Frequently asked questions

Here are some questions and answers about the Better Health Programme. If you have a question you'd like to ask, email us at: necsu.betterhealthprogramme@nhs.net

What is the Better Health programme?

The Better Health programme is a piece of work, which has been led by senior clinical staff, about how the NHS in Darlington, Durham and Tees can improve outcomes and experience for patients when they need care, especially in an emergency, and covers hospital and community based services.

Who is leading the Better Health Programme?

The programme is being led by around 100 senior clinicians - including hospital consultants and GPs. This includes experienced consultants and general practitioners and senior nurses working in NHS hospitals and primary care across County Durham, Darlington and Teesside. There is also involvement of social care, and other key partners.

They are reporting into a clinical leadership group which includes the medical directors of the three Foundation Trusts which run our local hospitals, and led by an independent chair, Professor Andrew Cant. Professor Cant is a consultant in child health at Great North Children's Hospital at the Newcastle-Upon-Tyne Hospitals Trust and Chair of the North East Clinical Senate.

The programme Board is led by the Chief Officers of the local CCGs and the Chief Executives of the NHS FTs.

Please visit our website to see the biographies of some of our leading clinicians.

Will patients and the public be consulted on regarding any possible changes?

Yes. We are holding a series of engagement meetings to help us develop our thinking, share with you some of the reasons why change will be better for patients, and seek your views in helping us develop the way ahead. To get involved you can attend one of our forthcoming engagement events. There will be a full public consultation once we have developed a series of options to consider. This is likely to start in November 2016.

Which services are affected?

Clinicians have been looking at the following services, and believe changes would improve outcomes for patients with serious and life threatening illnesses, and requiring care in the following areas: emergency care, acute (emergency) medicine, acute (emergency) surgery, orthopaedics, gynaecology maternity, neonatal intensive care, and paediatrics.

Will this result in closures of hospitals or services?

We haven't developed options yet for how change will affect organisations or services.. There are no plans to close any hospitals but the programme is likely to result in significant changes to the way services are provided to patients, and the way our staff work.

For example, the programme is looking at how care is provided to patients in a life threatening emergency. Our clinicians believe that there are patients who would benefit if these services were located in specialist centres – as is currently the case for heart attack and stroke, and patients with serious injuries.

We anticipate that to staff these departments better could result in fewer departments however, a lot of work is being done to establish what the range of options are to improve the staffing access over 24 hours per day, 7 days per week. This information is complex and so we need time to listen to all views and ideas. We intend to share the range of scenarios with you in our next phase of engagement planned from June.

Clinical staff in maternity services are also looking at options for increasing the availability of midwife led care, so that consultants can concentrate on cases where mums or babies may be at high risk.

Does this mean that there will be fewer services at my local hospital?

We don't know how service delivery at individual hospitals will be affected yet.

However, most people attend their local hospital for outpatient appointments, diagnostic scans and other tests, planned care (such as surgery), and A&E. For most patients, this won't change.

While some hospitals may see an increase in specialist emergency care, other hospitals may see an increase in the amount of planned surgery carried out there.

These are issues on which we want your opinions and views.

How many people will have to travel further for their care?

Again this is another facet of the work we are undertaking, so we can understand how different options may affect different people and if any are disadvantages, what we can do to try and reduce any inequality.

In principle, however, our clinicians want to provide more care close to home, with patients only travelling where necessary.

Why is change needed?

We are living longer and over time our health needs have changed, with many of us now having long-term health conditions – such as heart disease, or diabetes - which could be managed effectively with primary care and community based services, with less dependence on hospital based care.

Where patients need to be admitted to hospital, they often require care from a range of professionals with specialist skills.

In the past, most hospitals could offer people the best treatment available at the time for most conditions. However, clinical practice has taken great strides forward in the last four decades.

As healthcare is becoming increasingly specialised it is becoming more difficult to have that level of expertise available in every hospital for every service.

Is this linked to a shortage of staff?

There is a shortage of specialist staff across the NHS, including Darlington, Durham and Tees.

This can be particularly challenging for smaller hospitals, and outside cities where teaching hospitals are based.

For example, there are significant differences in the numbers of consultants each of our A&E departments have.

Action is being taken to increase the numbers of nurses and therapists available to work in the NHS, including increasing training places. Nurses and therapists take three years to train.

In the case of medical staff, it takes up to 15 years to train a consultant, so we need to do things differently to make the best use of the skills that are available to us now.

What does it mean when you say a service is not sustainable?

