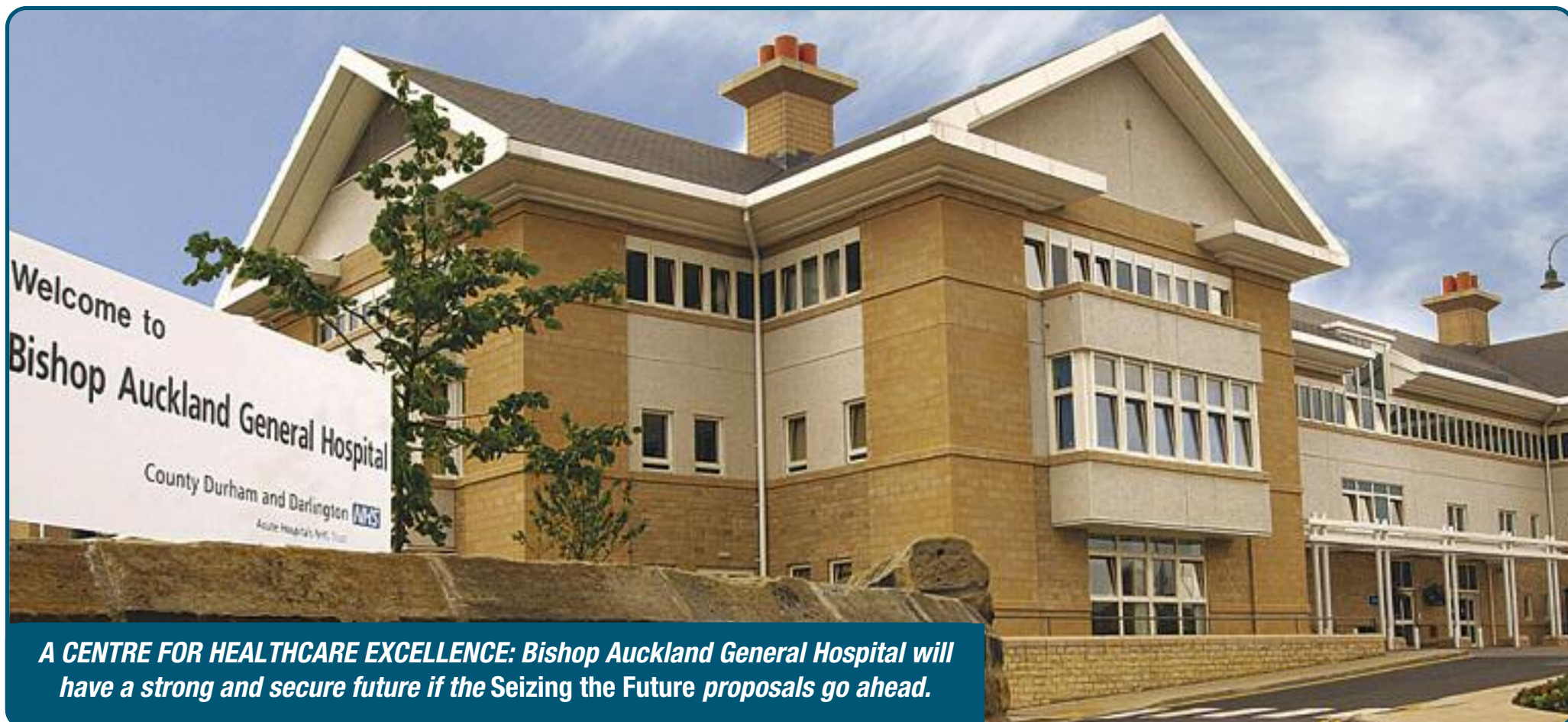


A bright future for Bishop Auckland Hospital



A CENTRE FOR HEALTHCARE EXCELLENCE: Bishop Auckland General Hospital will have a strong and secure future if the Seizing the Future proposals go ahead.

Proposals for Bishop Auckland General Hospital will mean BETTER care for patients according to the senior doctor at County Durham and Darlington NHS Foundation Trust.

Healthcare staff believe that proposed changes at Bishop Auckland - and at Darlington Memorial Hospital and University Hospital of North Durham - are essential if the Trust is to provide high quality, safe and effective 21st century healthcare.

Bob Aitken, Medical Director, said: "Our local hospitals are all small and serve small populations. Our senior specialist staff are spread too thinly to guarantee that our sickest patients see the right specialist in an emergency. We cannot carry on struggling to provide these vital services in three small units. No change is not an option.

