REPORT TO THE JOINT CALDERDALE AND KIRKLEES HEALTH OVERVIEW AND SCRUTINY PANEL
AUGUST 2016

Right Care, Right Time, Right Place Programme
Response to post consultation questions

1.0 BACKGROUND

In January 2016, the Governing Bodies of Calderdale CCG and Greater Huddersfield CCG decided that they were ready to proceed to public consultation and anticipated that, pending the successful completion of the Pre-consultation Business Case (PCBC), the Consultation Plan and Consultation Document, they could be ready to commence consultation in early February, 2016.

The CCGs completed the PCBC in January, 2016. The Consultation Plan was presented to the Calderdale and Greater Huddersfield Joint Health Scrutiny Committee (JHOSC) at their meeting in January 2016 and updated to reflect feedback from the Committee. In particular, the CCGs: changed the timing of the public meetings so that they were delivered in the evening; changed the timing of the information sessions so that they ran into the evening and at weekends; and extended the proposed consultation period to 14 weeks.

The Consultation Document and Consultation Survey were presented to JHOSC at their meeting in February, 2016 and their feedback incorporated. The Consultation Document, Survey and other consultation materials were completed in March 2016. The CCGs commenced public consultation on 15th March, 2016. Public consultation finished on 21st June, 2016.

2.0 INTRODUCTION

During the period of consultation, the JHOSC conducted their own scrutiny process. As part of their process, five separate meetings were held in public, each looking at different elements of the CCGs' proposals. The CCGs and CHFT were represented at all these meetings to present evidence and answer JHOSC's questions. In addition representatives from other organisations were present when the element of the proposal under consideration required separate input.

Subsequent to these meetings, JHOSC have requested information in relation to two separate areas:

a. Clarification on the future planned use of the Todmorden Health Centre and Holme Valley Memorial Hospital
b. The impact of the proposals on the absolute travel times for people. Absolute travel times was defined as the length of time it took for an ambulance to respond to a call-out, stabilise the patient , arrive at the hospital and hand-over the patient. For public accessing hospital services (outpatients/planned surgery) via public transport it was the total journey time including any walking time (without a 45 minute cut off for increase in journey time).

This report provides the CCGs' response to those questions.

3.0 POST CONSULTATION QUESTIONS

3.1 Todmorden Health Centre and Holme Valley Memorial Hospital

The future planned use of Todmorden Health Centre and Holme Valley memorial hospital are not part of this consultation. The future use of Todmorden Health Centre is being taken forward as part of the Vanguard proposals related to Care Closer to Home. There are no current proposals in relation to the future use of Holme Valley Memorial Hospital.

However, we have stated in the consultation document (page 36) that 'our proposed changes would deliver more care closer to where people live, in GP Surgeries and health centres and this would include some services that have previously been provided in hospital, including routine outpatient appointments and diagnostic tests (such as x-rays and blood tests).

The services we are looking at are set out below

Calderdale

- **Children and young people** – more paediatric clinics in community settings.
- **Frail older people** – Expanding a scheme called Quest for Quality in Care Homes (see page 37) to the remaining 14 care homes in Calderdale.
- **Long term conditions** – Respiratory – services for children with asthma and adults with chronic chest problems. Heart disease – services for people with heart failure, angina and atrial fibrillation. Diabetes – services for when people with diabetes become unwell.
- **Musculoskeletal** – planned orthopaedic care, rheumatology, physiotherapy and hospital based pain management.
- **Ophthalmology** – vision screening, community based optometry, cataract assessment and follow-up, ocular hypertension (OHT) follow-up.
- **Dermatology** – provision of specialist/acute services.
- **Diagnostics** – radiology and pathology.
- **Other services** - End of life care, more services for frail older people, children with complex needs and people with long term conditions and delivery of rehabilitation beds in a community rather than acute hospital setting.

Kirklees

- **Therapies**

  Speech and language therapy, occupational therapy and physiotherapy – delivery of outpatient therapy in a community based setting.
- **Children's services -** Community nursing services for children, community paediatric services and specialist nurses – delivery of community children's services as a primary/community based service rather than an acute-led service.

  Speech and language therapy, occupational therapy and physiotherapy – delivery of outpatient therapy in a community based setting.
- **Other services -** Rehabilitation beds – delivery of rehabilitation beds in a community rather than acute setting.
- **Diagnostics –** radiology and pathology

We have not determined any preferred individual locations for these services and would not be able to do so until the results of the consultation are known and the CCGs have an understanding of the impact on our proposals.

3.2 Impact on absolute travel times

We do not know absolute travel times for people accessing care in an ambulance or for people accessing planned care via public transport.

The majority of people would still attend the hospital site that they currently attend. The majority of those who need Emergency or Acute care would be transported to the most appropriate hospital (which may not be CRH or their nearest hospital) by the ambulance service.

