

Agenda

Health Overview and Scrutiny Committee

Monday, 26 September 2016, 10.00 am
County Hall, Worcester

All County Councillors are invited to attend and participate

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اردو۔ اگر آپ اس دستاویز کی مشمولات کو سمجھنے سے قاصر ہیں اور کسی ایسے شخص تک آپ کی رسائی نہیں ہے جو آپ کے لئے اس کا ترجمہ کر سکے تو، براہ کرم مدد کے لئے 01905 765765 پر رابطہ کریں۔ (Urdu)

کوردی سۆزانی. ننگیر ناتوانی تێبگهی له ناوچێزکی نهم بپلگهی و دهستت به ههچ کس نایگات که وهیگێزێتوه بۆت، تکلیه تملظۆن بکه بۆ ژمارهی 01905 765765 و داوای رینۆینی بکه. (Kurdish)

ਪੰਜਾਬੀ। ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਮਹੱਤਵ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਅਤੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੱਕ ਪਹੁੰਚ ਨਹੀਂ ਹੈ, ਜੋ ਇਸਦਾ ਤੁਹਾਡੇ ਲਈ ਅਨੁਵਾਦ ਕਰ ਸਕੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 01905 765765 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Health Overview and Scrutiny Committee
Monday, 26 September 2016, 10.00 am, County Hall, Worcester

Membership

Worcestershire County Council Mr A T Amos, Mr W P Gretton, Mrs J L M A Griffiths, Mr P Grove, Ms P A Hill, Mr A P Miller, Mrs F M Oborski, Mrs M A Rayner, Mr G J Vickery and Mrs A T Hingley

District Councils

Mr T Baker, Malvern Hills District Council
Ms T Biggs, Worcester City Council
Dr B T Cooper, Bromsgrove District Council
Mrs F S Smith, Wychavon District Council
Mrs N Wood-Ford, Redditch Borough Council

Agenda

Item No	Subject	Page No
1	Apologies and Welcome	
2	Declarations of Interest and of any Party Whip	
3	Public Participation Members of the public wishing to take part should notify the Head of Legal and Democratic Services in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 23 September 2016). Enquiries can be made through the telephone number/email address below.	
4	Confirmation of the Minutes of the Previous Meeting Previously circulated	
5	Scrutiny Approach: Consultation Plans for the Future of Acute Hospital Services in Worcestershire	1 - 4
6	Future of Acute Hospital Services in Worcestershire	5 - 60
7	Wyre Forest Community Unit	61 - 64
8	Radiology	65 - 66

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telephone: Worcester (01905) 844964 / 844965, email: scrutiny@worcestershire.gov.uk

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http://www.worcestershire.gov.uk/info/20013/councillors_and_committees

Item No	Subject	Page No
9	Health Overview and Scrutiny Round-up	67 - 70

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

26 SEPTEMBER 2016

SCRUTINY APPROACH: CONSULTATION PLANS FOR THE FUTURE OF ACUTE HOSPITAL SERVICES IN WORCESTERSHIRE

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is asked to agree the approach to scrutiny of public consultation plans for the Future of Acute Hospital Services in Worcestershire.

Background

2. HOSC members will be aware that the Future of Acute Hospital Services in Worcestershire (FoAHSW) programme, initiated in 2012, is now in its final stages. Agenda item 6 'Future of Acute Hospital Services in Worcestershire – Update' sets out the aims and background to the review of hospital services, which have been subject to numerous public HOSC discussions.
3. The Pre Consultation Business Case is due to be submitted to NHS England for assurance on 5 October 2016. Prior to this, it will also need to be approved by the three Clinical Commissioning Group (CCG) Governing Bodies at their meetings at the end of September/beginning of October. NHS England will convene a panel on 19 October to review the Business Case. The Programme is aiming to start public consultation by the end of November 2016.
4. As part of the final NHS England assurance process, the consultation plan and document requires approval by Worcestershire's HOSC.

Scrutiny legislation

5. HOSC members will be aware that local authorities' health scrutiny function is a statutory function, and the NHS is required to consult on any proposed substantial developments or variations in the provision of the health service – subject to exceptions as set out in the 2013 Regulations, for example because of a risk to safety or welfare of patients or staff.¹
6. The 2014 guidance on scrutiny regulations covers joint health scrutiny – "Local authorities may appoint a discretionary joint health scrutiny committee (Regulation 30), to carry out all or specified health scrutiny functions, for example health scrutiny in relation to health issues that cross local authority boundaries."

¹ The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

7. The guidance also states 'Regulation 30 also requires local authorities to appoint joint committees where a relevant NHS body or health service provider consults more than one local authority's health scrutiny function about substantial reconfiguration proposals (referred to as a mandatory joint health scrutiny committee).²

Consultation for the Future of Acute Hospital Services in Worcestershire

8. In the case of the Future of Acute Hospital Services in Worcestershire, the Programme Board has advised that the surrounding area clinical commissioning groups (Warwickshire, Solihull, Herefordshire and Birmingham) have been asked whether they would want to consult their local populations on the proposed changes, and are of the view that this is NOT a substantial change for their populations, and have therefore opted to be consulted *on* the proposals, rather than *to* consult.

9. The Programme Board has advised that projected numbers of patients who may access care elsewhere are very low, and are included in the Pre Consultation Business case.

10. The scrutiny officers contacted the surrounding area scrutiny committees to ascertain whether their HOSCs viewed the proposed model as representing a substantial change for their local population. Warwickshire and Solihull have confirmed that they do not view the proposed changes as substantial; Birmingham and Herefordshire have confirmed that they do and have requested that a joint committee be formed.

11. Advice has been sought from the Council's Statutory Scrutiny Officer and the Head of Legal Services – who both hold the view that the requirement to appoint a joint health committee is only triggered by the consultation by Health as the responsible person of more than 1 authority. If they do not so consult then the duty is not triggered. As Health have not consulted more than one authority, there is no requirement to have a Joint HOSC and it is therefore the discretion of this Committee as whether or not to have one.

12. Additionally, the HOSC Chair is keen that plans which predominantly affect Worcestershire residents and services should be scrutinized by Worcestershire HOSC members – whilst extending invitation to members of surrounding area HOSC members to attend if they so wish.

13. A joint health scrutiny committee would be made up of a small group of members from each relevant area, and would likely need to be politically balanced.

Legal, Financial, and HR Implications

14. Regulation 23 requires relevant NHS bodies and health service providers to consult a local authority about any proposal which they have “under consideration” for a substantial development of or variation in the provision of health services in the local authority’s area. “Substantial development” and “substantial variation” are not defined in the legislation – in general the approach adopted by Worcestershire

² 2014 Department of Health Local Authority Scrutiny Guidance

HOSC in has been to consider the potential impact on service users, service quality and sustainability, numbers affected and consultation plans.

15. Local authorities can refer a consultation to the Secretary of State if it considers:
- The consultation has been inadequate in relation to the content or the amount of time allowed.
 - The NHS body has given inadequate reasons where it has not consulted for reasons of urgency relating to the safety or welfare of patients or staff.
 - A proposal would not be in the interests of the health service in its area.

16. Where there are concerns about proposals for substantial developments or variation in health services (or reconfiguration as it is also known) local authorities and the local NHS should work together to attempt to resolve these locally if at all possible. If the decision is ultimately taken to formally refer the local NHS's reconfiguration proposals to the Secretary of State for Health, then this referral must be accompanied by an explanation of all steps taken locally to try to reach agreement in relation to those proposals.

Purpose of the meeting

17. The HOSC is asked to:
- consider and agree the proposed scrutiny approach, which has been reached in discussion with both the Council's Statutory Scrutiny Officer and the Head of Legal Services;
 - consider for approval, the public consultation plans for the future of acute hospital services in Worcestershire, as part of agenda item 6.

Contact Points

Specific Contact Points for this report

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Department of Health Local Authority (Public Health, health and Wellbeing Boards and Health Scrutiny) Regulations 2013
<http://www.legislation.gov.uk/ukxi/2013/218/contents/made>
- Department of Health Local Authority Health Scrutiny Guidance 2014
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf
- Agenda of the Health Overview and Scrutiny Committee on 26 September 2016 – item 6 'Future of Acute Hospital Services in Worcestershire – Update'
<http://worcestershire.moderngov.co.uk/ieListDocuments.aspx?CId=141&MId=1640&Ver=4>

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE 26 SEPTEMBER 2016

FUTURE OF ACUTE HOSPITAL SERVICES IN WORCESTERSHIRE

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to be updated on the Future of Acute Hospital Services in Worcestershire (FOAHSW) programme, including:
 - NHS England Assurance Process
 - The plans for public consultation including the consultation document, and
 - The timetable going forward
2. The Future of Acute Hospital Services in Worcestershire Programme is due to submit its Pre Consultation Business Case (PCBC) to NHS England for Assurance on 5 October 2016. Prior to submission the PCBC which is in the final stage of being drafted will need to be approved by the three Clinical Commissioning Group (CCG) Governing Bodies at their meetings at the end of September/beginning of October. NHS England will convene a panel on 19 October to review the Pre Consultation Business Case (PCBC) and the PCBC will be published on the CCGs' website on this date. This is the final stage in the process before the start of public consultation.
3. Representatives from the FOAHSW programme have been invited to the meeting.

Background

4. Now in its final stages, the HOSC has maintained regular overview of the review of acute hospital services in Worcestershire, which was initiated in 2012, prompted by a number of needs, including national evidence that certain services can be provided to a higher standard if they are centralised, a lack of doctors specialising in certain services and the increasing challenge of meeting the needs of an ageing population with more complex and long-term conditions.
5. There have been a number of delays in the process of finalising the review, which have been acknowledged to be frustrating for everyone involved.
6. A number of temporary service changes have had to be made by Worcestershire Acute Hospitals NHS Trust on an emergency basis to secure safe services whilst the reconfiguration process has progressed.
7. HOSC Members will be aware that the main proposed changes to services in the proposed clinical model of care are:
 - Separation of emergency and planned care to improve outcomes and patient experience
 - Creation of centres of excellence for planned surgery

- Urgent care centre for adults and children at the Alexandra Hospital in Redditch
- Accident and Emergency remaining at the Alexandra Hospital for adults only, with robust arrangements for managing a seriously sick child if they arrive unexpectedly or their condition deteriorates and they need an inpatient stay in hospital
- Centralisation of inpatient care for children at Worcestershire Royal Hospital with the majority of children's care remaining local. 80% of children would continue to receive all their care locally
- Centralisation of consultant-led births at Worcester with ant-natal and post-natal care remaining local
- Centralisation of emergency surgery.

NHS England Assurance

8. It is a requirement of the NHS planning process for organisations seeking to reconfigure services to produce a Pre Consultation Business Case which explains the rationale for the change. The PCBC must be approved by NHS England at a formal assurance panel before public consultation on the reconfiguration plans can commence. The Future of Acute Hospital Services in Worcestershire PCBC is due to be submitted to NHS England on 5 October and the Assurance Panel is expected to meet on 19 October 2016.

Public Consultation

Public Consultation can commence after NHS England has approved the Pre Consultation Business Case. A consultation document on the proposals has been prepared and the latest version is included at appendix 1. The documents are currently being designed for printing and HOSC members will be sent the designed versions, for comment. There will also be summary and easy read versions of the consultation document.

9. HOSC received and supported the Approach to Consultation and the outline Consultation Plan at its meeting in July 2016. As soon as the date of the start of public consultation is known the dates of public meetings will be finalised and the complete consultation plan and consultation materials will be circulated to HOSC members.

Timelines

10. NHS England have advised that a formal decision by the Assurance Panel will be made two weeks after the panel meets and that it expects organisations to take a further 6-8 weeks to complete their preparations for consultation. The Programme is aiming to start public consultation by the end of November 2016. As the consultation will run over the Christmas period it is planned to extend the length of consultation from 12 to 14 weeks. Consultation should be complete before the start of the local election purdah on 23 March 2017.