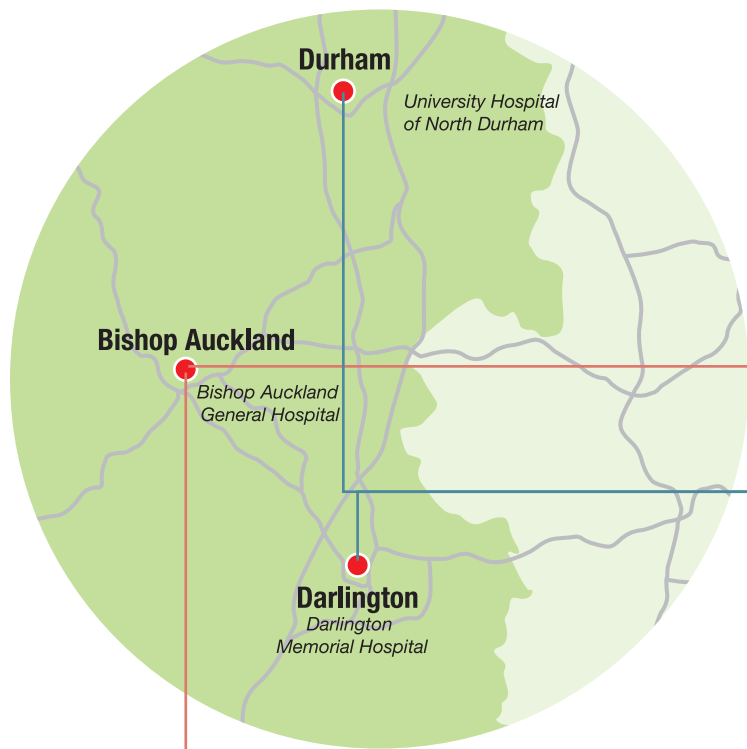
"As doctors, we think it is best to act now, and change the way we do things. We want to redevelop Bishop Auckland as a centre for planned care, serving the whole of the county - and with services for local people there too."

Seizing the Future aims to keep the Trust's hospitals on a par with the best in the country. Led by senior doctors the review should ensure safe, sustainable and high quality services continue in the future. It means:

- ***giving you the best treatment – centralised where necessary, local where possible***
- ***maximising the use of all our hospitals – including Bishop Auckland***
- ***no hospital closures and no redundancies.***

Options A and B explained

NHS County Durham, the primary care trust that plans and buys health services locally, is leading the public consultation on two options.



OPTION A

The redevelopment of Bishop Auckland as the main centre for planned care and services including:

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



Bishop Auckland would also provide local health services including:

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

The following acute services for the whole of the Trust would be concentrated at Darlington Memorial and University Hospital:

- A&E
- emergency medicine
- emergency surgery
- women's care (gynaecology)
- children's services (paediatrics).



OPTION B

The same changes as Option A, but with the addition at Bishop Auckland of:

- a Trust-wide centre of rehabilitation excellence - a completely new service for the area
- beds for people well enough to leave hospital but not ready to go home. These are known as 'intermediate care' beds
- a rapid assessment centre for family doctors to refer patients for specialist opinion
- a paediatric rapid access clinic to which family doctors can refer children for specialist advice and opinion.

Option B is County Durham and Darlington NHS Foundation Trust's preferred option.

The options for consultation have been developed by healthcare staff working in our hospitals. They were helped by Foundation Trust governors who represented the needs of patients.

Addressing YOUR concerns

Q. Is Bishop Auckland A&E closing?

A. Patients with more serious injuries are already taken to Darlington or even Middlesbrough to make sure they receive the right level of specialist care. About 21,000 of the 30,000 patients who currently visit A&E each year would still be treated at the hospital's proposed urgent care centre. Bishop Auckland has not had a full A&E for several years - it only treats medical emergencies and minor injuries and not trauma cases or those needing emergency surgery.

Q. Won't longer ambulance journeys put patients at unnecessary risk?

A. Evidence shows that patients benefit by travelling further to a hospital best equipped for the specialist care they need - even if this means going past their nearest hospital. Modern ambulances, staffed by highly skilled paramedics, begin the care and treatment a patient needs on the journey to hospital. For example, paramedics using the latest technology are able to take many heart attack patients directly to a specialist heart unit.

