



BRIEFING ON PROPOSED CHANGES TO HOSPITAL SERVICES

Why do things need to change?

We need to maintain high quality, safe local health services that meet current needs and are sustainable into the future.

The existing configuration of hospital services is not sustainable. It does not reflect the most recent guidelines/recommendations and there are concerns about the long term safety and quality of provision. The hospital trust also faces considerable challenges in relation to recruiting and retaining staff and its overall financial position.

We know that advances in medicine are changing the way we treat illness and injury and that demand for services is increasing, for example as a result of a growing and aging population. The proposed changes to hospital services are part of a wider transformation which will see more care delivered closer to home, reducing the need for hospital admission.

What services are involved?

This programme of work and supporting consultation will consider changes to the following hospital services:

- planned care
- urgent and emergency care
- paediatrics

It will also look at a range of community-based services that support these areas of activity, including maternity

What is the clinical model?

The clinical model of care has been developed by hospital doctors and healthcare professionals working alongside local GPs. It does not indicate a preferred location, although it does show which services should be together on a site. The new clinical model will provide safer, higher quality services for the whole population of Calderdale and Greater Huddersfield.

The model recommends a separation of planned and unplanned services.

Hospital A	Hospital B
<ul style="list-style-type: none"> • Urgent Care Centre (minor injury unit / medically-led minor illness unit including diagnostics) • Emergency centre • Paediatric emergency centre • 24hr obstetrics • Inpatient paediatrics • Acute endoscopy • Intensive care unit • Complex and unplanned surgery 	<ul style="list-style-type: none"> • Urgent Care Centre (minor injury unit / medically-led minor illness unit including diagnostics) • Medical day case • Endoscopy • Planned inpatient surgery

Services at BOTH hospitals
<ul style="list-style-type: none"> • Outpatients • Therapies • Day case surgery • Midwifery led maternity led unit • Diagnostics

Which services will be located in Calderdale and which will be located at Huddersfield?

The financial analysis that forms part of the business case for this project shows it is more costly to organise services in a particular way. It therefore identifies Calderdale as the location for unplanned services (hospital A) and Huddersfield as the location for planned services (hospital B).

Separating planned and unplanned care will improve the quality and safety of services by making sure we have enough experienced staff with the right facilities around them, 24 hours a day, 7-days a week. It will also meet national care standards.

What does this mean for patients?

The new model of hospital services will save more lives, improve experiences, and deliver better outcomes for patients. It will provide long term clinical and financial sustainability and ensure that we are able to maintain two vibrant, local hospitals.

The reconfiguration of services is part of a bigger transformation which will see more care being delivered closer to home, reducing the need for hospital admission.

Some people will need to travel to a different location or a greater distance in order to access healthcare in the future.

Is this about saving money?

These changes are designed to improve the quality and safety of hospital services, bring them in line with national care standards and make them sustainable into the future.

The proposed new model of care will require significant financial investment in facilities, equipment and staffing over the next five years.

What happens next?

The Governing Bodies of NHS Greater Huddersfield and NHS Calderdale Clinical Commissioning Groups (CCGs) agreed that consultation on the future of hospital services can get underway. The CCGs will now make plans for a consultation, which is expected to begin in February. Once the consultation is launched, there will be lots of opportunities for patients, the public and other stakeholders to find out more about these proposals and have their say. We will be running a series of public events, publishing a survey, and using our website, advertising and social media to raise awareness of the consultation and encourage people to have their say.