Public Document Pack

MEETING:	Commissioners Working Together Joint Health Overview and Scrutiny Committee
DATE:	Monday, 21 November 2016
TIME:	3.30 pm
VENUE:	Oak House, Bramley, Rotherham, S66 1YY

AGENDA

1 Commissioners Working Together Joint Health Overview and Scrutiny Committee (Pages 3 - 46)

Please use the link below to access the papers for the Commissioners Working Together Joint Health Overview and Scrutiny Committee for South and Mid Yorkshire, Bassetlaw and North Derbyshire to be held on Monday 21st November 2016 at 3.30pm at Oak House, Bramley, Rotherham, S66 1YY:

http://sheffielddemocracy.moderngov.co.uk/ieListDocuments.aspx?MId=6567&x=1

A copy of the full agenda pack is also attached.

Enquiries to:- Anna Morley, Scrutiny Officer on 01226 775794
or email annamorley@barnsley.gov.uk

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Commissioners Working Together Joint Health and Overview Scrutiny Committee

Monday 21 November 2016 at 3.30 pm

Oak House, Bramley, Rotherham S66 1YY

The Press and Public are Welcome to Attend

Membership

Councillors Pat Midgley (Sheffield City Council - Chair), Sean Bambrick (Derbyshire County Council), Rachael Blake (Doncaster MBC), Jeff Ennis (Barnsley MBC), Colleen Harwood (Nottinghamshire County Council), Betty Rhodes (Wakefield MBC) and Stuart Sansome (Rotherham MBC).

If you require any further information about this Committee, please contact Alice Nicholson, Policy and Improvement Officer, Sheffield City Council on 0114 2735065 or email alice.nicholson@sheffield.gov.uk

Sheffield City Council

COMMISSIONERS WORKING TOGETHER JOINT HEALTH AND OVERVIEW SCRUTINY COMMITTEE

AGENDA

21 NOVEMBER 2016

Order of Business

1. Welcome and Housekeeping Arrangements

2. Apologies for Absence

3. Exclusion of Public and Press
To identify items where resolutions may be moved to exclude the press and public

4. Declarations of Interest
Members to declare any interests they have in the business to be considered at the meeting

5. Minutes of Previous Meeting (Pages 1 - 8)
To approve the minutes of the meeting of the Committee held on 8 August 2016

6. Ambulance Support - Review of Hyper Acute Stroke Services in South Yorkshire, Bassetlaw and North Derbyshire and Review of Children's Surgery and Anaesthesia Services in South and Mid Yorkshire, Bassetlaw and North Derbyshire: Feedback and Discussion
Steve Rendi and Jackie Cole, Yorkshire Ambulance Service, and Peter Bainbridge, East Midlands Ambulance Service in attendance

7. Communications and Engagement - Hyper Acute Stroke Service Provision and Children's Surgery and Anaesthesia Service Provision: Public Consultation Update (Pages 9 - 40)
Background Documents Attached:-

(a) Hyper Acute Stroke Services Consultation Document

(b) Children's Surgery and Anaesthesia Services Consultation Document

Helen Stevens, Associate Director of Communications and Engagement, Commissioners Working Together Programme, Graham Venables, Clinical Adviser to Hyper Acute Stroke Service Review and Tim Moorhead, Clinical Lead for Children's Services to present

8. Date of Next Meeting

The next meeting of the Committee will be held on Monday 13 February 2017 at 2.00pm at Birch and Elm, Oak House, Bramley, Rotherham S66 1YY

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DONCASTER METROPOLITAN BOROUGH COUNCIL

COMMISSIONING WORKING TOGETHER JOINT REGIONAL OVERVIEW AND SCRUTINY COMMITTEE

MONDAY, 8TH AUGUST, 2016

A MEETING of the COMMISSIONING WORKING TOGETHER JOINT REGIONAL OVERVIEW AND SCRUTINY COMMITTEE was held at the OAK HOUSE, BRAMLEY, ROTHERHAM, S66 1YY on MONDAY, 8TH AUGUST, 2016, at 3.30 pm.

PRESENT:

Chair – Councillor R Blake

Councillors Rachael Blake (Doncaster MBC), Elizabeth Rhodes (Wakefield MDC), Stuart Sansome (Rotherham MBC), Jeff Ennis (Barnsley MBC), Colleen Harwood (Nottinghamshire County Council), Pat Midgley (Sheffield City Council) and Sean Bambrick (Derbyshire County Council)

ALSO IN ATTENDANCE

C Rothwell Doncaster MBC
A Wood Wakefield MDC
J Spurling Rotherham MBC
A Nicholson Sheffield CC
A Morley Barnsley MBC
M Gately Nottinghamshire CC
A Fawley Nottinghamshire CC
J Wardle Derbyshire CC
W Cleary-Gray Commissioners Working Together
H Stevens Commissioners Working Together
S Jones Commissioners Working Together
G Venables NHSE Clinical lead for Stroke work stream
T Moorhead Clinical Lead for Children's Services work stream
J Pederson Doncaster CCTG
M Ruff Sheffield CCG
M Ezro Wakefield CCG
C Edwards Rotherham CCG
S Allinson North Derbyshire CCG
A Knowles NHS England
L Smith Barnsley CCG

APOLOGIES:

Apologies for absence were received from Councillors

1 Apologies for Absence.

There were no apologies for absence

2 To consider the extent, if any, to which the public and press are to be excluded from the meeting.

None

3 Declarations of Interest, if any.

There were no declarations of interest.

4 Minutes of the Meeting held on 23rd May, 2016.

The minutes of the meeting held on 23rd May, 2016 were agreed as a correct record.

5 Commissioners Working Together HASU (Hyper Acute Stroke Unit) Stage 3 Detailed Option Appraisal.

Graham Venables, Clinical lead for Stroke work stream provided a presentation relating to a review of hyper acute stroke services across South Yorkshire, that had been undertaken over the past 18 months.

Consultation had been undertaken with doctors, nurses and healthcare staff in hospitals, NHS staff who commission hospital and GP services and data and clinical experts about what the future for critical care stroke patients might look like in the region.