11. After consultation the responses will be independently analysed before being submitted to the CCGs for consideration. The CCGs' formal decision on the Future of Acute Hospital Services in Worcestershire is likely to be after the elections in May 2017.

Purpose of the meeting

12. Members are invited to:

- consider the progress update and timetable towards completion
- approve the public consultation document

Supporting Information

- Appendix 1 – Approach to Consultation and outline weekly consultation plan
- Appendix 2 – Summary Consultation document

Contact Points

County Council Contact Points

Worcestershire County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report

Emma James / Jo Weston, Overview and Scrutiny Officers: 01905 844964 / 844965

Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Director of Commercial and Change) the following are the background papers relating to the subject matter of this report:

- Health Overview and Scrutiny Committee on 4 July, 6 November 2012, 24 January, 25 June and 8 October 2013, 22 January, 22 January, 15 July, 8 October and 5 November 2014, 16 September 2015, 27 April and 19 July 2016 - agenda and minutes available on the Council's website at [here](#)
- Economy and Environment Overview and Scrutiny Panel on 18 May 2016 – available on the Council's website [here](#)
- The Future of Acute Hospital Services in Worcestershire:
www.worcsfuturehospitals.co.uk
The website includes:
 - Reports of the Independent Clinical Review Panel (January 2014), the West Midlands Clinical Senate Report (June 2015) and the West Midlands Clinical Senate Report (June 2016)
 - Stakeholder Newsletters and press releases

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The Future of Acute Hospital Services in Worcestershire

Public Consultation Document

Dates to be confirmed – 12 weeks in total

Have your say on plans for the Alexandra and Worcestershire Royal Hospitals

For more information about the consultation or to request a summary of the information provided in this document in a different format or language please get in touch with us. Requests for information in a different language will be provided in a document format where possible, and if not possible, via an interpretation service.

Visit our website www.worcsfuturehospitals.co.uk

Call us **number**

Email us: futurehospitals@worcestershire.nhs.uk

Send your response to: Future of Acute Hospital Services in Worcestershire, The Coach House, John Comyn Drive, Worcester WR3 7NS

Contents

Foreword

What is this document for?

Chapter 1

Is change needed or should we go on as we are?

Chapter 2

How we have developed our proposals

Chapter 3

Our proposals for:

- Planned care
- Emergency and urgent care
- Services for children
- Maternity services

Chapter 4

What these proposals will mean for you and your family

Transport

Equality Impact Assessment

Chapter 5

Having your say

Chapter 6

Next steps

Glossary of terms

Questionnaire

Foreword

Every patient is entitled to expect high quality and safe health services from the NHS.

As the leaders of the NHS in Worcestershire it is our passion and aim to provide the very best of health and care to our patients and communities.

In this document we share our vision on how we think your hospital services should be provided in the future but we want to know what you think.

We are sharing our proposals with you and want you to tell us if you agree with them or whether you think we should do things differently.

Our shared vision is the result of nearly five years of work by Worcestershire's leading clinicians. Together we have developed a clinical model which we believe gives Worcestershire safe and sustainable hospital services.

The model proposes:

- Separation of emergency and planned care to improve outcomes and patient experience
- Creation of centres of excellence for planned surgery
- A&E remaining at the Alexandra Hospital (adult only) with robust arrangements for managing a seriously sick child if they arrive unexpectedly or their condition deteriorates and they need an inpatient stay in hospital
- Urgent care centre for adults and children at the Alexandra Hospital
- Centralisation of inpatient care for children at Worcester with the majority of children's care remaining local
- Centralisation of consultant-led births at Worcester with ante-natal and post-natal care remaining local
- Centralisation of emergency surgery

The three Clinical Commissioning Groups in the county, who are responsible for deciding which health services should be provided, and Worcestershire Acute Hospitals NHS Trust have undertaken further work on the recommendations with the help of a Patient, Public and Stakeholder Advisory Group, to make sure that future services are clinically and financially sustainable.

We recognise that some people will not be happy that we are only consulting on one option but we believe it is the only clinical solution for Worcestershire. It has been developed by clinicians within the county and endorsed by the West Midlands Clinical Senate and we believe it is the best way of maintaining as wide a range of health services as possible across all three acute hospitals in Worcestershire.

We accept that we are not offering local people a choice about what services should be provided at each hospital but we do want to know if we have missed anything or if there are ways in which we could enhance the services we plan to offer.

Over the last few months we have seen our current clinical services become increasingly fragile due to shortages of highly skilled staff, and some patient pathways have had to be altered on an emergency, temporary basis, to ensure the safety of our patients. This has been well documented in the press. We regret that this has happened but if we don't plan to make our clinical services more robust we face having to make more unplanned changes, which is not something we wish to do. The national experience of unplanned changes is that they do not serve patients well as they are done in haste and do not attract capital investment. Despite this, the staff at Worcestershire Acute Hospitals have coped admirably well with the changes to their service. This has been most notable in maternity. Almost all the women who were booked to deliver their babies at the Alexandra Hospital after the service was temporarily suspended in November 2015 have chosen to give birth at the Worcestershire Royal. Despite the increased numbers of births the quality of the service has not suffered and patient satisfaction levels remain high.

People have asked us why we need to consult when much of the clinical model has already been put into place with the temporary emergency changes. The answer is that we need to consult the public on the model and to submit a business case to NHS England in order to access the money we need to make permanent changes to our hospitals. We are asking for £29 million which will enable us to:

- Improve the operating theatres at the Alexandra Hospital so that we can develop the hospital into a centre of excellence for complex planned surgery
- Increase the number of beds at the Worcestershire Royal Hospital
- Improve car parking

We know that people value local services and often rate access to services above safety and quality. However, as a group of GPs responsible for commissioning these services, we absolutely have to put the safety of our patients above everything else. Our guiding principles therefore are to put forward proposals for safe services within the budget available, which are provided as near to people's homes as possible. Most people go to the Alexandra, Kidderminster and Worcestershire Royal hospitals as outpatients or to have diagnostic tests. Under our proposals, this would not change. Under our proposals 95% of patients would continue to attend the same hospital as they do now.

Services at Kidderminster Hospital would be maintained and there is scope for additional investment and more services at the hospital in the next few years. The proposals also do not affect services provided by the five community hospitals in Worcestershire, Pershore, Evesham, Tenbury Wells, Malvern and the Princess of Wales Hospital in Bromsgrove.

The proposals we are putting forward form a key part of the Herefordshire and Worcestershire Sustainability and Transformation Plan. The Herefordshire and Worcestershire Sustainability and Transformation Plan is our local part of the national *Five Year Forward View* which was published in 2014 and aims to ensure we all receive better care, are healthier, and have an NHS which runs more efficiently by 2020/2021.

The proposals have been drafted with the input of many local people as well as leading local and national experts, who we wish to thank. In particular we would like to thank the members of the Patient, Public and Stakeholder Advisory Group and its chairman, Colin Beardwood, whose wise counsel has helped us refine the proposals over the last four years.

We encourage you to read this document thoroughly with an open mind and to consider the reasons for our proposals. Then tell us what you think.

We value what you think and we want as many people as possible to respond to this consultation by the deadline of midnight on **date**. We would like to reassure you that we will consider the views of all the people, groups and stakeholders who respond.

Dr Anthony Kelly

Chair, NHS South Worcestershire Clinical Commissioning Group

Dr Simon Rumley

Chair, NHS Wyre Forest Clinical Commissioning Group

Dr Richard Davies

Chair, NHS Redditch and Bromsgrove Clinical Commissioning Group

What is this document for?

This document seeks your views on the future of services provided at Worcestershire's two largest NHS hospitals - the Alexandra and the Worcestershire Royal.

This is a consultation document and Worcestershire's Clinical Commissioning Groups would like to hear your views on the recommended changes.

Having your say

There are various ways to find out more, get involved and tell us what you think. These are detailed in Chapter 5.

To ensure your views are considered we must receive them no later than midnight on **date**.

If you have any queries about this consultation please contact:

Future of Acute Hospital Services in Worcestershire,

The Coach House

John Comyn Drive

Worcester WR3 7NS

Chapter 1

Is change needed or should we go on as we are?

This review was started in January 2012 because clinicians across Worcestershire were worried about how they could safely deliver their services. They were concerned about shortages of staff and over the last four years, staff shortages have worsened and as a result some services have had to be moved on a temporary emergency basis. The temporary emergency changes have been made without additional funding to support them.

The NHS is constantly changing and although there are some very good health services in Worcestershire we need to plan to ensure that these services continue to flourish and remain safe in the future.

Our local clinicians told us that we could not continue as we are. Some of our services are too small to be clinically sustainable and we know that we can improve clinical care for patients by bringing specialists together in larger teams.

Having larger teams will enable individual clinicians to treat more patients which will help maintain and improve skills and give you a better service. This is particularly important for patients undergoing specialist procedures such as having a coronary stent fitted, where it is important to be treated by specialist doctors who perform enough procedures to keep their skills up-to-date.

It will also help us provide more consultant-delivered clinical decision-making at any time of the day or night.

You, our local community, rightly demand the highest quality of care. You also want care to be more convenient and designed around the realities of your daily lives. For both reasons, there is a push towards seven-day service provision and this requires a redesign of how we work.

Specialisation in medical and other clinical training has brought with it significant advances as medical technology and capability have increased over the years. But it also brings challenges. It is no longer acceptable, or possible, to staff services with generalists or juniors. If you do, the evidence is that for particularly serious conditions, there is a risk of poor care.

Our staff are aware of this. If they are working in services that cannot meet accepted professional standards, morale falls and staff seek to move to hospitals that can offer these standards. It is also far more difficult to attract new staff to work in such a service.

Clinical challenges

There are three areas of significant challenge for hospital services in Worcestershire:

- Overnight children's services;
- Births;
- Emergency surgery

Overnight children's services in hospital

Worcestershire Acute Hospitals NHS Trust runs two departments where children can stay overnight at the Alexandra and Worcestershire Royal Hospitals but there are not enough doctors to keep both departments open. In September 2016 severe shortages of doctors forced the overnight service for children to move from the Alexandra Hospital to the Worcestershire Royal Hospital. This is a temporary emergency change although it fits with the clinical model going forward, and no decisions on a permanent change will be taken until after this public consultation.

Births

It is not clinically safe to have consultant-led births (births supervised by a doctor) at a hospital which does not have specialist children's doctors on site 24-hours-a-day. The risk of having consultant-led births without children's doctors on site is that a baby will be born who needs immediate medical help and there will be no-one available to look after him or her. Therefore if inpatient children's services are stopped at a hospital, consultant-led births must also cease.

Worcestershire Acute Hospitals NHS Trust runs two consultant-led maternity units at the Alexandra and Worcestershire Royal Hospitals and two inpatient children's departments but if one of the overnight children's departments were to close the consultant-led maternity unit at the same hospital would also have to close.

In November 2015 all births from the Alexandra Hospital were moved to the Worcestershire Royal because of a severe shortage of neonatal nurses. This is a temporary emergency change although it fits with the clinical model going forward, and no decisions on a permanent change will be taken until after this public consultation.

Emergency Surgery

There have been unacceptable differences in the quality of emergency surgery undertaken at the Alexandra and Worcestershire Royal hospitals. National Hospital Standardised Mortality Ratio (HSMR) rates (2013) and the Trust's own internal data indicated higher than acceptable mortality rates at the Alexandra Hospital site, in particular for those presenting with peritonitis or bowel obstruction requiring an emergency laparotomy, and also compared with services delivered at Worcestershire Royal Hospital which were slightly lower than would be expected.

A 2014 King's Fund report into reconfiguration of clinical services states that separating the elective surgical workload from emergency surgery – as proposed under this model - can improve efficiency and avoid cancellations

Planned care

The changes to emergency surgery, children's and maternity services will affect planned care – operations which are booked in advance. This is because we will need to make room at Worcester to treat these patients. We can do this by moving some planned operations to either Kidderminster or the Alexandra Hospitals.