Service sustainability might relate to a number of factors. For example:

- Whether it has enough staff to offer a reliable service – care from a service run by a very small group of staff is very vulnerable if an individual leaves, or falls ill, and this can affect patients badly, especially where skills are scarce.
- Whether there are enough patients – Royal Colleges and other bodies recommend minimum numbers of cases for providing a quality service, and this can be challenging where hospitals see very few cases.
- Whether the service can properly staff medical rotas – there is strict guidance for the number of staff that should be on duty or on call for example in emergency care and maternity. This is about making sure that, if a patient arrives at any time of the day or night, they receive the right level of care from the right professional.
- Whether it has permanent staff, or depends on locums – a service running on locum staff is vulnerable to its staff moving on, fluctuating quality (locum staff may not be as committed to the service), as well as potentially being expensive to employ
- Whether the service meets wider care standards – for example, is the right equipment available, and are the right support services in place (for example scans and other diagnostics) to provide good care

What is a "framework of care"?

The draft framework of care is a simple description of the key elements of how local health services might look in the future. It is not fixed, and during engagement with patients and the public, and staff, we expect the framework to develop.

Once we have agreement that the framework is broadly right, then we can start to work out in much more detail how services could look.

What do you mean by "scenarios"?

A scenario is a more detailed description of how services might possibly look in the future, based on the framework and taking into account feedback we have received. It won't describe where specific services will be located (e.g. which services will be provided in which hospital), but it will go into more detail about how services need to work together to provide safe, high quality care.

What do you mean by "options"?

Options are proposals about how services could look in the future, worked out in detail, and describing what services will be provided in the future, and where from. Once designed and agreed by the Project Board, these will be the basis for consultation.

What do you mean by a "network"?

A network of services and teams across Durham, Darlington and Tees Valley means that there is a common purpose, common set of quality standards and outcomes, and a common team. Variation in care in the NHS is well known fact and the leaders of the whole system are determined to reduce variation of care and aim to provide the best outcomes within the resources available.

What are the clinical standards which the Better Health Programme talks about?

The clinical standards describe best practice recommended by national experts, for example:

- London Quality Standards
- Royal College of Obstetricians and Gynaecologists
- Royal College of Physicians

- Royal College of Paediatrics and Child Health
- Royal College of Emergency Medicine
- National Confidential Enquiry into Patient Outcome and Death

Clinical standards cover issues like:

- Availability of consultant staff to look after patients
- Staffing levels and availability during the day and at night or weekends
- Numbers of patients who should be seen and treated by a service to make sure skill levels are maintained
- Use of best practice and recommended treatments
- Access to diagnostic tests (scans, blood tests, endoscopy), where required
- Timescales for assessment by a senior clinician when a patient comes into hospital.

The recently announced NHS Plan sets out four priority clinical standards to be met by 2020, agreed with the Academy of Medical Royal Colleges, as having the most impact on reducing weekend mortality and will therefore become our immediate focus. These are:

- Standard 2: Time to Consultant Review
- Standard 5: Access to Diagnostics
- Standard 6: Access to Consultant-directed Interventions
- Standard 8: On-going Review

The hospitals in our area already deliver good care. Why are these standards so important?

Most of the time, our services provide good care, and have done so for many years.

However, clinical practice continues to change as a result of new technology and the development of new techniques. We have seen this in recent years with the treatment of heart attacks, stroke, and serious injuries (trauma).

Medical evidence shows that patients' chances of surviving with good outcomes are increased when they are admitted to specialist centres that see large numbers of

patients with the same problems and meet high clinical standards. Our clinicians believe there are other patients who would benefit from treatment in a specialist environment, where there are senior staff on duty seven days a week

Can more care be provided close to home in my local community?

We believe more care can be provided close to home. Local GP led Clinical Commissioning Groups are developing plans for doing this so that care is joined up more effectively between hospitals, community services, GP practices, social care and voluntary sector support.

This is important for helping people to live independently for longer, supported by services which keep them healthy and in their own homes, and avoiding unnecessary hospital stays, which can have a negative impact.

When we met patients and the public at meetings in February, they shared lots of ideas about services that could be available closer to home, and we look forward to taking these conversations forward.

Could staff lose jobs?

This is not about reducing jobs, particularly clinical staff. We need all of our trained professionals, especially in services heavily reliant on locum or agency staff. This may mean some staff working differently, or in different locations, but that would be subject to consultation.

If patients have to travel further, how will they get there? How will visitors get there?

If patients need to travel further in an emergency, this will, in the vast majority of cases, be by blue light ambulance. Within a few days, many patients will return to their local hospital, or back home to be cared for by community services.

It can be difficult for visitors to go to a hospital further away, especially if they do not have access to a car.

We are setting up a travel group to look at issues around travel and transport.

How can I have my say?

We are holding a series of events during May.

We will use your feedback to help us develop the decision making criteria and the scenarios for how care could be provided in the future. The next phase of engagement is being planned for during June/July.

There are a variety of ways to share your views and these are:

Email: necsu.betterhealthprogramme@nhs.net

Twitter: www.twitter.com/NHSBetterHealth
Facebook: www.facebook.com/nhsbetterhealthprogramme