The Committee learnt:-

- If HASU centres admit less than the best practice minimum of 600 per unit but over 1,500 then there is a risk of burn out.
- Doctors, nurses and healthcare staff all agree that the way critical care for stroke patients is provided across the region won't meet their high standards in the future – this needs to change. There were currently unsustainable medical rotas.
- More stroke doctors and nurses to run the services were required – there were not enough locally or nationally
- There is low QUALITY of care (SSNAP data) across 4/5 hospitals
- Patients need GOOD care for the first 72 hours (hyper acute stage)

The Committee was provided with details of the appraisal process and preferred options for moving the service forward over the next 5 years.

It was recommended that the services change by adopting a system wide solution, working together better for the benefit of every stroke patient in South Yorkshire and Bassetlaw and North Derbyshire.

Based on feedback from doctors, nurses and regional and national clinical experts, the following option would allow this, with further work being carried out to consider the second option in the future.

A number of options had been discounted by the working group leaving two preferred options:

OPTION 1

The proposal is that if you live in South Yorkshire and Bassetlaw and North Derbyshire and have a stroke, you would receive hyper acute stroke care in:

•Chesterfield Royal Hospital
•Doncaster Royal Infirmary
•The Royal Hallamshire Hospital, Sheffield

This would mean that Barnsley and Rotherham hospitals would no longer provide hyper acute care for people who have had a stroke.

Chesterfield was not a part of this review as it is sited within the East Midlands region.

OPTION 2
The proposal is that if you live in South Yorkshire and Bassetlaw and North Derbyshire and have a stroke, you would receive hyper acute stroke care in:

•Doncaster Royal Infirmary
•The Royal Hallamshire Hospital, Sheffield

This would mean that Barnsley, Rotherham and Chesterfield hospitals would no longer provide hyper acute care for people who have had a stroke.

Chesterfield was not a part of this review as it is within the East Midlands region and so this element is subject to decision elsewhere. However, we will need to talk to people about this possibility as part of our consultation process.

It was stressed that stroke care was divided into three phases:

1. Every person enters the acute critical care unit where the physical status is monitored;

   When they are stabilised they move into:-

2. Rehabilitation in hospital; and

3. Phased return to home.

It was stressed that to deliver a sustainable stroke response service the following support was required Consultant, training staff, nurses, continence advisers and social workers. Early assessments were essential
Following the presentation, Councillors undertook discussion on the following areas:

<u>Staffing, funding and skills shortage</u>
Concern was expressed that many doctors could train for Acute stroke care however there was not the funding in place for them to do so.

It was highlighted that one of the reasons to consolidate the Hyper Acute Stroke Units was to address the skills shortage, which was increasing year on year. It was

reported it was not just a local issue but a national problem and the position had been forwarded to the Department for Health as a real worry.

The proposals for the next five years would provide security for the region with staff, for example in Rotherham staff would be offered to undertake skills they have learnt in high functioning teams and trained for, in Sheffield or Doncaster hospitals.

The service was reviewed to plan a future model, with week on week intense provision and workforce challenges no one could be certain of the exact requirements. Sometimes staff could be difficult to recruit in Yorkshire but this was due to personal issues rather than medical issues. There was a lot of attraction for medical staff in stroke care provision towards the end of people's careers.

It was recognised by professional bodies who work in the health field there was a shortage of funded opportunities for stroke positions. and that some of the funded training posts in London could not be filled and the money was transferred to the Yorkshire region.

It was reiterated that there were no proposals to change the number of consultants but for them to move to different locations across the region.Proposals would provide a much more sustainable service and provision.

First 72 hours of care

It was noted that to reduce the number of stroke patients dying with pneumonia, a swallow test must be undertaken immediately. Early intervention with such a test stops incidents of this nature.
When a person has a suspected stroke the first responder does an initial assessment before a patient is transferred to hospital, with times and standard that have to be met. Ambulance staff undertake informal assessments to ensure the information is available for clinicians on arrival at hospital. Once a patient arrives the meet and greet team take them from the ambulance direct to the CT scan area.
In response to queries raised, Aspirin was not administered in the ambulance and it was noted that Newcastle hospital were currently investigating use of this treatment.

Travel times to hospital/repatriation to local area and home

In response to questions and concerns raised by the Committee, it was explained that the worst case scenarios of travel time by ambulance have been considered and meet the 45 minute deadline taking into account variable with travel/road conditions and weather. It was explained that someone from Bassetlaw would be transported to Doncaster within the 45 minute and in reality could reach Leeds in this timeframe.
At this point some Members highlighted that there had been difficulties with ambulance response times and how this would impact on the 45 minute time frame.

The Committee expressed concern that generally people who had strokes were older, meaning relatives would have to travel a long distance to undertake visits. The proposals would provide initial treatment for patients at one of the three or two hospitals for the first 72 hours following which, they would be repatriated to the area where they live for the recuperation period. During pre-consultation stage outcomes were clear that people would be willing to travel the distance to the proposed hospital sites.

Members fully understood that from a clinical point of view it was more advantageous for a patient to be transferred to strengthened Hyper Acute Stroke dedicated hospitals for the first 48 to 72 hours, and were assured that they would not be moved unless their condition was stable and allowed the patient to be transferred.

It was explained that if a patient from the Barnsley area was treated initially at Sheffield, for recuperation they would not be transferred to a ward at Sheffield, but back to Barnsley hospital.

With regard to returning home following treatment, the Committee highlighted that good partnership working needed to be in place.

Treatment that could be provided by a Hyper Acute Stroke Unit

With two or three centres one of the treatments provided could be blood clot sucking undertaken via a catheter via the artery to brain.

Consultation

The Committee was assured that when consultation was provided to members of the public it would give details of all options for discussion.

Standard of care

It was noted that the time it takes for a stroke patient to be properly assessed has not changed in the last 7 years, and that was not acceptable. There have been areas and standards of improvement but these would be difficult to sustain and it was stressed that nobody in the Stroke service provision arena would accept low standards.

Cross Boundary issues

Members stressed there could be cross boundary capacity issues and stressed that full consultation be undertaken to ensure all parties were aware of the current situation.

Issues relating to Pinderfields and Chesterfield Royal Hospitals were raised by Members but it was noted that this was outside the jurisdiction of this collaborative to discuss the position.

RESOLVED:- that the above discussion, progress of the work and implications for moving forward through NHSE Level 2 Assurance and towards public consultation for the options in October, be noted.