Economic challenges

The health service in Worcestershire has to live within its financial means. The three Clinical Commissioning Groups must be able to afford the services they wish to buy for their patients. In turn, the providers, including Worcestershire Acute Hospitals NHS Trust, have to be able to deliver those services at the price the Clinical Commissioning Groups can pay.

The NHS budget has grown year on year for the first 60 years of its life but the NHS is now facing, at best, a static budget going forward. This gives the NHS across the country a huge challenge and Worcestershire is no different.

DRAFT

Chapter 2

How we have developed our proposals

In January 2012, the Joint Services Review (JSR) was started and led by Worcestershire Primary Care Trust to look at how high quality, safe and affordable hospital services could be maintained in Worcestershire into the future.

However, whilst progress was made in some areas, no agreement was reached on a final proposal or proposals to be considered by the public as part of a consultation process. Two options were put forward for the potential delivery of acute hospital services in Worcestershire.

- Option 1 – Worcestershire Acute Hospitals NHS Trust to continue to run services at the Alexandra, Kidderminster and Worcestershire Royal hospitals.
- Option 2 – Worcestershire Acute Hospitals to run services at the Kidderminster and Worcestershire Royal sites with an alternative provider running some services at the Alexandra hospital.

Under both options there were proposals to stop overnight children's services, consultant-led births and some emergency services at the Alexandra Hospital.

With the end of the JSR project and the closure of Worcestershire Primary Care Trust in March 2013, responsibility for the future reconfiguration of hospital services passed to the three Worcestershire Clinical Commissioning Groups (CCGs), formed under the Health and Social Care Act 2013. The three Worcestershire CCGs are:

- NHS Redditch and Bromsgrove CCG;
- NHS South Worcestershire CCG;
- NHS Wyre Forest CCG.

These three CCGs, in collaboration with NHS England, Worcestershire Acute Hospitals NHS Trust and the NHS Trust Development Authority established a new programme in September 2013 – the Future of Acute Hospital Services in Worcestershire (FOAHSW) to take over responsibility for the reconfiguration of hospital services.

An Independent Clinical Review Panel was set up in September 2013 to review the two options which had resulted from the Joint Services Review. This panel comprised medical and nursing experts from outside Worcestershire who were tasked to consider the situation from a clinical perspective only and make recommendations as to the best solution to provide high quality and safe services to patients in Worcestershire into the future.

The Independent Clinical Review Panel rejected both options. It said that option one needed to be modified to provide a better service for patients in Redditch and Bromsgrove and that option two would have resulted in a worse service for the whole of Worcestershire as it would have led to the loss of many services currently provided in the county.

Further work was undertaken to refine the clinical model and it was put forward to the West Midlands Clinical Senate for review in 2014. The West Midlands Clinical Senate supported the majority of the clinical model but asked for further work to be done on the proposals for

A&E, particularly emergency care for children. This work was led by Dr Kiran Patel, Medical Director of NHS England West Midlands.

The West Midlands Clinical Senate approved the revised clinical model in May 2016, agreeing that it provided sustainable clinical services for Worcestershire.

Temporary Emergency Changes to services

The quality and sustainability of current services is monitored by a Quality and Service Sustainability committee which has identified trigger points at which temporary emergency changes would need to be made, and when they could be safely reversed.

The following temporary emergency changes have been made on clinical safety grounds:

- Emergency surgery on children has been centralised at the Worcestershire Royal Hospital
- Emergency surgery on suspected blocked bowels has been centralised at the Worcestershire Royal Hospital
- Emergency gynaecology has been centralised at the Worcestershire Royal Hospital
- All births (except home births) have been centralised at the Worcestershire Royal Hospital
- Inpatient children's services have been centralised at the Worcestershire Royal Hospital

All these changes are temporary and the Quality and Service Sustainability Committee has identified the trigger points which would enable each of the services listed above to be returned to the Alexandra Hospital. The committee meets monthly to monitor the safety of services and the ability to safely reverse the temporary emergency changes. To date the committee has not found any of the services to be reversible due to ongoing safety concerns.

Chapter 3

Our proposals

The model of care being proposed for Worcestershire separates much of the emergency and planned care undertaken in the county. This separation enables the Trust to utilise its workforce and equipment in the most cost-effective way and ensures emergency patients have access to all the experts and equipment. It will improve outcomes and enhance the patient experience. It will also lead to a reduction in the number of cancelled operations.

The model of care we are proposing moves:

- Most planned orthopaedic surgery from Worcestershire Royal to the Alexandra Hospital
- Some planned gynaecology surgery from Worcestershire Royal to the Alexandra Hospital
- More planned surgery – eg breast surgery from Worcestershire Royal to the Alexandra Hospital
- More ambulatory care from Worcestershire Royal to the Alexandra Hospital
- More daycase and short stay surgery to Kidderminster Hospital
- All hospital births from the Alexandra to the Worcestershire Royal Hospital
- Inpatient children's services from the Alexandra to the Worcestershire Royal Hospital
- Emergency surgery from the Alexandra to the Worcestershire Royal Hospital

The two Accident and Emergency departments at the Alexandra and Worcestershire Royal Hospitals will be maintained and expanded to include co-located urgent care centres. However, the Accident and Emergency department at the Alexandra Hospital will be for adults only due to the proposed move of children's inpatient beds.

It is expected that 95% of patients will continue to access their hospital care in the same hospital as they do now and that 80% of children who currently attend the Alexandra Hospital will continue to have their care provided in Redditch.

Planned Care

Planned care is care that is by appointment for you to have your treatment or surgery. At the moment planned care services are delivered at all three hospital sites. Due to the unpredictable nature of unplanned and emergency care we often find that routine planned surgery has to be cancelled at short notice so that emergency patients can be treated. We believe we could give patients a better experience if we concentrated much of our planned care in specialist centres.

Centres of excellence provide better care for patients. They allow the concentration of physical and clinical resources in a specific location, enabling specialised practice and the benefits this brings. Centres of excellence allow the co-location of the consultant surgeon and anaesthetic teams accredited to the highest standard and specialising in their field of expertise. Patients are treated in dedicated theatres and wards, by specialist nurses, physiotherapists, radiologists, occupational therapists and other clinicians.

The Worcestershire Urology (The area of medicine that focuses on diseases of the kidneys, bladder and male reproductive organs) Centre is already based at the Alexandra Hospital and we aim to introduce the following new countywide centres of excellence at the Alexandra Hospital:

- **Countywide centre of excellence for elective orthopaedics.** Most of the major elective orthopaedic work currently undertaken at both Worcestershire Royal and the Alexandra would be concentrated at the Alexandra site in Redditch. The centre would deliver comprehensive, holistic and personalised care for patients with bone and joint disorders. It would provide the full range of orthopaedic services and all complex orthopaedic services for the county. The countywide centre for orthopaedics would have a dedicated operating theatre and wards at the Alexandra hospital. This

would ensure patients are treated in an MRSA-free environment which reduces the risk of infection after surgery. The centre of excellence would form part of an integrated service for patients with bone and joint problems across Worcestershire. There would be specialist rehabilitation services in appropriate settings away from the Alexandra Hospital to enable patients to receive ongoing treatment closer to home. The orthopaedic work currently undertaken at Kidderminster, including most hand and foot surgery in the county, would continue.

- **Countywide centre of excellence for laparoscopic benign upper gastro-intestinal surgery.** This includes gall bladder surgery, hernias and reflux surgery. There would be a team of six consultant surgeons undertaking planned benign upper gastro-intestinal surgery at the Alexandra hospital.
- **Women's Centre at the Alexandra Hospital**
A dedicated women's centre at the Alexandra Hospital for gynaecological and breast surgery
- **Ambulatory Centre at the Alexandra Hospital**
A dedicated centre for ambulatory surgical care at the Alexandra Hospital including semi-elective ambulatory care. This would enable patients to have planned and semi-planned operations and procedures at the Alexandra Hospital as an outpatient;

Box adjacent to text

Referral for treatment

We support the concept of care closer to home and the consultants cover outpatient appointments in the three acute hospitals and in community hospitals in Malvern, Bromsgrove, Tenbury and Evesham.

We are committed to introducing electronic booking from the GP surgery. At their consultation with their GP, patients would be able to choose which consultant they wish to be treated by, discover how quickly they can be treated and choose a convenient outpatient appointment. They would then be seen by the consultant in the most appropriate convenient location and offered a date for their operation.

Under the proposals Worcestershire Royal Hospital would be the countywide centre of excellence for specialist, more complex surgery. The centres of excellence would be for:

- Colorectal cancers
- Oncology and radiotherapy
- Vascular surgery
- Major upper gastro-intestinal and bariatric surgery
- Head and neck cancer

Worcestershire Royal is already the centre for these surgical services but they will be developed into countywide centres of excellence.

We also want to ensure that Kidderminster Hospital remains a thriving local hospital with as wide a range of services as possible. Under the proposals it is expected that the number and complexity of operations undertaken at Kidderminster Hospital will increase.

The proposals for planned care would mean that some people would have to travel further for their daycase and routine operations in the future but we believe they would have better surgical care with reduced chance of cancellation or hospital-acquired infection than now. Outpatient appointments would continue to be available in all three hospitals, as now.

Proposal 1

To introduce countywide centres of excellence for orthopaedics, breast surgery and laparoscopic benign upper gastro-intestinal services at the Alexandra Hospital and to introduce a women's centre and an ambulatory care centre at the Alexandra Hospital

Proposal 2

To strengthen the countywide centres of excellence for resection for colorectal cancers, oncology and radiotherapy, vascular surgery, major upper gastro-intestinal and bariatric surgery, and head and neck cancer at the Worcestershire Royal Hospital

Patient story

Parvinda (44) from Pershore has been diagnosed with gallstones and needs to have her gall bladder removed. She has had her surgery cancelled twice at the Worcestershire Royal because the hospital has been full of emergency patients and there has been no bed for her. Under our proposals Parvinda would have her operation at the Alexandra Hospital in the specialist elective upper gastro-intestinal centre. She would have her operation in a dedicated planned surgery operating theatre and recover on a planned surgery ward. It is less likely that her surgery would be cancelled.

Patient story

Mike (56) from Malvern needs a hip replacement. Under our proposals he would be given a convenient date to have his surgery at the Alexandra Hospital in Redditch. His operation would go ahead as planned in a specialist orthopaedic theatre which would reduce the chance of him contracting an infection. He would receive his immediate after care as an inpatient in Redditch before being discharged home after 4-5 days. At home he would

continue to have physiotherapy from the community team based at Malvern Community Hospital.

Patient story on patient using ambulatory care

Julie from Tenbury example of what would have gone to WRH but will now go to Kidderminster

Births

There are currently consultant-led maternity services at both the Alexandra and Worcestershire Royal Hospitals. However, it would be unsafe to run a consultant-led maternity service if there are no on-site children's doctors 24-hours-a-day. This is because some babies require specialist support from highly trained doctors just after they are born. Most of the time the doctors and midwives looking after pregnant women can tell which ones will need extra special help but sometimes a baby which is expected to be healthy also needs specialist help.

If Proposal 4 is accepted and we no longer have inpatient beds for children at the Alexandra Hospital we would have to births at the hospital.

We propose to concentrate all births in Worcestershire at the Worcestershire Royal Hospital. All women would continue to have all their ante-natal care, scans and diagnostic tests at the hospital or community clinic they currently attend but they would deliver their babies in Worcester.

Alternatively they would be able to choose another provider, such as Birmingham Women's Hospital or Warwick Hospital for all their ante-natal care and the birth itself.