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

A. No. These proposals are about bringing more services into the hospital by turning it into a planned care centre. This would include more planned surgery, a cataract centre and a rehabilitation centre - a brand new development for the area.

Q. Are the proposals about saving money?

A. No. They are about safety not money and have been developed by the doctors, nurses and other healthcare professionals who work in our hospitals and have real concerns about the future of services.

Q. Will patients and visitors still be able to get to hospital if they have to travel to Darlington or Durham?

A. The proposals are designed to keep as much healthcare as possible local, with centralisation of services only where necessary. Where travel cannot be avoided we are working with Durham County Council on a new transport solution in areas with poorer transport links.

Q. Surely it would be better for services to stay the same?

A. We know from evidence we need to change. Our hospitals are small and serve small populations. Resources and clinical staff are stretched too thinly to provide the right level of treatment for patients in an emergency. This view is supported by one of the country's most senior doctors, Professor Sir George Alberti, who recently reviewed our proposals.

He said in a recent report: "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."

Thousands of A&E patients would still be treated at Bishop Auckland

Around 20,000 patients who need attention in A&E would still be treated at an urgent care centre at Bishop Auckland General Hospital under proposals to reorganise services.

Bob Aitken, Medical Director, said: "Under our proposals, around two thirds of A&E patients would still be treated at Bishop Auckland.

"An A&E department does not stand alone. For seriously ill patients, it needs the back up of specialist doctors and nurses from other departments.

"However, at the moment, a patient coming into our hospitals - for instance with a heart problem or breathing difficulties - will not always get to see a doctor who is a specialist in their condition.

"If we centralise emergency services for the most seriously ill patients at Darlington and University Hospital, bringing specialist staff together, we can provide a safe and high quality emergency service for the whole of the local population."

Improving care for patients

What happens now...

What may happen in the future...

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.

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

Eileen is given treatment by the 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. After five weeks she is discharged home.

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, and more importantly allows her to make an earlier, quicker and more successful recovery.

Specialist 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.

On arrival, the ambulance paramedics carry out an on the spot heart tracing test. A 'blue light' ambulance takes her to 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. It is particularly beneficial because it relieves the symptoms such as chest pain and helps prevent further heart attacks.

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.

Medical assessment

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.

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.

Sarah's GP contacts the **medical rapid assessment clinic at Bishop Auckland**, proposed under Option B, 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.

A rapid access service is also proposed for children.

Rehabilitation at Bishop Auckland

Bob, who lives in Durham with his wife Helen, is watching television one evening.

Helen walks 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.

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.

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

Have YOUR say

Public consultation on the *Seizing the Future* proposals continues until January 12 2009 so please take the time to take part in one of the following ways:

- complete and return the form on back page of this special feature
- visit www.seizingthefuture.org.uk and submit the online response form

- email comments@seizingthefuture.org.uk
- call the consultation hotline on FREEPHONE 0800 121 4874.

Our full public consultation document and summary versions are available on request, together with information in other formats such as Braille, large print and audio, or in alternative languages.

Public consultation response form

Seizing the Future: the case for change

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)

	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: round the clock urgent care service used to help to diagnose an illness or condition (eg CT or MRI scanning)					
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?

- 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: round the clock urgent care service used to help to diagnose an illness or condition (eg CT or MRI scanning)
 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)

	Rank
Close to your home	
Availability of specialist care	
Transport	

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

	Rank
Close to your home	
Availability of specialist care	
Transport	

Options on which we are seeking your views

Seizing the Future has held discussions with clinicians, its 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 answer)

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

Please complete and return this form, no later than January 12 2009, to the following FREEPOST (no stamp required) address:

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

You can also complete this survey online at www.seizingthefuture.org.uk

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

- Option A Option B Either A or B
 Other (please state - NB the status quo 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 here) _____

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)

- four-page supplement called 'A Bright Future for Bishop Auckland Hospital'
 public summary version (newspaper-style supplement) delivered to your home
 public summary version (newspaper-style supplement) in hospital/health centre/GP surgery
 newspaper
 radio
 television
 website
 word of mouth
 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 (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 | Black or Black British |
| <input type="checkbox"/> Mixed | <input type="checkbox"/> Black Caribbean |
| Asian/Asian British | <input type="checkbox"/> Black African |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Black Other |
| <input type="checkbox"/> Pakistani | Other |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other |