6 Commissioning Working Together Overview and Scrutiny Outline Report.

RESOLVED that Members noted the items to follow.

7 Draft Consultation Documents: - Providing hyper acute stroke services in South Yorkshire and Bassetlaw and North Derbyshire; and Providing Children's Surgery and Anaesthesia Services in South and Mid Yorkshire, Bassetlaw and North Derbyshire.

The Committee was reminded that at its meeting in May, it was agreed that the consultation process be undertaken. The Consultation information circulated with the

agenda was noted but Members requested if examples of the final consultation literature and how it would be publicised, be circulated to each individual authority giving them an opportunity to comment. It was recognised that Councillors knew their individual areas well and could advise on the best places to publicise the information.

The Committee continued by requesting that the consultation period be extended by 2 weeks to 20th January, to take account of the Christmas period as many people would be more focused on the festive season.

It was also stressed that the literature should be written in plain English to ensure maximum participation, for example, surgery be described as planned or emergency.

RESOLVED that:

A. The public consultation material and locations be circulated by the end of August to each local authority of the WTP Overview and Scrutiny Committee, for their individual input and comments;
B. The material for public consultation be provided in plain English and translation availability, to ensure a good understanding of what is being consulted on by all members of the community; and
C. consideration be given to formal consultation on preferred option being extended to conclude on 20th January, 2017.

8 Dates and Times of Future Meetings.

Venue - It was discussed that Oak House at Junction 1 of the M18, Bramley was a preferred site for future meetings.

Administration - With regard to servicing the next meeting, officers expressed a wish to meet prior to setting arrangements for the next meeting.

RESOLVED that: the next meeting be held sometime in November following agreement on Administration arrangements with the Scrutiny Officers.

9 Joint Commissioners and Provider Working Together Programmes Non-Specialised Children's Surgery and Anaesthesia - Options Appraisal.

The Committee received a presentation from Tim Moorhead, Clinical Lead for Children's Services work stream.

The Committee learnt that:-

- Medical Directors and Chief Executive Officers identified children's surgery as a priority;
- The service had been reviewed identifying current provision, standards and pathways of care and included discussions with doctors, nurses anaesthetists, managers, patients and clinical experts in other parts of the country;
- Investigated the numbers of children requiring surgery and the opportunities around wider geographical provision;

- Discussed with providers of surgery who agreed it was important to work together as a network of providers to share skills and expertise and to plan more care together as close to home as possible;
- Investigated models of changing some for the pathways of care for out of hours urgent care to provide sustainable care pathways that met national standards

The main message was that the current service could not be sustained whilst meeting national standards and the Committee discussed the proposals for consultation detailed in the presentation and supporting papers. The following areas were discussed:

- Elective/non elective surgery – including less non elective sites that could provide surgery particularly for under 3 years old and where a child needs to stay on an inpatient ward for recovery. The proposals would be for most areas to have elective planned surgery within their local hospital site unless it was a very specialist surgical procedure;
- Patient transport to and from hospital;
- Yorkshire Ambulance Service – response to child emergencies. The Committee requested that the agreed 45 minutes to transfer to hospital time be inserted into to the documents; and
- The development of 'hubs' over fewer sites so that children requiring surgery out of hours urgently get the standard of care they need.

RESOLVED: that the above discussion and the progress of the work and implications for moving forward through NHSE Level 2 Assurance and towards public consultation on the options in October, be noted.

CHAIR:_____ DATE:_____

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Consultation to change hyper acute stroke services in South Yorkshire, Bassetlaw and North Derbyshire

Consultation to change hyper acute stroke services in South Yorkshire, Bassetlaw and North Derbyshire

At the moment, depending on where you live in South Yorkshire, Bassetlaw and North Derbyshire, you would have a different experience and receive different standards of care if you had a stroke - and our local doctors, nurses, healthcare staff and clinical experts all agree that this isn't fair.

To help us with our review, between January and April this year, we asked you, patients and the public, what would matter to you if you or a loved one had a stroke.

You said it was important to:

- Be seen quickly when you arrive at a hospital
- Be seen and treated by knowledgeable staff
- Have a safe and quality service
- Have fast ambulance response and travel times
- Have good access to rehabilitation services locally

All feedback has been used to help develop our proposal for the future of hyper acute stroke services - and now we want to know what you think. Between 3 October 2016 and 20 January 2017, you can get involved by filling in the form at the back of this booklet and return it by freepost to:

Freepost COMMISSIONERS WORKING TOGETHER

Or, respond online at **www.smybndccgs.nhs.uk**

What are we proposing to change and where?

We are proposing to change hyper acute stroke services to improve the experience of patients needing stroke care in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham and Sheffield.

What are hyper acute stroke services or units (HASUs)?

They are:

- Where you are cared for up to the first 72 hours (or sooner if medically stable) after having a stroke when you need more specialist 'critical' care.

They are not:

- "Acute stroke" units/wards - which is where you are cared for after the first 72 hours of having a stroke until you are ready to go home from hospital.
- Rehabilitation services, such as speech and language and physiotherapies, which help you get better once you've gone home from the hospital.
- We are not proposing to close any units.

Why do we want to improve these services?

1. Three out of five of hyper acute stroke units (HASUs) admit less than 600 patients a year.

Why is this an issue?

This is below the national best practice minimum - meaning stroke doctors and nurses in some of our units risk becoming deskilled - which in turn would mean you may not get the best possible or safest care in the future.

2. We need more stroke doctors and nurses to run the existing services - but there aren't enough locally and nationally

Why is this an issue?

This means there are problems with medical cover in our local hospitals - and we have already seen temporary closures of some of our services because there aren't enough doctors or nurses available.

3. How quickly scans and tests are done and reported varies from hospital to hospital

Why is this an issue?

Due to a delay in the necessary tests being done, which help to diagnose patients, there is a delay in some treatments that should be given after having a stroke.

We want every stroke patient in our region to have the safest and best possible care so they get better quicker and have less chance of living with a disability when they go home.

What are we proposing?

There is one proposal we would like your views on.