Temporary Emergency changes to births in Worcestershire

Due to the shortage of neonatal nurses all hospital births in Worcestershire were moved on a temporary emergency basis from the Alexandra Hospital to the Worcestershire Royal Hospital in November 2015. Until then up to 2,000 women had given birth every year at the Alexandra Hospital. We expected that around 500 of these women would choose to give birth out of county but only 120 have chosen to do so. The Worcestershire Royal Hospital has been able to accommodate all the additional births and the number of complications during birth including complications including caesarean sections has fallen.

Patient story

Leesa from Redditch is 17 and she's just found out she is expecting twins. She's young and healthy but because she is expecting twins there is more chance that her babies will be born early, will be smaller than most babies and will need extra support after their birth. As Leesa is considered 'high risk' and needs to be cared for by a consultant obstetrician she has to plan to give birth in a full obstetric unit. The nearest units are Birmingham Women's, Warwick and Worcestershire Royal. Leesa chooses the Worcestershire Royal. She has all her scans and pre-birth check-ups at the Alex and when she goes into labour prematurely

she travels to Worcester to give birth. Her twins, Jack and Ollie, are small and need high dependency care followed by special care for two weeks. Leesa stays in hospital and her twins move from the neonatal unit to the transitional care ward where Leesa helps to look after them until they can be discharged home. Leesa and the twins have all their follow up care in Redditch.

Patient story

Lottie (27) from Bromsgrove is expecting her second child. She had no complications with her first baby and she wants a normal birth. She's given the choice of having her baby at home or at the midwife led unit in Worcester which is next to the consultant-led unit. She is warned that even if she wants a midwife-led birth at home she might have to transfer to Worcester if her baby needs consultant intervention such as an emergency caesarean section. Lottie opts for a home birth which proceeds without any complications.

Patient story

Gemma from Redditch is 39 and pregnant with her first baby. She has diabetes and has been told she will need to give birth in a consultant-led unit. All through her pregnancy she has all her scans and check-ups at the Alex and when at 37 weeks she thinks she can't feel her baby's legs kicking, she is admitted to the pregnancy day assessment unit at the Alex for monitoring. The midwives find her baby's heart and she is able to return home. Two weeks later she gives birth to Jack at the Worcestershire Royal Hospital.

Midwife-led birth centre in North Worcestershire

The Independent Clinical Review Panel said that Redditch and Bromsgrove Clinical Commissioning Group should consider offering women the choice of having their baby in a midwife-led unit in the north of the county if they choose to do so and their pregnancy is low risk. The three CCGs considered this and decided not to include it as part of the consultation because:

- The Midwife-led birth centre which was established in April 2015 on the Worcestershire Royal Hospital site, has proved extremely popular and serves the whole of Worcestershire.
- Fewer women than expected have transferred out of county for the birth of their child than had been expected as a result of the temporary emergency changes and the Worcestershire Royal has had the capacity to cope with the additional births.
- There is spare capacity at neighbouring standalone birth units and unlikely to be enough demand for a new standalone birth centre in the area.

The CCGs will consider a separate review in the future, if demographics or circumstances change.

Proposal 3

To centralise all hospital births in the county at the Worcestershire Royal Hospital where women would have the choice of midwife or consultant-led care.

Services for children

Services for children under 16 are currently available at all three hospitals. There are specialist children's wards at the Alexandra and Worcestershire Royal Hospitals and children are seen as outpatients at the Alexandra, Worcestershire Royal and Kidderminster Hospitals. Most day case operations on children are undertaken at Kidderminster Hospital.

Under our proposals there would continue to be outpatient procedures at all three hospitals and daycase operations at Kidderminster but all inpatient facilities would be concentrated in a new specialist children's centre at the Worcestershire Royal Hospital.

We are making this proposal because there are currently too few specialist children's doctors in Worcestershire to meet the Royal College of Paediatricians safety guidelines and there is evidence that sick children do better if they are treated in larger, more specialist centres.

By concentrating our inpatient services for children in one hospital we would be able to increase the amount of consultant cover for sick children and have the opportunity to introduce an additional rota for very small babies. Splitting the general children's and neonatal rotas would help us recruit and retain specialist doctors and nurses in Worcestershire which would benefit all our children. Most children who are admitted to hospital spend less than 24 hours as an inpatient

All children who are taken to the Alexandra Hospital for emergency care would be assessed and given initial treatment. Most would be treated and discharged, some would be referred to consultant-run children's clinics at the Alexandra Hospital for specialist input and some could be referred to an enhanced Orchard Service which provides services to children in their own homes. Any child who was seriously ill would be taken by ambulance to the Worcestershire Royal Hospital.

Kidderminster Hospital

Children with minor or moderate illness or injury will continue to be treated in the minor injuries unit at Kidderminster Hospital. Children will continue to have planned operations which do not require an overnight stay at Kidderminster Hospital. If complications occur after surgery children will be transferred to the Worcestershire Royal, as now.

Worcestershire Royal Hospital

The Worcestershire Royal Hospital would be the countywide centre for children's services. It would have all the overnight facilities for children in the county.

There would also be a paediatric assessment unit at the Worcestershire Royal Hospital which would see children from all over the county.

Patient story

Lucy from Redditch is three and has a high temperature and a rash which doesn't fade when her parents press a glass against it. They suspect it might be meningitis and call 999 for an emergency ambulance. The ambulance takes Lucy straight to Worcestershire Royal Hospital where the doctors confirm it is meningitis. She's treated on the children's high dependency unit and her parents are able to stay with her until she is discharged home six days later.

Patient story

James (8) from Astwood Bank has a history of asthma and has been a frequent visitor to the Alexandra Hospital. He's at school when he has his latest asthmatic attack. His mother brings him to the urgent care centre which is co-located with the A&E at the Alexandra Hospital. James is referred to the children's outpatient clinic where he is seen by a consultant paediatrician the same day.. James is assessed by the consultant who believes he is well enough to return home with a written asthma management plan to follow. The consultant asks the Orchard Service, which provides a hospital at home service for children, to review James at home for the next 24 hours.

Paediatric Assessment Unit

A part-time paediatric assessment unit for the Alexandra Hospital was considered as part of the development of the clinical model. However both the West Midlands Clinical Senate and our own GPs and hospital doctors were worried about the safety of a unit which was only available for part of the day and was not supported by inpatient children's beds. On safety grounds it was decided not to proceed with a paediatric assessment unit but to increase the scope of the children's home nursing service which would be able to provide assessment in children's homes.

Proposal 4

To centralise all inpatient children's facilities at the Worcestershire Royal and to provide better access to home nursing and consultant-led hot clinics to prevent as many children as possible from being admitted to hospital.

Emergency Surgery

All emergency surgery will be centralised at Worcestershire Royal Hospital. Patients needing semi-elective ambulatory emergency surgery, for instance the draining of an abscess, will continue to be treated at the Alexandra Hospital.

Ambulances will take suspected emergency surgery patients direct to Worcestershire Royal Hospital. Patients needing emergency surgery who present at the Alexandra Hospital will be stabilised before being transferred to the Worcestershire Royal Hospital.

We recognise that medical patients can develop surgical complications so there will continue to be a 24/7 surgical presence at the Alexandra Hospital to provide surgical support to the hospital's acute physicians.

We realise that under our proposals some people will have to travel further for emergency care but the care they receive will be better and they will have a higher chance of making a full recovery. Anyone travelling in an ambulance will be treated by highly qualified paramedics during their journey.

Emergency and Urgent Care

We are proposing that Worcestershire's two Accident and Emergency departments at the Alexandra and Worcestershire Royal Hospitals will remain open 24 hours a day and that they will each contain new 24 hour primary care led urgent care centres. Due to the planned move of children's beds the A&E at the Alexandra Hospital will be for adults only.

The Emergency Departments will be staffed by a full range of staff and will provide high levels of care. The departments will be part of a fully integrated countywide service which will link closely with community based services to provide the highest quality of care for its at risk population. It is anticipated that the departments will maintain, and enhance their educational status by producing innovative education solutions to the training of all staffing groups. Emergency Department consultants will be employed on a countywide basis and rotate between the Alexandra and Worcestershire Royal Hospitals.

Kidderminster Minor Injuries Unit

The minor injury unit at Kidderminster Hospital would remain. It provides a local service to the population who need treatment for minor injuries such as wounds, burns and broken bones which can be managed without having to stay overnight in hospital. It does not receive patients who are seriously ill or injured or those who require resuscitation. However if seriously ill patients arrive in the department staff are trained to look after them and have procedures in place with West Midlands Ambulance Service NHS Foundation Trust to ensure rapid transfer to Worcestershire Royal Hospital.

Patient story

Jane (75) from Studley has asthma, heart failure and diabetes. She is a frail, elderly patient who frequently needs to go into hospital. One night she falls out of bed and her care home calls for an ambulance to take her to the Alexandra Hospital. At the Alex, she is initially seen by a doctor in the Emergency Department. He doesn't think she has fractured her hip but he sends her for an x-ray to be sure. The x-ray comes back clear and Jane is able to return to her care home.

Patient story

Darren (6) from Redditch falls off a swing in the local park and his mum takes him to the Alex. He is assessed by a GP in the Urgent Care Centre and sent for an x-ray which reveals

he has a simple fracture. Darren's wrist is plastered and he goes home two hours after arrival. He has his follow up care at the Alex.

Patient story

Julia (47) from Bromsgrove has had stomach pains for several days but they are getting worse. Her partner is worried about her so he takes her to the Alex. She is seen by the GP in the urgent care centre. He suspects acute appendicitis and refers her to the surgical team at Worcestershire Royal Hospital where she is transferred for surgery that night. Three days later she is back home in Redditch.

Proposal 5

To retain the Accident and Emergency Departments at the Alexandra and Worcestershire Royal Hospitals. The Alexandra A&E would be for adults (over 16 years old) only. Both hospitals would have new urgent care centres which could treat adults and children 24-hours-a-day.

Chapter 4

What these proposals will mean for you and your family

Most people visit the Alexandra, Kidderminster and Worcestershire Royal Hospitals as outpatients or to have tests to find out what's wrong with them. The Clinical Commissioning Groups' draft proposals do not affect these services and most patient visits to the Alexandra, Kidderminster and Worcestershire Royal Hospitals would continue as normal in the future.

The tables below set out a selection of the most commonly used services at the Alexandra, Kidderminster and Worcestershire Royal Hospitals and detail, in the majority of occasions, what would happen to those services under these proposals. This allows you to see what the proposals mean for you, your family and the people who use these hospitals. Where there is a choice of locations to receive treatment, patients would, as now, have a choice of where to go.