3.2.1 Ambulance travel times.

The analysis done prior to consultation in relation to ambulance travel was done to establish two things

1. If there was a material differential impact on the Yorkshire Ambulance Service should the Emergency Centre be located at Huddersfield or Halifax.
2. The total impact on the Ambulance service to account for the increased journey time.

The analysis concluded that there was no material differential impact and that the absolute impact would be in the order of 10,000 hours. The 10,000 hours does not take into account a potential reduction in inter facility transfers and a potential increase in community services which would provide pathways for ambulance clinicians to refer into and avoid unnecessary conveyance to an emergency department.

The analysis also provides average journey times and the average increase in journey times for patients conveyed by ambulance. However, it is not possible to tell people what their actual journey time would be. The ambulance takes the most direct route to the most appropriate place depending on the care needed and the state of the roads at the time the journey is made.

The most important time is the time taken for the ambulance to reach the patient. The ambulance staff will then spend time stabilising the patient and then taking them to the place where the required specialism is in place to provide the required care. This may not be their nearest hospital.

Therefore although the journey may be longer, all of the specialist services needed would be available at the Emergency centre at CRH, which would give patients a better chance of a good recovery. Travelling to the Emergency Centre is the same as current arrangements for people with serious multiple injuries, heart attacks or burns who would go to a specialist emergency centre, such as Leeds or Wakefield.

Additionally, the evaluation of risk related to the increase in average ambulance journey time is part of the Quality Impact Assessment (Appendix D of the Pre-Consultation Business Case). Both the Prior risk level and the new risk level should the proposed changes go ahead have been assessed as Low.

The Ambulance Travel Analysis report and the Pre-Consultation Business Case have been published in full.

3.2.2 Travel for Planned Care

The analysis done prior to consultation in relation to patient travel was done to establish two things:

1. If there was a material differential impact should the Emergency Centre be located at Huddersfield or Halifax.

2. The estimated change in car and public transport journey times of travelling to CRH instead of HRI and vice versa.

The report does not identify a material differential impact should the Emergency Centre be located at Huddersfield or Halifax.

The report identifies that the likely increase in journey time is between 15 and 20 minutes, but that the impact on journey times for public transport users is likely to be more significant than that for car users. The report states "Several areas including the south of Huddersfield, the south of Halifax, the Queensbury / Ovenden area, Stainland, Hebden Bridge and Todmorden are likely to incur a significant increase in journey time in excess of 45 minutes.

"Journey time changes for public transport differ greatly depending on the time of day, and whether it is a weekday or the weekend. As expected, the changes in public transport journey times are at their lowest when public transport provision is at its greatest (i.e. weekday and weekend daytimes). In the weekday early mornings and late evenings, the increases in public transport journey times are higher."

The potential impact of the proposed changes on different population demographics is set out in the Equality Impact Assessment (Appendix E of the Pre-Consultation Business Case).

The Equality Analysis sets out:

- A review of clinical research and data to determine protected groups likely to be impacted on by changes to hospital services
- An analysis of service usage data and comparison with local demographics to identify over / under usage of services by protected characteristic groups
- A consideration of geography and deprivation as an indicator of health inequalities to determine people who are most likely to be impacted and where there is a lack or gaps in service usage data
- A review of engagement activity to date and findings, identifying gaps in data

- Consideration of potential impacts on protected groups and other disadvantaged groups including travel and transport
- Analysis of data to identify impacts (negative and positive) on protected groups and recommendations for mitigating actions from this analysis.

The CCGs recognise that travel and transport is a serious consideration. In recognition of the findings of the Travel Analysis and the Equality Analysis, the CCGs have agreed to establish a Travel Group.

As well as members of the public, we would be inviting representatives from organisations with responsibility for travel in the area (such as: Calderdale Council (Transportation), Kirklees Council (Transportation), West Yorkshire Combined Authority, Yorkshire Ambulance Service, Upper Calder Valley Sustainable Transport ; transport Providers in Calderdale and Greater Huddersfield (Arriva, First Bus, Northern Rail, Yorkshire Tiger, Metro) to form the Travel group

In addition we would take account of:

- the feedback from the Consultation – Question 11 of the survey – specifically asks about Travel, transport and parking
- feedback from the Joint Health Scrutiny Committee which met on 19th April to consider the impact of the proposals on transport for patients and their visitors to and from hospital by ambulance, private transport and public transport and what steps may be taken to address any issues that may arise, and also received a deputation from Upper Calder Valley Sustainable Transport group at their meeting on 14th June.

Proposals for how support could be provided to mitigate any potential negative impacts will be collected through the responses to the Consultation Process and considered together with other information developed by the Travel and Transport Group so that, should the proposals go forward they can be considered as part of the Full Business Case.

The Patient Travel Analysis report and the Pre-Consultation Business Case have been published in full.

Jen Mulcahy, Programme Manager,
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12th August, 2015