The proposal on which we are consulting - three centres

If you live in South Yorkshire and Bassetlaw and North Derbyshire and have a stroke, you would receive hyper acute stroke care in:

- Chesterfield Royal Hospital
- Doncaster Royal Infirmary
- The Royal Hallamshire Hospital, Sheffield

This would mean that Barnsley and Rotherham hospitals would no longer provide hyper acute care for people who have had a stroke. Although Chesterfield Royal Hospital receives less than 600 patients a year, it is in a different NHS region (East Midlands) and therefore remains as a centre in our proposal. These services may be considered as part of an East Midlands review in the future.

After the first 72 hours of receiving critical care, if you live in Barnsley or Rotherham and are well enough, you would be transferred to your local hospital for the remainder of your care.

We are not looking to make changes to 'acute' stroke care which is care received after the first 72 hours until you go home from hospital and this will still be provided in all our local hospitals.

Rehabilitation services, such as speech and language and physiotherapies, which help you to get better once you leave hospital, will still also be provided closer to where you live.

We are recommending that we change services by working together better to improve survival rates while also improving the quality of life for patients by reducing their chances of living with disabilities once they leave hospital.

Based on feedback from our doctors, nurses and regional and national clinical experts, we think our proposal would allow us to do this.

I live in Barnsley / Rotherham where will I go if I have a stroke?

In the future, if you have a stroke, you would be taken to a hyper acute stroke unit in Doncaster or Sheffield for the first 72 hours of your care. If you live in the north of Barnsley, you may also be taken to Wakefield for these few days. At the moment though, nothing will change and you will be taken to and treated in Barnsley and Rotherham.

What happens next?

Between 3 October 2016 and 20 January 2017, if you live in South Yorkshire, Bassetlaw and North Derbyshire, we are asking you what you think about our proposal to change hyper acute stroke services.
The results of this consultation will be presented to the Commissioners Working Together board who will make a decision on how hyper acute stroke services will be provided in our region.

When making a final decision, we will consider:

- All patient and public feedback
- The impact on access to services, including travel times
- The impact on quality and safety of the service

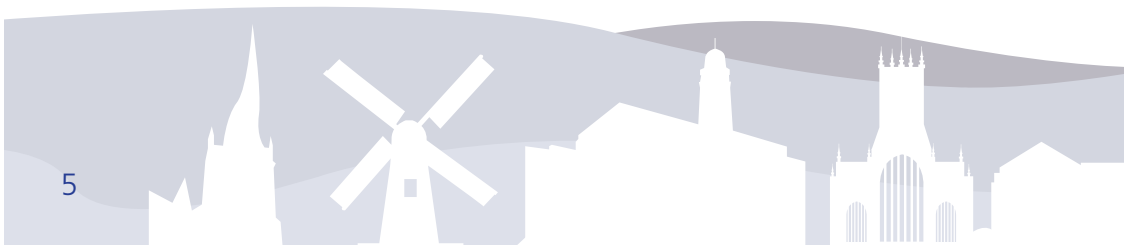
We expect a decision to be made in February 2017.

How have we developed the options?

We developed the options with clinical and managerial NHS staff who provide hyper acute stroke services in our region's hospitals and also with the NHS staff who 'buy' and monitor the standards of the services (in clinical commissioning groups). This 'stroke group' was set up to support and oversee the review and has been meeting regularly to consider how we can make the improvements needed.

We looked at:

- **Getting to a hospital** - can patients easily access these services, either independently or by ambulance within 45 minutes? (Which is the national standard)
- **Number of patients** - if services changed, would the remaining HASUs be able to treat the potential higher number of patients being seen?
- **Impact on other areas** - would changing services in our region affect services and patients in neighbouring areas?
- **Patient experience** - based on what our pre-consultation told us was important to people (access to expert, quality care, travel times etc), would the proposed options deliver this and improve current patient and carer experience?



- **Seven day services** - would we have enough capacity to be able to provide these services seven days a week?
- **Number of staff** - how could our current workforce best meet the needs of our patients?

Decisions to consider or rule out options were based on which would provide the highest quality and safe services for patients as well as making sure they are sustainable for the future. This was done in three stages.

In the first stage of the review, we looked at:

Option 1: do nothing

This option was ruled out because of current quality, performance and sustainability challengers

Option 2: improve quality and sustainability of current five units

This option was ruled out because quality, performance and sustainability cannot be improved under current circumstances

Option 3: transform how we provide hyper acute stroke care

This option was supported because this is likely to improve quality,performance and sustainability for all populations

Our review was shared with the Yorkshire and the Humber Senate - who give independent strategic clinical advice - who supported our findings. They also recommended that our review was considered in context of the full regional picture and any potential impact.

In the second stage of the review, we considered the options for transforming how we provide care. We also listened to advice from experts in the Yorkshire and Humber Clinical Network about how hyper acute stroke services should look across our region.

Option 3a: five centres

This option was ruled out because five centres would be unable to meet the minimum recommended number of stroke cases for each single centre (600 patients a year)

Option 3b: four centres

This option was supported and includes consideration of the North Derbyshire and Hardwick populations and the Chesterfield hyper acute stroke centre

Option 3c: three centres

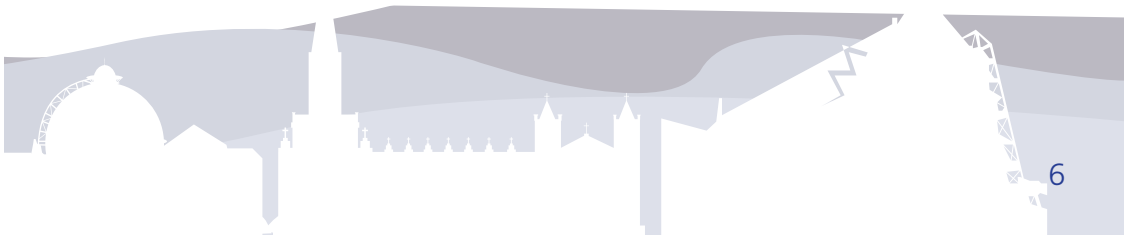
This option was supported and considers an upper limit of 1200 patients a year but does not take potential service changes in East Midlands into consideration

Option 3d: two centres (Y&H blueprint using 1500 metrics)

This option was supported and should be considered, but is dependent on configuration across the region

Option 3e: one centre

This option was ruled out because the number of strokes across the region and maximum number for a single centre would not work



Their review looked at travel times and the size of units and recommended that we consider reducing to two hyper acute stroke units in South Yorkshire and Bassetlaw.