Services

	Alexandra Hospital		Kidderminster Hospital		Worcestershire Royal	
	Now	Future	Now	Future	Now	Future
Ante-natal (women seen before the birth of their babies)	√	√	√	√	√	√
Asthma	√	√	√	√	√	√
Audiology	√	√	√	√	√	√

Back pain	√	√	√	√	√	√
Bariatric surgery	x	x	x	x	√	√
Blood tests	√	√	√	√	√	√
Breast screening	√	√	√	√	√	√
Breast surgery	√	√	√	√	√	√
Broken ankle	√	√	x	x	√	√
Bronchoscopy	√	√	x	x	√	√
Caring for new born babies – special care	√*	x	x	x	√	√
Caring for new born babies – high dependency and intensive care	Stabilisation only*	x	x	x	√	√
Cataracts	√	√	√	√	√	√
Chest infection	√	√	√	√	√	√
Child assessment unit	x	x	x	x	x	√
Child overnight stay	√*	x	x	x	√	√
Colonoscopy	√	√	x	x	√	√
Complicated skin diseases	√	√	x	x	√	√
CT scan	√	√	√	√	√	√
Cuts	√	√	√	√	√	√
Cystoscopy	√	√	√	√	√	√
Dehydrated elderly patients	√	√	√	√	√	√
Deliveries of babies – consultant led	√*	x	x	x	√	√
Deliveries of babies – alongside midwife led	x	x	x	x	√	√
Diabetic patients	√	√	√	√	√	√
Diabetic ulcer	√	√	x	x	√	√
Deep vein thrombosis	√	x	x	x	√	√
Early pregnancy assessment unit	√* (limited)	√ (limited)	√ (limited)	√ (limited)	√	√
Emergency abdominal surgery	√**	x	x	x	√	√
Epileptic fit/seizure	√	√	x	x	√	√
Fracture clinics	√	√	√	√	√	√
Gallstones removal	√	√	√	√	√	√
Gastroscopy	√	√	x	x	√	√
Gynaecological surgery	√	√	√	√	√	√
Heart attack (major)	x	x	x	x	√	√
Heart attack (minor)	√	√	x	x	√	√
Hernia repair	√	√	√	√	√	√
Hip fracture (broken hip)	√	√	x	x	√	√
Hip replacement	√	√	√	√	√	x
Home birth	√	√	√	√	√	√
Investigation of anaemia	√	√	x	x	√	√

Kidney stones	√	√	√	√	√	√
Knee replacement	√	√	√	√	√	X
Lumps, bumps and cysts (minor surgery)	√	√	√	√	√	√
Minor abdominal pain	√	√	√	√	√	√
Minor head injuries	√	√	√	√	√	√
Minor injuries	√	√	√	√	√	√
MRI scan	√	√	√	√	√	√
Oncology	√	√	X	X	√	√
Oral surgery	X	X	√	√	√	√
Outpatient clinics	√	√	√	√	√	√
Pain clinic	√	√	√	√	√	√
Pancreatic cancer surgery	X	X	X	X	√	√
Pneumonia	√	√	√	√	√	√
Post-natal (women seen after the birth of their babies)	√	√	√	√	√	√
Rehabilitation and post-operative care	√	√	√	√	√	√
Renal dialysis	X	X	√	√	X	X
Self-poisoning	√	√	X	X	√	√
Serious allergies	√	√	X	X	√	√
Shared fertility services	X	X	X	X	√	√
Shoulder surgery	√	√	X	X	√	X
Simple fracture of arm	√	√	√	√	√	√
Sprains and strains	√	√	√	√	√	√
Stomach cancer (surgery)	X	X	X	X	√	√
Stroke	X	X	X	X	√	√
Sudden worsening of bronchitis	√	√	X	X	√	√
Suddenly confused elderly people	√	√	X	X	√	√
Throat and nose procedures	X	X	X	X	√	√
Thyroid procedures	X	X	X	X	√	√
Ultrasound scan	√	√	√	√	√	√
Urinary tract infection	√	√	√	√	√	√
X-ray	√	√	√	√	√	√

*These services have been suspended on a temporary emergency basis

Transport

Worcestershire is a rural county and its three hospitals are all between 18 and 20 miles apart. Any changes to existing services which alters the site at which a service is delivered will have an impact on travel for staff, patients and visitors.

Public transport links between the three acute hospital sites are poor. There is a train service between Worcester and Kidderminster, but the Worcestershire Royal Hospital is on the outskirts of the city and is 1.4 miles from Worcester Shrub Hill station. The number 350 bus runs between the bus depots in Redditch and Worcester and serves both the Alexandra and Worcestershire Royal hospitals but the service only runs three times a day in each direction and therefore does not meet the travel needs of staff travelling between the two hospitals for work or patients and visitors trying to access services at specific times.

All three hospitals have large public car parks but it is recognised that at peak times car parking can be an issue for the public and for staff, particularly at the Worcestershire Royal site.

Access to a private car or van varies across the county but research by the RAC in 2012 shows that 77.6% of households in Worcester; 79.7% of households in Redditch and 81.6% in Wyre Forest have access to a private car or van.

The most frequent reason for visiting a hospital is for an outpatient appointment or diagnostic test. Under the proposed clinical model all outpatient appointments and diagnostic tests will continue to be delivered from the same hospital site as now.

The transport survey, conducted by an independent company, Mott MacDonald, as part of the planning process for this consultation, revealed that 85% of patients and visitors currently travel by car to the Alexandra, Kidderminster and Worcestershire Royal sites. A further 8% travel by bus. Most people (95%) would still be treated at the same hospital where they are treated now but we realise we need to understand how those patients and their visitors who would have to travel, would be able to make their journey.

We are working to make sure the distances that people travel to access specialist healthcare services are reasonable and convenient. This work includes:

- Ensuring emergency and urgent ambulance services take patients at the right time to the right place for their needs;
- Ensuring that Patient Transport Services are provided to support patients with non-urgent needs;
- Talking to Worcestershire County Council and independent travel companies to see how we can work together for our patients, visitors and staff;
- Looking at providing a shuttle bus service between the Alexandra, Kidderminster and Worcestershire Royal Hospitals;
- Supporting families to travel home after a hospital stay.

Specific examples of how we could improve transport are:

1. The 350 bus

The 350 bus runs three times a day between Redditch and Worcester bus stations and it stops at both the Alexandra and Worcestershire Royal Hospitals. Worcestershire County Council has said it would cost £180,000 per year to increase the frequency of the bus to between every 60 and 90 minutes. The current bus ticket between the hospitals is £7 each way. At least 70 people would have to use the 350 bus every day to make it break even. Any shortfall would need to come from existing budgets.

2. Community Transport

Increasing the amount of community-run transport in the county to enable patients and visitors to be taken from home to hospital. Individuals would need to meet the cost of the community transport they used.

3. Providing a minibus service between the hospitals

A minibus could run between the Alexandra and Worcestershire Royal Hospitals or on a continuous loop which would also include Kidderminster. It could be used by patients, visitors and staff. The estimated cost of a minibus is £380,000 per year which would have to be met from existing health budgets.

Further consideration for transport and the use of voluntary sector, including sponsorship and shared funding, will continue to be looked at.

Worcestershire Acute Hospitals NHS Trust is also looking at the parking available on its three hospital sites.

To help us plan the right transport we need you to tell us what transport you currently use to get to hospital and how you would want to travel if you needed to get to a different hospital in the future. You can do this by filling in the questionnaire at the end of this document.

The temporary emergency changes to services have enabled us to talk to patients, visitors and carers about how they are accessing our hospitals. We are also monitoring the use of the ambulance service and this will help us plan future transport arrangements.

Equality Impact Assessment

As part of the preparation for this consultation we asked an independent company, Mott MacDonald to undertake an equality impact assessment on our proposals. This assessment looked at:

- The health outcomes if our proposals are implemented;
- The impact the proposals would have on vulnerable groups in the community and whether they would experience disproportionate effects to the general population;
- Travel and the changes to journey times.

Mott MacDonald has published its interim equality impact assessment and this will be finalised after public consultation to take account of views raised during the consultation. A copy of the interim equality assessment is on the website www.worcsfuturehospitals.co.uk

The report looked at the four areas which could change and concluded:

- **Emergency care** – Patients accessing specialist services at WRH are likely to access services via ambulance, and be diverted to the most appropriate hospital based on their condition; limiting the impact of accessibility issues. Therefore, for this group, accessibility may be more of an issue for visitors. We recognise that there would also be an impact on patients once their treatment had finished and they needed to return home.
- **Paediatric care** - For children requiring access to hospital based emergency or inpatient care, children and their families would have to travel an increased distance to access these services and this was viewed negatively by stakeholders. It was felt that for families of children who require an inpatient stay this may also have an impact in terms of managing existing family commitments such as child care for other members of their family.
- **Maternity and neonatal care** – Negative impacts were identified relating to the accessibility of consultant led maternity services and neonatal care under the proposals. In terms of accessibility, it was considered that this could have a negative impact on pregnant women if there was further to travel in an emergency situation. There would also be implications for partners, birth supporters and visitors of these services, as well as the families of babies receiving neonatal care. Stakeholders commented that this may be a particular issue for those reliant on public transport. Since the temporary emergency changes to maternity services in November 2015 we have monitored the impact on women and their families. Patient satisfaction levels have remained high, the maternity unit at the Worcestershire Royal has coped with all the additional births from Redditch and only ten women per month have chosen to have their babies outside the county.
- **Planned care** - As a result of the consolidation of some planned care services to particular hospitals, some patients would need to travel longer distances to access the planned surgery they need in the future. As well as patients, these proposals would also affect visitors and support may need to be provided to both patients and visitors accessing unfamiliar sites. Further to this, the impact of accessibility will be heightened for those who also need to travel further to attend hospital for observation before planned surgery. (Outpatient appointments however would continue to be provided across all three hospitals in Worcestershire and therefore accessibility is not an issue).

For those who access services themselves (rather than by ambulance) those living in rural communities, or who do not have access to a car, would be particularly affected by the changes, and this is likely to result in additional pressures on community and public transport services. Poor public transport and issues with car parking facilities at the hospitals increase the severity of these impacts.

In terms of positive impacts, the provision of local urgent care, minor injury and children's assessment services was viewed positively, ensuring that these services can be accessed locally for Worcestershire residents. The continued provision of an Accident and Emergency

Department (adult only) at the Alexandra Hospital and antenatal care and maternity assessment services were also felt to be positive.

Further, if the home birthing service was enhanced this would enable those 'low risk' mothers living within north Worcestershire to give birth locally, rather than having to travel to WRH (or their next nearest maternity service).

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Having your say

Your views are extremely important and we are keen to hear from as many people, groups and stakeholders as possible.

In addition we will be working with groups of people in your communities whose views are not always heard: for example, groups representing particular individuals such as older people, or those representing people with a particular health condition.

These are the ways in which you can find out more, get involved and tell us what you think:

Questionnaire

Please fill in the questionnaire either online at www.worcsfuturehospitals/questionnaire or the paper version at the back of this document.

Public meetings and events

Public meetings and events are being held to enable anyone with an interest to find out more about the proposals, ask questions and provide their views.

The following public meetings and events are due to take place during the consultation.

- Worcester Racecourse, 29th September at 6.30pm
- Palace Theatre, Redditch, 1st October at 6.30pm
- Kidderminster Town Hall, 7th October at 6.30pm
- Malvern Cube, 17th October at 6.30pm
- BHI Priory, Bromsgrove, 23rd October at 6.30pm
- Sacred Heart Church Hall Droitwich, 5th November at 6.30pm
- Town Hall, Evesham, 10th November at 6.30pm

More public events will be arranged throughout the consultation and a full list can be found on the website www.worcsfuturehospitals/events

Patient and public representative groups

We will be meeting and working with patient and public representative groups such as Healthwatch Worcestershire. You may wish to submit your feedback via these groups. Healthwatch Worcestershire can be contacted at:

Healthwatch Worcestershire
Civic Centre
Queen Elizabeth Drive
Persnore
WR10 1PT

Tel: 01386 550264

Email: info@healthwatchworcestershire.co.uk

www.healthwatchworcestershire.co.uk

Deadline

To ensure your views are considered we must receive your response by no later than midnight on **date**.

Feedback analysis

We have appointed an independent research organisation to collect and analyse all the responses to this consultation including the questionnaires and feedback received at public meetings and events. The findings will help the Clinical Commissioning Groups finalise their proposals for acute hospital services in Worcestershire. The report on the consultation will be published on the website.

Further information

Further information about the plans and this consultation are on the website, www.worcsfuturehospitals.co.uk. The website has all the consultation materials including Frequently Asked Questions.

If you have any further questions about the consultation or would like to request additional copies or alternative versions of this document please contact us on:

- Telephone **number**
- E-mail futurehospitals@worcestershire.nhs.uk

Please note we will be unable to respond individually to the feedback received but all feedback will be considered and analysed as part of the report on the consultation.

Chapter 6

Next steps

The consultation closes at midnight on **date**. To ensure that your views are considered we must receive your response before then.

Once the consultation closes the three Clinical Commissioning Groups will consider all the responses that have been received and the feedback they have received at the public meetings and events during the consultation. They will use this feedback to develop their final proposals.