Although Chesterfield has been a part of our review, their hyper acute stroke services are part of the East Midlands region - and are therefore out of our control. As further proposals to change hyper acute stroke services in Chesterfield may be considered by an East Midlands review in the future, we felt it was important to raise awareness of both our and potential future changes with the people of Chesterfield and include them in our consultation.

Who are Commissioners Working Together?

Commissioners Working Together is a partnership between the eight NHS clinical commissioning groups (CCGs) in South and Mid Yorkshire, Bassetlaw and North Derbyshire. NHS clinical commissioning groups pay for local health services in their region and our aim is to provide better services for everyone by working together.

Our partners are:

NHS Barnsley CCG
NHS Bassetlaw CCG
NHS Doncaster CCG
NHS Hardwick CCG
NHS North Derbyshire CCG
NHS Rotherham CCG
NHS Sheffield CCG
NHS Wakefield CCG

It is important to note that hyper acute stroke services in Mid Yorkshire (Wakefield in particular) have not been a part of our review which has focused on these services in:

Chesterfield Royal Hospital
Barnsley Hospital
Doncaster Royal Infirmary
Rotherham Hospital
The Royal Hallamshire Hospital, Sheffield

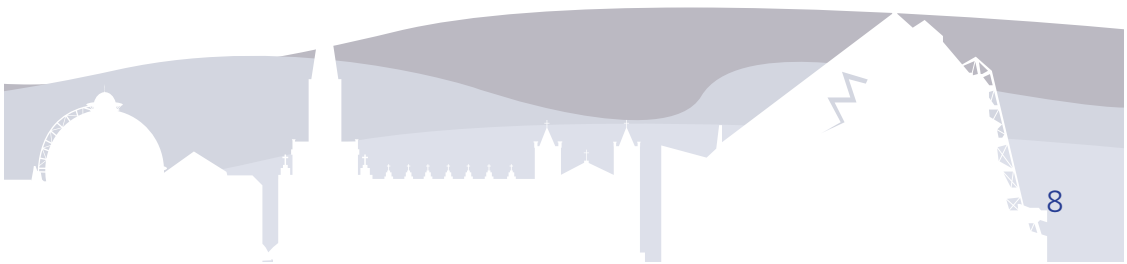
As this document has outlined, the quality of care across a region can be variable. We believe that to improve care for people, health and care services need to work more closely together, and in new ways to meet people's changing needs, often using new and emerging treatments.

Over the last few months, patient groups, the voluntary sector, hospitals, GPs, local councils, commissioners of services and the universities have come together to look at what more needs to happen to improve care for people in South Yorkshire and Bassetlaw. Together, we are in the very early stages of looking at how we can address the challenges facing our health and care services and improve the health of our population.

Our thinking starts with where people live, in their neighbourhoods focusing on people staying well. We want to introduce new services, improve co-ordination between those that exist, support people who are most at risk and adapt our workforce so that we are better meeting the health and care needs of people in their homes and clinics. We want care to flow seamlessly from one service to the next so people don't have to tell their story twice to the different people caring for them, and everyone is working on a shared plan for individual care.

At the same time, we agree that everyone should have better access to high quality care in specialist centres and units and that, no matter where people live, they get the same standards, experience, and outcomes for their care and treatment. We will do this by working together more closely, by developing a networked approach to services.

The proposals to change how we provide hyper acute stroke services is one area where we know improvements are needed. In the coming months, we want to talk with staff and the public about getting involved in shaping what happens next.



Let us know what you think!

If you would like the form in an alternative format, or would like help in completing the form, please let us know: **helloworkingtogether@nhs.net** or call: **0114 305 4487**

Postcode

At the moment, some people have better experiences, better and faster treatment and better access to services than others - and because we want to make sure everyone has access to the same high quality care, we have developed the following options with feedback from our doctors, nurses and members of the public who took part in our pre-consultation.

We are consulting on one proposal - to have three centres.
One at Chesterfield Royal Hospital, one at Doncaster Royal Infirmary and one at the Royal Hallamshire Hospital Sheffield.

Do you agree or disagree with the three centre option to change the way we provide hyper acute stroke services?

Agree ☐ Disagree ☐ Don't know ☐

If you agree with this option to change the way we provide hyper acute stroke services, please let us know why:

(Comments)

If you disagree with this option to change the way we provide hyper acute stroke services, please let us know why:

(Comments)

Do you think there is another option we could consider?

Yes ☐ No ☐ Don't know ☐

If you answered yes, please describe this below and say why you would prefer this option

(Comments)

Equality monitoring form

As part of taking part in this consultation, please complete our equality monitoring form.

Why we need this information?

In completing this form, you will help us understand who we are reaching and how to better serve everyone in our community. You do have a right not to disclose the information; however, by doing so you may impact our ability to ensure equality of opportunity.

All details are held in accordance with the Data Protection Act 1998 with the information you provide being anonymous and will not be stored with any identifying information about you.

The information that we need, as outlined in the 2010 Equality Act, includes information about age, disability, gender reassignment, marital status, maternity, race, religious belief, sex, and sexual orientation.

Please select the boxes which are relevant to you

Ethnicity

Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality.

Asian/Asian British
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

Mixed/multiple ethnic groups
- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed/multiple ethnic background

Black/African/ Caribbean/ Black British
- ☐ Caribbean
- ☐ African
- ☐ Any other
- ☐ Black/African/Caribbean
- ☐ background

White
- ☐ English
- ☐ Northern Irish
- ☐ Scottish
- ☐ Welsh
- ☐ British
- ☐ Irish
- ☐ Gypsy/Irish traveller
- ☐ Any other White background

Other ethnic group
- ☐ Arab
- ☐ Any other ethnic group

Rather not say
- ☐ Rather not say

Age

- ☐ 10 - 14
- ☐ 15 - 19
- ☐ 20 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65+
- ☐ Rather not say

Sex

- ☐ Male (M)
- ☐ Female (F)
- ☐ Rather not say

Sexual orientation

- ☐ Heterosexual
- ☐ Gay man
- ☐ Lesbian
- ☐ Bisexual
- ☐ Other
- ☐ Rather not say

Gender re-assignment

Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to? (This could include changing your name, wearing different clothes taking hormones or having any gender reassignment surgery).

☐ Yes ☐ No ☐ Rather not say

Religion / belief

- ☐ No religion
- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Atheist
- ☐ Any other religion
- ☐ Rather not say

Disability

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on ones ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability according to the above definition?

☐ Yes, limited a lot ☐ Yes, limited a little ☐ No ☐ Rather not say

If you selected yes, please indicate your disability:

☐ Vision (e.g. blindness or partial sight)
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☐ Mobility (e.g. difficulty walking short distances, climbing stairs, lifting and carrying)
☐ Learning, concentrating or remembering
☐ Mental health
☐ Stamina or breathing difficulty
☐ Social or behavioural issues (e.g. neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger's Syndrome)
☐ Other impairment
☐ Prefer not to say

Carer responsibility

Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- Long-term physical or mental ill-health / disability
- Problems related to old age

☐ Yes ☐ No ☐ Rather not say

If you selected yes, please indicate your caring responsibility (select all that apply)

☐ Primary carer of a child/children (under 18)
☐ Primary carer of disabled child/children
☐ Primary carer of disabled adult (18 and over)
☐ Primary carer of older person (65+)
☐ Secondary carer
☐ Rather not say

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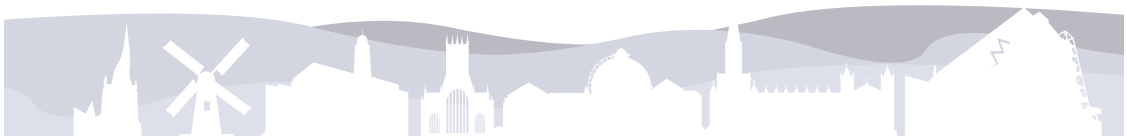


For more information and to give your views please visit the website **www.smybndccgs.nhs.uk**
email us at **helloworkingtogether@nhs.net**
or **call 0114 305 4487**

Consultation to change children's surgery and anaesthesia services in South and Mid Yorkshire, Bassetlaw and North Derbyshire

Consultation to change children's surgery and anaesthesia services in South and Mid Yorkshire, Bassetlaw and North Derbyshire

Following a review into children's surgery and anaesthesia services in South and Mid Yorkshire, Bassetlaw and North Derbyshire, we are now considering a number of options for the future of these services.

At the moment, if a child needs an operation, they will have a different experience and receive different standards of care depending on where they live. Our doctors, nurses, healthcare staff and clinical experts all agreed that this isn't fair - and have come together to change it.

To help us with our review, between January and April this year, we asked you, patients and the public, what would matter to you if your child needed an operation.

You said it was important to:

- Receive safe, caring, quality care and treatment
- Have access to specialist care
- Be seen as soon as possible
- Have care close to home - but are willing to travel for specialist care
- Have appropriate facilities for parents and carers with excellent communication when a child is in hospital

All feedback has been used to develop options for the future of children's surgery and anaesthesia services - and we want to know what you think about the proposals.

Between 3 October 2016 and 20 January 2017, you can get involved by filling in the form at the back of this booklet and return it by freepost to:

Freepost COMMISSIONERS WORKING TOGETHER

Or, respond online at **www.smybndccgs.nhs.uk**

Which services do we mean?

We are proposing to change a small number of services to improve the care of children needing operations in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham, Sheffield and Wakefield.

If a child needs an operation under general anaesthetic (where they are sent to sleep):

- At night, or
- At a weekend, or,
- They need to stay in hospital overnight

For the following services,

- Ear, nose and throat (ENT)
- General surgery (for conditions usually of the abdomen/tummy - eg, appendicitis)
- Ophthalmology (for any condition of the eyes)
- Oral surgery (for any condition of the mouth or teeth)
- Orthopaedics (for any condition of the bones, muscles, nerves etc)
- Urology (for any condition of the groin, genitals or bladder)

We are proposing they are done in a different way.

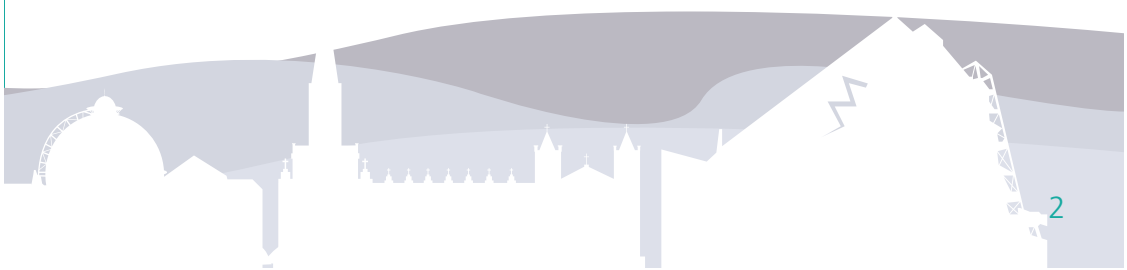
These are the only services we are proposing to change.

For most services, most of the time, nothing would change. Children would still have operations in their local hospitals for things like:

- Tonsil removal
- Glue ear
- Setting of fractures/broken bones
- Any treatment that requires only a local anaesthetic but not being sent to sleep

We're also not looking to change specialist services for children with very complex or multiple conditions needing care from specialist doctors and nurses. For these services, you would still go to Sheffield Children's Hospital as the only specialist children's centre in our region.

Based on our review of current treatments at all our hospitals, we expect that the number of children affected by the proposed changes in each would be very small compared to the overall number of children needing an operation in South and Mid Yorkshire, Bassetlaw and North Derbyshire.



Why do we want to change children's surgery and anaesthesia services?

1. In our region, some children have better experiences, better and faster treatment and better access to services than others - and we don't think this is fair.

2. Some of our hospital doctors and nurses don't treat as many children as others do.

Why is this an issue?

Children are not 'small adults' and if they need an operation, it is better and safer for them to be seen by a surgeon who is trained to and regularly operates on children.

3. Nationally, there aren't enough healthcare professionals qualified to treat the amount of children who need surgery every year.

Why is this an issue?

As mentioned, children receive better care and treatment if they are seen by doctors and nurses who are trained to look after and operate on them.
A reduced number of staff nationally, means there is also less qualified staff locally - and we need to work with the staff and resources we do have to make sure our region's children have the best possible and highest quality care.