The final proposals will be put to the three Clinical Commissioning Group Governing Bodies/Boards for approval in date **2017**.

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Glossary

Acute surgery

Urgent surgery which needs to be completed in hours or days.

Ambulatory Care

Medical care provided on an outpatient basis including diagnosis, observation, consultation, treatment, intervention and rehabilitation.

Bariatric surgery

Surgery on the stomach and/or intestines to help someone who is very obese to lose weight.

Centre of excellence

A centre for patients with a specific health need where specialist staff, equipment and facilities for the treatment of this particular illness or condition are all in one place.

Clinical Commissioning Group

A Clinical Commissioning Group is an NHS organisation set up in 2012 to organise the delivery of NHS services.

Commissioning or Commissioner

Commissioning is the process for evaluating the services required and selecting the most appropriate suppliers to deliver those services, in this case health services. The commissioner is the person or organisation who does this

Colorectal cancer

Colon, rectal or bowel cancer is when cancer develops in the colon or parts of the large intestine.

Day assessment unit

A unit to assess patients before they either go on to a ward or are sent home which is only open during the day and not at night.

Emergency centre

An Accident and Emergency or A&E department in a hospital which treats patients with serious illnesses or injuries.

Emergency surgery

Unplanned surgery which needs to be completed immediately due to a life-threatening illness or injury.

Gastro-intestinal surgery

Surgery to the digestive system and the parts of our body that enable us to digest food, for example the stomach. Also **upper gastro-intestinal surgery** includes surgery on the gall bladder and hernias.

Haematology

The area of medicine that involves the study and treatment of blood.

Independent Clinical Review Panel

A panel of medical and clinical professionals from outside the area who reviewed the options for specific health services and made proposals for the safest and highest quality healthcare for patients into the future.

Inpatient

A patient who stays in hospital overnight.

Major Emergency Centre

A department in a hospital with specialist facilities and staff which treats patients with specific emergency conditions, like heart attacks or stroke, as well as treating patients with other illnesses and injuries who would attend an A&E department.

Major Trauma Centre

A specialist centre in a small number of hospitals which treats patients with the most serious and life-threatening injuries like serious head injuries, severe gunshot wounds or road traffic accidents.

Maternity Assessment Unit

A short stay department in a hospital where pregnant women are assessed before being either transferred to a ward or sent home.

Medical Assessment Unit (MAU)

A short stay department in a hospital where patients undergo tests and stabilisation before they are transferred to a ward or sent home.

Midwife-led Maternity Unit (MLU) or Midwife-Led Birth Centre

A maternity unit which is managed by midwives who deliver babies to mums who are classed as low risk.

Minor Injuries Unit (MIU)

A department in a hospital where patients will be treated if they have minor injuries like cuts or broken bones.

Neonatal unit

A department in a hospital where babies who are born early, who don't weigh very much or who have a medical condition, receive specialised care.

Obstetrics

The branch of medicine that deals with the care of women during pregnancy, childbirth and after delivery.

Oncology

The study and treatment of tumours.

Orthopaedics

Orthopaedics or orthopaedic surgery is concerned with conditions relating to bones and joints like the spine, hips, knees, hands and feet.

Outpatient

A patient who is treated in a clinic during the day and doesn't need to stay in hospital.

Paediatric Assessment Unit (PAU)

The same as a medical assessment unit but for children.

Planned care

Treatment or surgery which is booked in advance and is not an emergency.

Primary care

The first point of contact for a patient when he/she is feeling ill but is not experiencing a medical emergency, for example a GP.

Radiotherapy

The use of high energy rays, usually x-rays, to treat diseases like cancer.

Royal College

The Royal Colleges are the governing bodies for the different strands of medicine, for instance child health and surgery. They set the standards individual doctors, nurses, other clinicians and hospital services must meet.

Sustainability and Transformation Plan (STP)

The national planning framework for the NHS over the next five years.

Tertiary centre

A tertiary centre is a hospital that provides specialist healthcare in a large hospital with specialist facilities and staff

Urgent Care Centre (UCC)

A department in a hospital where a patient will be treated if they have an urgent but non-emergency illness or injury.

Urology

The area of medicine that focuses on diseases of the kidneys, bladder and male reproductive organs.

Vascular surgery

Specialist surgery on veins and arteries.

Worcestershire Primary Care Trust

The organisation which organised the delivery of health services in Worcestershire before the clinical commissioning groups were established in April 2013. It was also known as NHS Worcestershire.

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Questionnaire

We would like to hear from people who use Worcestershire hospitals, or might need to in the future. Please complete this survey to give us your views. Your feedback is anonymous and will be used to inform our decisions. You don't need to provide contact details unless you would like give us your views in the future or if you would like to receive a copy of the results of the consultation.

Please fill in our online questionnaire at www.worcsfuturehospitals.co.uk .If you are unable to access the online survey please complete this paper version and send it to:

Future of Acute Hospital Services in Worcestershire,

South Worcestershire CCG

John Comyn Drive

Worcester

WR3 7NS

1. We would like to know which of the following aspects of hospital healthcare services are the most important to you. Please rank the following aspects 1 to 5, where 1 is the most important and 5 the least.

	Rank 1 to 5
Hospital services are safe	
Services are as close to my home as possible	
Services are delivered by highly trained staff	
Hospital facilities are properly maintained and up-to-date	
The health service in Worcestershire doesn't overspend	

2. Do you agree with the following aims for the review of hospital services in Worcestershire Acute?

	Strongly agree	Tend to Agree	Not sure or no strong opinion	Tend to Disagree	Strongly disagree
To provide high quality health services which deliver the highest standards of care to patients					

To ensure that all services are staffed appropriately to provide safe care at all times.					
To work within the budget available to deliver services which are as near people's homes as possible					

3. Do you agree with the following proposals regarding planned care?

	Strongly agree	Tend to Agree	Not sure or no strong opinion	Tend to Disagree	Strongly disagree
To develop Centres of Excellence for various planned care services that have the staff and facilities to deliver the very best quality healthcare					
To separate planned and emergency surgery to reduce the number of cancelled operations					

3b. If you disagree with this proposal please explain why.

.....

.....

.....

.....

4. Do you agree with the following proposals for births?

	Strongly agree	Tend to Agree	Not sure or no strong opinion	Tend to Disagree	Strongly disagree
To base all births at the Worcestershire Royal Hospital, where there will be consultant paediatricians 24 hours a day, and a specialist neo-natal unit.					
To have a maternity day assessment unit at the Alexandra Hospital to provide care during pregnancy and after a baby is born.					

4b. If you disagree with any of these proposals please explain why.

.....

.....

.....

.....

5. Do you agree with the following proposals for children's services?

	Strongly agree	Tend to Agree	Not sure or no strong opinion	Tend to Disagree	Strongly disagree
To base all overnight children's services at a consultant led specialist paediatric unit at Worcestershire Royal Hospital.					
To have a consultant-run children's hot clinics at the at the Alexandra Hospital.					

To improve the Orchard, hospital at home service, for children to enable more children to be treated in their own homes.					
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5b. If you disagree with these proposals please explain why.

.....

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6. Do you agree with the following proposals for emergency care?

	Strongly agree	Tend to Agree	Not sure or no strong opinion	Tend to Disagree	Strongly disagree
To retain Accident and Emergency Departments at both the Alexandra (adults only) and Worcestershire Royal Hospitals					
To introduce urgent care centres at both hospitals which will treat adults and children 24 hours a day					
To concentrate emergency surgery at the Worcestershire Royal					

6b. If you disagree with these proposals please explain why.

.....

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.....

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8a. Do you think the NHS should consider providing transport services to enable patients, visitors and staff to travel between the three hospital sites?

Yes/No/DK

8b. Do you think the NHS should subsidise the costs of transport to hospital even though this means there were would be less money for treatments?

Yes/No/DK

8c. Would you be likely to use a hospital transport service if you or a friend or member of your family were being treated at one of the three Worcestershire hospitals?

Yes/ No/ DK

8d. If Yes or D/K to Q 8c. Which of the following transport services do you think would be most useful to you? Please rank the following from 1 to 3, where 1 is the most important and 3 the least.

Community transport which you could telephone to book in advance. Price would depend on the distance travelled	
Minibus which runs between the Alexandra, Kidderminster and Worcestershire Royal Hospitals which you don't have to book in advance? Price expected to be around £10 each way.	
The 350 bus that runs from Redditch, and Worcester town centres and calls at the hospitals to be increased in frequency to every 60-90 minutes. Price £7 each way	

9. Is there anything else you'd like to tell us?

.....

.....

.....

.....

Question numbering to be corrected once questionnaire agreed.

10a. Which of the following describes your involvement with Worcestershire Hospital Services? (Please tick as many as apply)

I live in Worcestershire

I work for the NHS in Worcestershire

I work for the NHS outside Worcestershire

I represent an organisation or community group

Other (Write in)

10b If you work for the NHS in Worcestershire please indicate the organisation that you work for

Worcestershire Acute Hospitals NHS Trust

Worcestershire Health and Care NHS Trust

GPs' surgery in Worcestershire

NHS South Worcestershire CCG

NHS Wyre Forest CCG

NHS Redditch and Bromsgrove CCG

Other

10c If you work for the NHS please indicate your role

Hospital clinician

General Practitioner

Nurse

Other Clinician

Manager

Other

10d If you live in Worcestershire please indicate the nearest town to where you live

Worcester

Redditch

Bromsgrove

Kidderminster

Evesham

Pershore

Malvern

Tenbury Wells

Other

10e. If you live in Worcestershire please indicate if you or a close member of your family have used any of the following services in the last year.

	Used personally	Used by close member of family
Emergency services at Worcestershire Royal Hospital		
Emergency services at Redditch Alexandra Hospital		
Emergency services at Kidderminster Hospital		
Maternity Services at Worcestershire Royal Hospital		
Maternity Services at Redditch Alexandra Hospital		
Maternity Services at Kidderminster Hospital		
Children's services at Worcestershire Royal Hospital		
Children's services at Redditch Alexandra Hospital		
Children's services at Kidderminster Hospital		

Please could you provide some information about yourself? This will help the CCG to ensure we are accessing the views of all sections of the community and to help us to identify any specific issues. Supplying this information is entirely voluntary. Information that is supplied is protected under the Data Protection Act and will only be used for monitoring purposes.

11. What is your gender?

Male

Female

Trans gender

Prefer not to say

12 What is your age?

Under 16	16 – 24	25 - 34	35 – 44
45 – 54	55 – 64	65- 74	75 or above
Prefer not to say			

13. Are you responsible for any children under the age of 18 who live at home with you (even if for only part of the week)?

Yes
No
Prefer not to say

14. 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; or problems related to old age?

No
Yes
Don't know
Prefer not to say

15. Are your own day-to-day activities limited because of a health problem or disability which has lasted or is expected to last at least 12 months?

Yes, limited a lot
Yes, limited a little
No
Don't know
Prefer not to say

16. Does your household have use of a motor vehicle (e.g. car, van, motorbike)?

Yes
No
Don't know
Prefer not to say

17. What your ethnic origin? (Use layout below but include Polish in White Section)

16 What is your ethnic group?

➤ Choose **one** section from A to E, then tick **one** box to best describe your ethnic group or background

A White

English / Welsh / Scottish / Northern Irish / British

Irish

Gypsy or Irish Traveller

Any other White background, write in

B Mixed / multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed/multiple ethnic background, write in

C Asian / Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, write in

D Black / African / Caribbean / Black British

African

Caribbean

Any other Black/African/Caribbean background, write in

E Other ethnic group

Arab

Any other ethnic group, write in

18. What is your religion?

No Religion

Christian

Muslim

Hindu

Buddhist

Jain

Jewish

Sikh

Other (please state)

Don't know

Prefer not to say

19. Please supply your postcode, so we can map where people live in relation to the services? (This will not be linked to you or your health records)

____ / ____

Prefer not to say

20. Would you like to be contacted in the future to give your views on hospital services or similar issues?

Yes

No

21. If you would like to be contacted in the future or would like to receive the report on the consultation, please provide contact details

Name.....