Our proposed changes are not about cutting services or saving money, but using what we have in the best possible way to get the best services for everyone.

By making changes to how children's surgery and anaesthesia services are currently provided, we believe we can better share skills and knowledge and ultimately, provide a much better, equal service to every child across South and Mid Yorkshire, Bassetlaw and North Derbyshire.

What are the options for children's surgery and anaesthesia services?

We are recommending three options for the future of children's surgery and anaesthesia services. For all options, children would be taken to the next nearest hospital. We would like your view on the following options:

Option 1:

If a child needs an operation under general anaesthetic (where they are sent to sleep):

- At night, or
- At a weekend, or,
- They need to stay in hospital overnight

For the kinds of surgery listed opposite, they would go to:

- Chesterfield Royal Hospital
- Doncaster Royal Infirmary
- Pinderfields General Hospital in Wakefield
- Sheffield Children's Hospital

- Ear, nose and throat (ENT)
- General surgery (for conditions usually of the abdomen/tummy - eg, appendicitis)
- Ophthalmology (for any condition of the eyes)
- Oral surgery (for any condition of the mouth or teeth)
- Orthopaedics (for any condition of the bones, muscles, nerves etc)
- Urology (for any condition of the groin, genitals or bladder)

Based on current numbers, this would affect 1 in every 10 children needing an operation in Barnsley and 1 in 8 children needing an operation in Rotherham.

Option 2:

If a child needs an operation under general anaesthetic (where they are sent to sleep):

- At night, or
- At a weekend, or,
- They need to stay in hospital overnight

For the following kinds of surgery, they would go to Doncaster Royal Infirmary, Pinderfields General Hospital in Wakefield or Sheffield Children's Hospital.

- Ear, nose and throat (ENT)
- General surgery (for conditions usually of the abdomen/tummy - eg, appendicitis)
- Ophthalmology (for any condition of the eyes)
- Oral surgery (for any condition of the mouth or teeth)
- Orthopaedics (for any condition of the bones, muscles, nerves etc)
- Urology (for any condition of the groin, genitals or bladder)

Children's operations for these services would no longer be provided in

- Barnsley
- Chesterfield
- Rotherham.

Based on current numbers, this would affect 1 in every 10 children needing an operation in Barnsley, 1 in 16 children needing an operation in Chesterfield and 1 in 8 children needing an operation in Rotherham.

Option 3:

If a child needs an operation under general anaesthetic (where they are sent to sleep):

- At night, or
- At a weekend, or,
- They need to stay in hospital overnight

For the following kinds of surgery, they would go to Pinderfields General Hospital in Wakefield or Sheffield Children's Hospital.

- Ear, nose and throat (ENT)
- General surgery (for conditions usually of the abdomen/tummy - eg, appendicitis)
- Ophthalmology (for any condition of the eyes)
- Oral surgery (for any condition of the mouth or teeth)
- Orthopaedics (for any condition of the bones, muscles, nerves etc)
- Urology (for any condition of the groin, genitals or bladder)

Children's operations for these services would no longer be provided in

- Barnsley
- Chesterfield
- Doncaster
- Rotherham hospitals.

Based on current numbers, this would affect 1 in every 10 children needing an operation in Barnsley, 1 in 16 children needing an operation in Chesterfield, 1 in 7 children needing an operation in Doncaster and 1 in 8 children needing an operation in Rotherham.

Which option do we prefer?

We prefer option 2. This is because with careful planning to ensure we have the right staff in each hospital, and to make sure patients could get to one of the hospitals within 45 minutes (as a national standard), we believe that option 2 would give all patients in South and Mid Yorkshire, Bassetlaw and North Derbyshire access to the same quality and standard of children's surgery services.

We don't think that option 1 would be sustainable as we would not have enough doctors or nurses to provide cover across all sites meaning we would risk facing further safety and quality problems.

We also think that option 3 would be challenging in terms of the increased amount of patients going to only one of two places.

I live in Barnsley / Chesterfield / Rotherham - where will I go if my child needs an operation?

In the future, you may need to go to Doncaster Royal Infirmary, Pinderfields General Hospital in Wakefield or Sheffield Children's Hospital if your child needs a specific operation that is no longer provided at your local hospital at night or at a weekend - but at the moment, nothing will change.

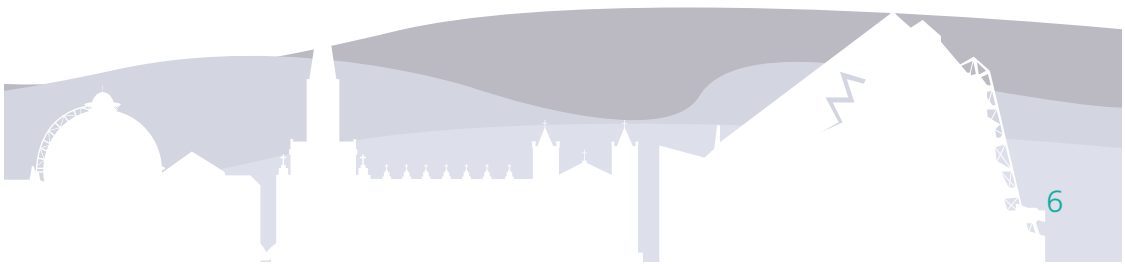
What if my child needs an emergency operation?

At the moment children would go to their local hospital, where depending on their needs, they may be transferred to Sheffield Children's Hospital for care. If you live in Sheffield already, you would go straight here. This won't change.

Ambulance services would continue to operate in the same way as they do now.

How have we developed the options?

We developed the options with clinical and managerial NHS staff who provide children's surgery and anaesthesia services in our region's hospitals and the NHS staff who 'buy' and monitor the standards of the services. A group and expert panel was set up to support and oversee the review and has been meeting regularly.



They looked at:

- **Getting to a hospital** - can patients easily access these services, either independently or by ambulance within 45 minutes?
- **Number of patients** - if services changed, would hospitals be able to treat the potential higher number of patients being seen?
- **Impact on other areas** - would changing services in our region affect services and patients in neighbouring areas?
- **Patient experience** - based on what our pre-consultation told us was important to people (access to expert, quality care etc), would the proposed options deliver this and improve current patient and carer experience?
- **Number of staff** - how could we use our current workforce in the best way to meet the needs of our patients?