Phone number.....

Email address

The Future of Acute Hospital Services in Worcestershire

Summary

Public Consultation Document

Dates to be confirmed – 12 weeks in total

Have your say on plans for the Alexandra and Worcestershire Royal Hospitals

We want everyone to have high quality and safe health services from the NHS.

This document tells you why the people who run the health services in Worcestershire believe some hospital services need to change.

The changes we are proposing only affect 5% of patients. There will be no change to outpatient appointments and tests and 95% of patients will go to the same hospital as they do now for their care.

All three main hospitals, the Alexandra Hospital in Redditch, Kidderminster Hospital and Treatment Centre and the Worcestershire Royal will remain open but will work differently to give all patients good care.

The main differences are that we want to separate planned and emergency care and we want to centralise where children have to stay in hospital and where women have their babies in hospital.

Under our plans most planned operations would take place at the Alexandra and Kidderminster Hospitals which would allow the Worcestershire Royal Hospital to concentrate on caring for the sickest patients and those who need emergency operations.

By separating planned and emergency care we can reduce waiting times and the number of operations we cancel.

Over the last few months we have seen our current clinical services become increasingly fragile due to shortages of highly skilled staff and we have had to make temporary emergency changes to ensure the safety of patients.

The model of care we are proposing moves:

- Most planned orthopaedic surgery from Worcestershire Royal to the Alexandra Hospital
- Some planned gynaecology surgery from Worcestershire Royal to the Alexandra Hospital
- More planned surgery – eg breast surgery from Worcestershire Royal to the Alexandra Hospital
- More ambulatory care from Worcestershire Royal to the Alexandra Hospital
- More daycase and short stay surgery to Kidderminster Hospital
- All hospital births from the Alexandra to the Worcestershire Royal Hospital
- Inpatient children's services from the Alexandra to the Worcestershire Royal Hospital
- Emergency surgery from the Alexandra to the Worcestershire Royal Hospital

The two Accident and Emergency departments at the Alexandra and Worcestershire Royal Hospitals will be maintained and expanded to include co-located urgent care centres. However, the Accident and Emergency department at the Alexandra Hospital will be for adults only due to the proposed move of children's inpatient beds.

We recognise that some people will not be happy that we are only consulting on one option but we believe it is the only clinical solution for Worcestershire. It has been developed by

clinicians within the county and endorsed by the West Midlands Clinical Senate and we believe it is the best way of maintaining as wide a range of health services as possible across all three acute hospitals in Worcestershire.

We accept that we are not offering local people a choice about what services should be provided at each hospital but we do want to know if we have missed anything or if there are ways in which we could enhance the services we plan to offer.

Proposal 1

To introduce countywide centres of excellence for orthopaedics, breast surgery and laparoscopic benign upper gastro-intestinal services at the Alexandra Hospital and to introduce a women's centre and an ambulatory care centre at the Alexandra Hospital

Patient story

Parvinda (44) from Pershore has been diagnosed with gallstones and needs to have her gall bladder removed. She has had her surgery cancelled twice at the Worcestershire Royal because the hospital has been full of emergency patients and there has been no bed for her. Under our proposals Parvinda would have her operation at the Alexandra Hospital in the specialist elective upper gastro-intestinal centre. She would have her operation in a dedicated planned surgery operating theatre and recover on a planned surgery ward. It is less likely that her surgery would be cancelled.

Patient story

Mike (56) from Malvern needs a hip replacement. Under our proposals he would be given a convenient date to have his surgery at the Alexandra Hospital in Redditch. His operation would go ahead as planned in a specialist orthopaedic theatre which would reduce the chance of him contracting an infection. He would receive his immediate after care as an inpatient in Redditch before being discharged home after 4-5 days. At home he would continue to have physiotherapy from the community team based at Malvern Community Hospital.

Patient story on patient using ambulatory care

Julie from Tenbury example of what would have gone to WRH but will now go to Kidderminster

Proposal 2

To centralise all hospital births in the county at the Worcestershire Royal Hospital where women would have the choice of midwife or consultant-led care.

Patient story

Leesa from Redditch is 17 and she's just found out she is expecting twins. She's young and healthy but because she is expecting twins there is more chance that her babies will be born early, will be smaller than most babies and will need extra support after their birth. As Leesa is considered 'high risk' and needs to be cared for by a consultant obstetrician she has to plan to give birth in a full obstetric unit. The nearest units are Birmingham Women's, Warwick and Worcestershire Royal. Leesa chooses the Worcestershire Royal. She has all her scans and pre-birth check-ups at the Alex and when she goes into labour prematurely she travels to Worcester to give birth. Her twins, Jack and Ollie, are small and need high dependency care followed by special care for two weeks. Leesa stays in hospital and her twins move from the neonatal unit to the transitional care ward where Leesa helps to look after them until they can be discharged home. Leesa and the twins have all their follow up care in Redditch.

Patient story

Lottie (27) from Bromsgrove is expecting her second child. She had no complications with her first baby and she wants a normal birth. She's given the choice of having her baby at home or at the midwife led unit in Worcester which is next to the consultant-led unit. She is warned that even if she wants a midwife-led birth at home she might have to transfer to Worcester if her baby needs consultant intervention such as an emergency caesarean section. Lottie opts for a home birth which proceeds without any complications.

Patient story

Gemma from Redditch is 39 and pregnant with her first baby. She has diabetes and has been told she will need to give birth in a consultant-led unit. All through her pregnancy she has all her scans and check-ups at the Alex and when at 37 weeks she thinks she can't feel her baby's legs kicking, she is admitted to the pregnancy day assessment unit at the Alex for monitoring. The midwives find her baby's heart and she is able to return home. Two weeks later she gives birth to Jack at the Worcestershire Royal Hospital.

Proposal 3

To centralise all inpatient children's facilities at the Worcestershire Royal and to provide better access to home nursing and consultant-led clinics to prevent as many children as possible from being admitted to hospital.

Patient story

Lucy from Redditch is three and has a high temperature and a rash which doesn't fade when her parents press a glass against it. They suspect it might be meningitis and call 999 for an emergency ambulance. The ambulance takes Lucy straight to Worcestershire Royal Hospital where the doctors confirm it is meningitis. She's treated on the children's high dependency unit and her parents are able to stay with her until she is discharged home six days later.

Patient story

James (8) from Astwood Bank has a history of asthma and has been a frequent visitor to the Alexandra Hospital. He's at school when he has his latest asthmatic attack. His mother brings him to the urgent care centre at the Alexandra Hospital where he is referred to the children's outpatient clinic where he is seen by a consultant paediatrician the same day.. James is assessed by the consultant who believes he is well enough to return home with a written asthma management plan to follow. The consultant asks the Orchard Service to review James at home for the next 24 hours.

Proposal 4

All emergency surgery to be centralised at Worcestershire Royal Hospital.

Proposal 5

To retain the Accident and Emergency Departments at the Alexandra and Worcestershire Royal Hospitals. The Alexandra A&E would be for adults only. Both hospitals would have new urgent care centres which could treat adults and children 24-hours-a-day.

Patient story

Jane (75) from Studley has asthma, heart failure and diabetes. She is a frail, elderly patient who frequently needs to go into hospital. One night she falls out of bed and her care home calls for an ambulance to take her to the Alexandra Hospital. At the Alex, she is initially seen by a doctor in the Emergency Department. He doesn't think she has fractured her hip but he sends her for an x-ray to be sure. The x-ray comes back clear and Jane is able to return to her care home.

Patient story

Darren (6) from Redditch falls off a swing in the local park and his mum takes him to the Alex. He is assessed by a GP in the Urgent Care Centre which is part of the A&E and sent

for an x-ray which reveals he has a simple fracture. Darren's wrist is plastered and he goes home two hours after arrival. He has his follow up care at the Alex.

Patient story

Julia (47) from Bromsgrove has had stomach pains for several days but they are getting worse. Her partner is worried about her so he takes her to the Alex. She is seen by the GP in the urgent care centre. He suspects acute appendicitis and refers her to the surgical team at Worcestershire Royal Hospital where she is transferred for surgery that night. Three days later she is back home in Redditch

Kidderminster Minor Injuries Unit

The minor injury unit at Kidderminster Hospital would remain. It provides a local service to the population who need treatment for minor injuries such as wounds, burns and broken bones which can be managed without having to stay overnight in hospital.

Transport

Worcestershire is a rural county and its three hospitals are all between 18 and 20 miles apart. Any changes to existing services which alters the site at which a service is delivered will have an impact on travel for staff, patients and visitors.

Specific examples of how we could improve transport are:

1. The 350 bus
The 350 bus runs three times a day between Redditch and Worcester bus stations and it stops at both the Alexandra and Worcestershire Royal Hospitals. Worcestershire County Council has said it would cost £180,000 per year to increase the frequency of the bus to between every 60 and 90 minutes. The current bus ticket between the hospitals is £7 each way. At least 70 people would have to use the 350 bus every day to make it break even. Any shortfall would need to come from existing budgets.
2. Community Transport
Increasing the amount of community-run transport in the county to enable patients and visitors to be taken from home to hospital. Individuals would need to meet the cost of the community transport they used.
3. Providing a minibus service between the hospitals
A minibus could run between the Alexandra and Worcestershire Royal Hospitals or on a continuous loop which would also include Kidderminster. It could be used by patients, visitors and staff. The estimated cost of a minibus is £380,000 per year which would have to be met from existing health budgets.

Worcestershire Acute Hospitals NHS Trust is also looking at the parking available on its three hospital sites.

To help us plan the right transport we need you to tell us what transport you currently use to get to hospital and how you would want to travel if you needed to get to a different hospital in the future. You can do this by filling in the questionnaire on our website www.worcsfuturehospitals.co.uk

Having your say

Your views are extremely important and we are keen to hear from as many people, groups and stakeholders as possible.

In addition we will be working with groups of people in your communities whose views are not always heard: for example, groups representing particular individuals such as older people, or those representing people with a particular health condition.

These are the ways in which you can find out more, get involved and tell us what you think:

Questionnaire

Please fill in the questionnaire online at www.worcsfuturehospitals/questionnaire

Public meetings and events

Public meetings and events are being held to enable anyone with an interest to find out more about the proposals, ask questions and provide their views.

The following public meetings and events are due to take place during the consultation.

- Worcester Racecourse, 29th September at 6.30pm
- Palace Theatre, Redditch, 1st October at 6.30pm
- Kidderminster Town Hall, 7th October at 6.30pm
- Malvern Cube, 17th October at 6.30pm
- BHI Priory, Bromsgrove, 23rd October at 6.30pm
- Sacred Heart Church Hall Droitwich, 5th November at 6.30pm
- Town Hall, Evesham, 10th November at 6.30pm

More public events will be arranged throughout the consultation and a full list can be found on the website www.worcsfuturehospitals/events

Patient and public representative groups

We will be meeting and working with patient and public representative groups such as Healthwatch Worcestershire. You may wish to submit your feedback via these groups. Healthwatch Worcestershire can be contacted at:

Healthwatch Worcestershire
Civic Centre
Queen Elizabeth Drive
Persnore
WR10 1PT

Tel: 01386 550264

Email: info@healthwatchworcestershire.co.uk

www.healthwatchworcestershire.co.uk

Deadline

To ensure your views are considered we must receive your response by no later than midnight on **date**.

Further information

Further information about the plans and this consultation are on the website, www.worcsfuturehospitals.co.uk. The website has all the consultation materials including Frequently Asked Questions.

If you have any further questions about the consultation or would like to request additional copies or alternative versions of this document please contact us on:

- Telephone **number**
- E-mail futurehospitals@worcestershire.nhs.uk

Please note we will be unable to respond individually to the feedback received but all feedback will be considered and analysed as part of the report on the consultation.

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

26 SEPTEMBER 2016

WYRE FOREST COMMUNITY UNIT

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an update on the Wyre Forest Community (GP-led) Unit, following the announcement that this facility would close.
2. Worcestershire Health and Care Trust will re-provide Intermediate Care beds on a ward located on the Kidderminster Hospital site.
3. The transition of this service will happen in early October 2016.
4. Representatives from the Wyre Forest Clinical Commissioning Group, Worcestershire Health and Care Trust and Worcestershire County Council have been invited to the meeting.

Background

5. The Wyre Forest Integrated Intermediate Care Programme is a multi-agency programme which was established in 2014, to look at how best to provide intermediate care type services for the Wyre Forest population, through identifying new models of intermediate care, outside of hospital. This fits with national policy to move away from inpatient bedded units and towards more care provided in the community and in patients' homes.
6. Worcestershire Acute Hospitals Trust, Worcestershire Health and Care NHS Trust, Worcestershire County Council and Wyre Forest Clinical Commissioning Group have all been involved in this work, and representatives set out the aims of the Programme to the HOSC at its meeting on 10 September 2014 meeting.
7. The guiding principle behind the Wyre Forest Integrated Care model is that everyone should have the opportunity to recover from an injury or episode of ill health in their own bed instead, whenever it is safe for them to do so. Evidence suggests that this leads to better clinical and functional outcomes. This will also allow us to make our services more resilient to meet the challenge of an ageing population.

Wyre Forest Community Unit

8. The Wyre Forest Community Unit (WFCU) is a community based residential unit, providing intermediate care and rehabilitation services, often for elderly patients who are not ready to return home.

9. The Unit takes referrals direct from GPs to support admission avoidance and supportive diagnostics. This facility has 20 beds.

10. This Unit is based on the Kidderminster Hospital site (Block A) and managed by Worcestershire Acute Hospital Trust (WAHT). The medical input is provided by local General Practitioners (GP) and each patient is cared for by their own General Practice.

11. The WFCU takes approximately 29 patients per month and has an average Length of Stay (LOS) of 20 days.

12. Worcestershire Acute Hospitals NHS Trust has been aware of the increased focus on a more integrated community model, which has subsequently led to uncertainty about the future of the unit. This uncertainty and the Trust's concerns about the environment of the Wyre Forest Community Unit, including the condition of the building, led to the Acute Trust advising the CCG that it no longer wishes to provide this service. The Acute Trust asked the CCG to consider how this service could be provided within a proposed new model.

13. The CCG considered feedback from the public and GPs on the need to have some bed provision within the Wyre Forest area that is part of a sub-acute community pathway and would meet the needs of complex older people.

14. WFCCG have reviewed a range of options for re-providing this part of the model, with a focus on available estate at the Kidderminster Hospital site. Worcestershire Health & Care NHS Trust (WH&CT) owns a number of buildings on the site and were asked to develop a proposal to re-provide Intermediate Care beds. A proposal was received in response with options for 8, 12 and 16 beds, located on the Kidderminster Hospital site on the currently vacant Whitley Ward. Capital investment from the Worcestershire Health and Care NHS Trust is required to refurbish this ward to the compliant standards expected.

15. The Alliance Board and member GP practices favoured the 16 bed proposal.

16. Although there is a reduction in the current bed capacity from 16 to 20 beds this will be offset by the expected reduction in length of stay and the new Integrated Community teams supporting an increased flow through this unit. This also allows us to retain the service on the Kidderminster Hospital site which was a key theme for our engagement events.

17. Worcestershire Acute Hospitals Trust served notice and therefore the new service is required to be up and running from 1 October 2016, although there is flexibility in this date pending agreement between Worcestershire Acute Hospitals Trust and Worcestershire Health and Care Trust

18. The Health and Care Trust has indicated that there may be a slight delay in the construction programme but this will only be a few weeks. This delay will not stop the transfer of the service to the Health and Care Trust on the 1 October.

Legal, Financial, and HR Implications

19. Transfer of Undertakings (TUPE) regulations applied and this has been managed by Worcestershire Acute Hospitals Trust and Worcestershire Health and Care Trust

Purpose of the meeting

20. HOSC members are invited to:

- consider and comment on the information provided
- determine whether any further information is required at this stage

21. The Centre for Public Scrutiny suggests a number of questions to ask when scrutinising NHS service redesign or reconfiguration:

- what is the purpose of the proposed redesign or reconfiguration?
- how extensive, inclusive and adequate is the consultation process?
- how will access to services be affected?
- what demographic assumptions have been made in formulating the proposals?
- what provisions are being made for the effects on patient flow of initiatives around choice and commissioning?
- what is the clinical evidence on which the proposals are based?
- how will proposed reconfigurations contribute to joint working?
- how will the proposals help the NHS achieve its health improvement goals and reduce health inequalities?
- what infrastructure will be available to support redesigned or reconfigured services?

Contact Points

Specific Contact Points for this report

Heather MacDonald, Head of Business Development and Operations,
Wyre Forest Clinical Commissioning Group, Tel:01562 514619
Email: Heather.MacDonald@worcestershire.nhs.uk

Emma James / Jo Weston, Overview and Scrutiny Officers, Worcestershire County Council, Tel: 01905 844964 / 844965 Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agendas and Minutes of the Health Overview and Scrutiny Committee on 10 September 2014, 15 July 2015 and 27 April 2016

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

26 SEPTEMBER 2016

RADIOLOGY

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on Radiology Services at Worcestershire Acute Hospitals NHS Trust (The Trust).
2. An unannounced inspection of radiology in July, by the Care Quality Commission, found a backlog of scans had not been reported on. The Trust has since launched its own independent review of radiology, and the HOSC would like to understand the issues involved and what action is being taken.
3. Representatives from Worcestershire Acute Hospitals Trust have been invited to the meeting.

Background

4. Worcestershire Acute Hospital NHS Trust's Radiology Department provides scans, X-rays and procedures to diagnose a range of conditions.
5. In July, the Care Quality Commission (the independent regulator of health and social care in England) was prompted to inspect the Trust's Radiology Departments across its three hospitals in Worcester, Redditch and Kidderminster, after concerns were raised about unreported scans and the potential impact on patients' health.
6. The Trust had a backlog of X-rays to be reported by radiology, including 5,754 from January to August 2016, and 6986 unreported films from 2015 and 2014.
7. The X-rays in the backlog are for A&E (38%), inpatients and day-cases (40%), routine GP requests (12%) and outpatients (9%). The vast majority of plain films in the backlog (88%) are therefore for patients attending hospital who have an X-ray, which are routinely reviewed by the requesting clinician, mostly on the same day, to determine a care plan. The Trust policy is to perform a second radiology review and report to check the diagnosis and pick up 'incidental' diagnoses that may have been missed by the requesting clinician, potentially speeding up and improving patient treatment.
8. An action plan has been developed to tackle the backlog in radiology, and the Trust plans to clear the backlog of higher priority X-rays by the end of August, and the remainder in the 6 month backlog by October 2016.
9. A clinically led review of the backlog in 2013 suggested no harm could be found as a result of delays in radiology reporting.

10. A formal harm review will be conducted for completeness, and as the Trust clears the backlog, any films in the backlog that have incidental findings will be logged on the Trust's incident register for further review.

11. Any potential harm to patients identified as the backlog is reported will be followed up and the outcome reviewed at the Trust's Quality & Governance Committee.

Purpose of the meeting

12. HOSC members are invited to:

- consider and comment on the information provided
- determine whether any further information is required at this stage

13. In doing so, HOSC members may wish to consider

- previous and future service provision and performance
- impact on service users, including numbers affected
- the Trust's overall performance monitoring systems

Contact Points

Specific Contact Points for this report

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Worcestershire Acute Hospitals NHS Trust

Rab McKewan, Chief Operating Officer, Tel: 01905 760808
Email: rab.mcewan@nhs.net

Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

Worcester News Press release on 10 August 2016

http://www.worcesternews.co.uk/news/14673973.Independent_review_launched_into_X_ray_backlog_uncovered_at_Worcestershire_hospitals/

HEALTH OVERVIEW AND SCRUTINY COMMITTEE 26 SEPTEMBER 2016

HEALTH OVERVIEW AND SCRUTINY COMMITTEE ROUND-UP

Summary

1. To receive a round-up of information on:
 - County Council activities in relation to health
 - District Council activities in relation to health
 - NHS Board meetings
 - Consultations in Worcestershire
 - Urgent health issues in Worcestershire; and
 - Items for future meetings of the Health Overview and Scrutiny Committee

Background

2. In order to ensure that Members of the Health Overview and Scrutiny Committee (HOSC) are fully informed about issues relating to health scrutiny in Worcestershire, communication will be essential. To assist in this, an item will be placed on the agenda for each meeting of the HOSC to consider consultations, County Council activities, District Council activities, urgent health issues arising in Worcestershire and future agenda items. Regard for the Council's statutory requirements in relation to access to information will be critical.

County Council Activities in Relation to Health

3. A range of County Council services can impact upon and also be impacted upon by health services. Recognising that the health-related work of the County Council will be of interest to the District Councillors on the Health Overview and Scrutiny Committee, an oral update on such activities, and on other matters the Chairman has been involved in, will be provided at each meeting by the Committee Chairman at each meeting of the HOSC.

District Council Activities in Relation to Health

4. The statutory power of health scrutiny, including the power to require an officer of a local NHS body to attend before the Council, rests with the County Council. However, it is recognised that a number of District Councils within Worcestershire are undertaking work in relation to local health issues, under their duty to promote the economic, social or environmental well-being of their area.
5. Recognising that the work of the District Councils will be of value and interest to the wider HOSC, an oral update will be provided on such activities by District Councillors at each meeting of the HOSC.

NHS Board Meetings

6. To help HOSC Members to keep up to date and maintain their knowledge of health issues around the County, it was agreed that a 'Lead Member' would be identified for each of the local NHS bodies to attend their Board Meetings and then provide an oral update at each meeting of the Scrutiny Committee.

Consultations in Worcestershire

7. The HOSC has a duty to respond to local Health Trusts' consultations on any proposed substantial changes to local health services. An oral update will be provided at each meeting of the HOSC on both developments relating to consultations previously undertaken and forthcoming consultations.

Urgent Health Issues in Worcestershire

8. Worcestershire County Council's constitution makes provision for urgent items to be considered. Standing Order 12.2 specifies that the Chairman of the HOSC "may bring before the meeting and cause to be considered an item of business not specified in the summons or agenda where the Chairman is of the opinion, by reason of special circumstances (which shall be specified in the minutes) that the item should be considered at the meeting as a matter of urgency".

9. Additionally, Standing Order 9.4.2 allows for the Chairman of the HOSC at any time to call a special meeting of the Health Overview and Scrutiny Committee. Standing Order 9.4.3 allows for at least one quarter of the members of the HOSC to requisition a special meeting of the HOSC. Such a requisition must be in writing, be signed by each of the Councillors concerned, identify the business to be considered and be delivered to the Director of Commercial and Change. In accordance with Access to Information Rules, the Council must give five clear days' notice of any meeting.

Items for Future Meetings

10. It is necessary that the HOSC's ability to react to emerging health issues in a timely manner and the public's expectation of this is balanced against Worcestershire County Council's statutory duty to ensure that meetings and issues to be considered are open and transparent and meet legislative requirements. This agenda item must not be used to raise non-urgent issues. Any such issues should be raised with the Scrutiny Unit at least two weeks in advance of a scheduled meeting of the HOSC.

Contact Points

County Council Contact Points

Worcestershire County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this Report

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel; 01905 844964 / 844965

Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the Proper Officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Worcestershire County Council Procedural Standing Orders, May 2015 [which can be accessed on the Council's website here](#)

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