Who are Commissioners Working Together?

Commissioners Working Together is a partnership between the eight NHS clinical commissioning groups (CCGs) in South and Mid Yorkshire, Bassetlaw and North Derbyshire. NHS clinical commissioning groups pay for local health services in their region and our aim is to provide better services for everyone by working together.

Our partners are:

NHS Barnsley CCG
NHS Bassetlaw CCG
NHS Doncaster CCG
NHS England
NHS Hardwick CCG
NHS North Derbyshire CCG
NHS Rotherham CCG
NHS Sheffield CCG
NHS Wakefield CCG

We have therefore reviewed children's surgery and anaesthesia services in the following hospitals:

Chesterfield Royal Hospital
Barnsley Hospital
Doncaster Royal Infirmary
Pinderfields General Hospital, Wakefield
Rotherham Hospital
Sheffield Children's Hospital

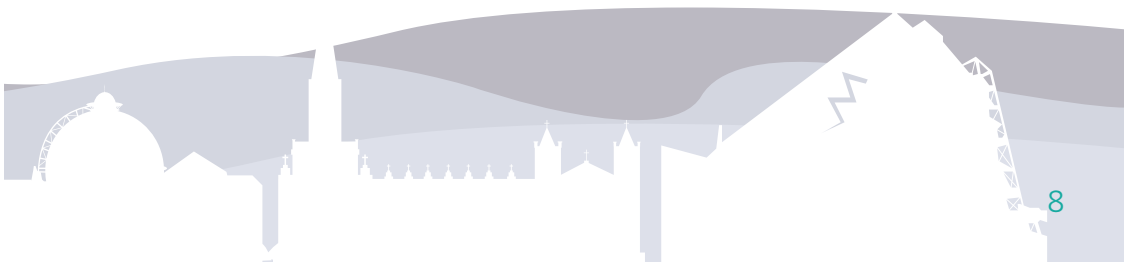
As this document has outlined, the quality of care across a region can be variable. We believe that to improve care for people, health and care services need to work more closely together, and in new ways to meet people's changing needs, often using new and emerging treatments.

Over the last few months, patient groups, the voluntary sector, hospitals, GPs, local councils, commissioners of services and the universities have come together to look at what more needs to happen to improve care for people in South Yorkshire and Bassetlaw. Together, we are in the very early stages of looking at how we can address the challenges facing our health and care services and improve the health of our population.

Our thinking starts with where people live, in their neighbourhoods focusing on people staying well. We want to introduce new services, improve co-ordination between those that exist, support people who are most at risk and adapt our workforce so that we are better meeting the health and care needs of people in their homes and clinics. We want care to flow seamlessly from one service to the next so people don't have to tell their story twice to the different people caring for them, and everyone is working on a shared plan for individual care.

At the same time, we agree that everyone should have better access to high quality care in specialist centres and units and that, no matter where people live, they get the same standards, experience, and outcomes for their care and treatment. We will do this by working together more closely, by developing a networked approach to services.

The proposals to change how we provide children's surgery and anaesthesia services is one area where we know improvements are needed. In the coming months, we want to talk with staff and the public about getting involved in shaping what happens next.



Let us know what you think!

If you would like the form in an alternative format, or would like help in completing the form, please let us know: **helloworkingtogether@nhs.net** or call: **0114 305 4487**

Postcode

Do you agree or disagree with our proposal to change the way we provide children's surgery and anaesthesia services?

Agree ☐ Disagree ☐ Don't know ☐

Please let us know why:

(Comments)

At the moment, some people have better experiences, better and faster treatment and better access to services than others - and because we want to make sure everyone has access to the same high quality care, we have developed the following options with feedback from our doctors, nurses and members of the public who took part in our pre-consultation. Which of our proposed options do you prefer?

Option 1 ☐ **Option 2** ☐ **Option 3** ☐

Why do you think this is the best option?

(Comments)

Do you think there is another option we could consider?

Yes ☐ No ☐ Don't know ☐

If you answered yes, please describe this below and say why you would prefer this option

(Comments)

What happens next?

Between 3 October 2016 and 20 January 2017, we are asking people living in South and Mid Yorkshire, Bassetlaw and North Derbyshire to let us know what they think about our proposals to change children's surgery and anaesthesia services.

The results of this consultation will be presented to the Commissioners Working Together (joint CCG) board who will make a decision on how children's surgery and anaesthesia services will be provided in our region.

When making a final decision, we will consider:

- All patient and public feedback
- The impact on access to services, including travel times
- The impact on quality and safety of the service

We expect a decision to be made in February 2017.

Equality monitoring form

As part of taking part in this consultation, please complete our equality monitoring form.

Why we need this information?

In completing this form, you will help us understand who we are reaching and how to better serve everyone in our community. You do have a right not to disclose the information; however, by doing so you may impact our ability to ensure equality of opportunity.

All details are held in accordance with the Data Protection Act 1998 with the information you provide being anonymous and will not be stored with any identifying information about you.

The information that we need, as outlined in the 2010 Equality Act, includes information about age, disability, gender reassignment, marital status, maternity, race, religious belief, sex, and sexual orientation.

Please select the boxes which are relevant to you

Ethnicity

Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality.

Asian/Asian British
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

Mixed/multiple ethnic groups
- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed/multiple ethnic background

Black/African/ Caribbean/ Black British
- ☐ Caribbean
- ☐ African
- ☐ Any other
- ☐ Black/African/Caribbean
- ☐ background

White
- ☐ English
- ☐ Northern Irish
- ☐ Scottish
- ☐ Welsh
- ☐ British
- ☐ Irish
- ☐ Gypsy/Irish traveller
- ☐ Any other White background

Other ethnic group
- ☐ Arab
- ☐ Any other ethnic group

Rather not say
- ☐ Rather not say

Age

- ☐ 10 - 14
- ☐ 15 - 19
- ☐ 20 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65+
- ☐ Rather not say

Sex

- ☐ Male (M)
- ☐ Female (F)
- ☐ Rather not say

Sexual orientation

- ☐ Heterosexual
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Gender re-assignment

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☐ Yes ☐ No ☐ Rather not say

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